



Advanced service specification

NHS community pharmacy hypertension case-finding advanced service

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Background to the service

Cardiovascular disease (CVD) is one of the leading causes of premature death in England¹ and accounts for 1.6 million disability adjusted life years.² Hypertension is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country.

Early detection of hypertension is vital and there is evidence that community pharmacy has a key role in detection and subsequent treatment of hypertension and CVD, improving outcomes and reducing the burden on GPs.^{3, 4}

Chapter 3 of the NHS Long Term Plan commits the NHS to reducing mortality and morbidity due to CVD, tackling inequalities and shifting towards prevention strategies. The NHS Long Term Plan specifically states that community pharmacy, in collaboration with other providers, will provide opportunities for the public to check on their health through tests for high blood pressure and other high-risk conditions.⁵

NICE guideline NG136⁶ sets out the criteria that should be used for the diagnosis and management of hypertension in adults. It specifies that ambulatory blood pressure monitoring (ABPM) is the clinically preferred method for diagnosing hypertension. Home blood pressure monitoring is only an acceptable alternative where the patient cannot tolerate ABPM and may be used for ongoing monitoring for those patients who have a prior diagnosis of hypertension.

As part of the 2019-2024 Community Pharmacy Contractual Framework, it was agreed that a model for detecting undiagnosed CVD in community pharmacy would be piloted in 2020/21 through NHS England and NHS Improvement's Pharmacy Integration Fund. The hypertension case-finding pilot commenced in December 2020 across several primary care networks (PCNs). These pilots have informed the service specification for this advanced service.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515998/>

² [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00128-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00128-2/fulltext)

³ <https://pubmed.ncbi.nlm.nih.gov/25801901/>

⁴ <https://pubmed.ncbi.nlm.nih.gov/19864496/>

⁵ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

⁶ <https://www.nice.org.uk/guidance/ng136>

1. Aims and objectives

1.1 The aims and objectives of this service are to:

- Identify people aged 40 years or older, or at the discretion of the pharmacist 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 and ambulatory blood pressure measurements.
- Promote healthy behaviours to patients.

2. Requirements for service provision, including training, premises and equipment

2.1 Prior to provision of the service, the pharmacy contractor must:

- a. be satisfactorily complying with their obligations under Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance.
- b. notify us (NHS England and NHS Improvement) that they intend to provide the service by completion of a registration declaration on the NHS Business Services Authority's (NHSBSA) Manage Your Service (MYS) platform.
- c. engage with local general practices and/or PCN colleagues to make them aware the pharmacy is participating in this service.

2.2 The pharmacy contractor must seek to ensure the service is available throughout the pharmacy's core and supplementary opening hours.

2.3 The service will be provided by a pharmacist. The pharmacy contractor must ensure all pharmacists providing the service are appropriately trained and competent to do so. Pharmacists providing the service must:

- have read and understood the operational processes to provide the service as described in this service specification

- be familiar with the NICE Guideline (NG136) Hypertension in adults: diagnosis and management
- complete training (e-learning or face-to-face) on how to use the blood pressure monitoring equipment which should be provided by their equipment manufacturer.

2.4 Pharmacies must have a consultation room that will be used for the provision of the service which meets the requirements in the terms of service. The consultation room should also comply with the following requirements:

- when measuring blood pressure, the patient must be able to rest their arm on a table/bench at a suitable height⁷
- it must have IT equipment accessible within the consultation room to allow contemporaneous records of the consultations provided as part of this service to be made.

2.5 The service will usually be provided on the pharmacy premises, but patients can also be identified and the service provided in other locations outside the pharmacy, such as areas not designated part of the pharmacy within supermarkets or large stores or in community locations with agreement from NHS England and NHS Improvement regional teams. This may include, but is not limited to, community centres, sports grounds and places of worship. Where the service is provided from premises other than the registered pharmacy premises, contractors must ensure the location is appropriate for service provision (ie meets standards required by the General Pharmaceutical Council and that patient confidentiality can be maintained). It is recommended that a risk assessment is also undertaken to identify and minimise risks to patient safety and impact on wider pharmacy services.

2.6 The pharmacy contractor must use blood pressure monitors validated by the British and Irish Hypertension Society (as recommended by NICE) for provision of this service. The clinic blood pressure monitor and ABPM devices used must be listed on one of the following lists: <https://bihsoc.org/bp-monitors/for-home-use/> or <https://bihsoc.org/bp-monitors/for-specialist-use/>.

⁷ [Overview | Hypertension in adults: diagnosis and management | Guidance | NICE](#)

- 2.7 Contractors may also find it useful to refer to the Medicines and Healthcare products Regulatory Agency guidance⁸ on the purchase, management and use of blood pressure measurement devices when selecting equipment for this service.
- 2.8 Validation, maintenance and recalibration of all blood pressure monitors should be carried out periodically according to manufacturers' instructions.
- 2.9 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.
- 2.10 The pharmacy contractor must have a standard operating procedure (SOP) for the 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. The pharmacy contractor must ensure that all pharmacy staff involved in the provision of the service are familiar with and adhere to the SOP.
- 2.11 The pharmacy contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

3. Service description/pathway

- 3.1 This is an NHS funded service which is free of charge to patients.
- 3.2 A flow chart illustrating the full service pathway can be found in Appendix A.

3.3 Inclusion criteria:

- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension.
- Patients, by exception, under the age of 40 who request the service because they have a recognised family history of hypertension may be provided the service at the pharmacist's discretion.

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956263/Blood_pressure_measurement_devices.pdf

- Patients between 35 and 39 years old who are approached about or request the service may be tested at the pharmacist's discretion.
- Adults specified by a general practice for the measurement of blood pressure (clinic and ambulatory blood pressure checks). This process should be agreed locally with general practices.

3.4 Exclusion criteria:

- People who are unable to give consent to participate.
- People under the age of 40 years old, unless at the discretion of the pharmacist or unless they have been specified by a general practice for the measurement of blood pressure.
- People who have their blood pressure regularly monitored by a healthcare professional, unless the general practice requests the service is provided for the patient. Requests should be sent via a process which is agreed locally with general practices.

3.5 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing this service, with regards to protected characteristics.

3.6 Any patient who is identified as suitable to be included under the criteria but where the smallest/largest cuff available does not fit and therefore an accurate blood pressure cannot be obtained, should be directed to their GP.

3.7 Identification of patients

3.7.1 For the service to be a success, potential patients who meet the inclusion criteria will be proactively identified. This may 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 or providing digital information through the pharmacy website
- raising the service with patients already accessing other services at the pharmacy (eg New Medicine Service, flu vaccination, Community

Pharmacist Consultation Service, self-care advice and health promotion advice).

3.8 Consultation

- 3.8.1 The service will be explained to the patient and their consent gained.
- 3.8.2 The pharmacist will then conduct a face to face consultation in the pharmacy consultation room (or other suitable location if the service is provided outside of the pharmacy) and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.⁹
- 3.8.3 The pharmacist will discuss the results with the patient and complete the appropriate next steps (see section 3.10). As part of the consultation, the patient should be provided with the details of their blood pressure results. The information can be provided in the patient's preferred way, for example, they may choose to take a photo of the test results, it may be completed electronically by the pharmacist and emailed to the patient or provided in hardcopy format.

3.9 Patients referred by their general practice (including those already diagnosed with hypertension)

- 3.9.1 Pharmacies can also undertake a clinic blood pressure check or ambulatory blood pressure measurement for patients at the request of a general practice made via a locally agreed process.

3.10 Test outcomes

- 3.10.1 All test results must be sent to patients' registered general practices. Some test results indicate urgent referrals are needed (see details below) and in these cases the pharmacist will telephone the patient's general practice and send their blood pressure test results immediately by NHSmail or other secure digital process. All other test results must be sent by NHSmail or other secure digital process to patients' general practices in a weekly summary.¹⁰ The information to be sent to the general practice can be found in Appendix B.

⁹ <https://www.nice.org.uk/guidance/ng136/chapter/Recommendations#measuring-blood-pressure>

¹⁰ Where a contractor's clinical IT system uses the relevant Professional Record Standards Body standards to send structured, interoperable messages to general practice IT systems, related to individual patients, the need to send weekly summary emails does not apply.

3.10.2 Once an initial clinic blood pressure reading has been taken, there are a number of possible outcomes and actions required from the pharmacist. These are set out in Table 1. Appropriate action should be taken if either the systolic or the diastolic measurement or both fall outside the normal range.

Table 1: Clinic blood pressure monitoring outcomes and next steps

Test outcome	Next steps
Normal clinic blood pressure: a blood pressure lower than 140/90mmHg and higher than 90/60mmHg.	Patients will receive advice on maintaining healthy behaviours (see section 3.13) and will be given a record of their results.
High clinic blood pressure: a blood pressure of 140/90mmHg or higher, but lower than 180/120mmHg.	Patients will receive advice promoting healthy behaviours (see section 3.13) and will be offered ABPM by the pharmacy (further details below). Patients will be given a record of their results.
Very high clinic blood pressure: a blood pressure of 180/120mmHg or higher.	Patients will be urgently referred to see their GP the same day. During general practice opening hours the pharmacist should call the general practice while the patient is still in the pharmacy. If the pharmacist is unable to contact the general practice or the general practice is closed, the pharmacist will advise the patient to take appropriate action as agreed locally, which may include referral to A&E if their GP cannot see them that same day. Patients will be given a record of their results.

Test outcome	Next steps
<p>Low clinic blood pressure: a blood pressure of 90/60mmHg or lower.</p>	<p>Although the aim of this service is to identify people with hypertension, appropriate advice and next steps need to be given to any person with low clinic blood pressure.</p> <p>Patients will be given a record of their results.</p> <p>Patients with blood pressure lower than 90/60mmHg but who are asymptomatic will receive advice on maintaining healthy behaviours (see section 3.13) and advised to have their blood pressure tested again within a year.</p> <p>Patients with blood pressure lower than 90/60mmHg that experience dizziness, nausea or fatigue will receive advice promoting healthy behaviours (see section 3.13) and be advised to see their GP within three weeks. The pharmacist may ask about any prescribed or non-prescribed drugs or herbal products the patient is taking that might reduce their blood pressure. If the pharmacist believes the patient is at risk (such as of falling) they should support the patient to arrange an urgent GP appointment the same day.</p> <p>Patients with blood pressure lower than 90/60mmHg that experience regular fainting or falls or feel like they may faint on a daily/near daily basis will be urgently referred to see their GP the same day. The pharmacist will inform the general practice by NHSmail or other locally agreed secure digital process. In addition, during general practice hours the pharmacist should call the general practice while the patient is still in the pharmacy. If the pharmacist is unable to contact the general practice or the general practice is closed, the pharmacist will advise the patient to take appropriate action as agreed locally which may include referral to A&E.</p>
<p>Irregular pulse: if the blood pressure monitor indicates an irregular pulse.</p>	<p>The test should be repeated after five minutes.</p> <p>If the second reading still indicates an irregular pulse, then the patient should be urgently referred to see their GP the same day. The pharmacist will inform the general practice by NHSmail or other locally agreed secure digital process. The process to be followed is as per 'very high clinic blood pressure' (above).</p>

3.10.3 In line with NICE guideline NG136, if hypertension is not diagnosed, blood pressure measurement should be encouraged at least every five years and could be considered more frequently if blood pressure is measured close to 140/90mmHg.

3.11 Ambulatory Blood Pressure Monitoring (ABPM)

- 3.11.1 Where the clinic blood pressure measurements are 140/90mmHg or higher but less than 180/120mmHg, then ABPM should be offered to the patient in a timely manner, ie either on the same day as the clinic reading or as soon as convenient to the patient within a few days of the initial clinic measurement.
- 3.11.2 When loaning an ABPM device to the patient, contractors may wish to ask patients to complete a blood pressure monitor loan form and must re-set the meters for each patient ensuring only readings for that patient will be measured during ABPM.
- 3.11.3 The pharmacist will fit the ABPM device, explain how it works, that it cannot become wet and therefore baths and showers must be avoided during the 24-hour monitoring and provide instructions on what to do when a reading is being recorded.
- 3.11.4 The ABPM will record all readings in its internal memory and calculate an average value. The pharmacist will interpret and explain the results during the patient's return appointment.
- 3.11.5 The ambulatory readings will include diastolic and systolic readings for each of 24-hour average, night-time and daytime. The recorded data must be documented for each patient. The following next steps will apply depending on the ABPM results obtained:
- **ABPM indicates a normal blood pressure** – where ABPM shows an average blood pressure of lower than 135/85mmHg and higher than 90/60mmHg. The patient will be given a record of their results and receive advice on maintaining healthy behaviours. Results will also be reported to the patient's GP by the pharmacist using NHSmail or other secure digital process.
 - **ABPM confirms a high blood pressure** – where ABPM shows an average blood pressure of 135/85mmHg or higher but lower than 150/95mmHg. Patients will be referred to see their GP within three weeks. The patient will be given a record of their results to show the GP and results will also be reported to the GP by the pharmacist using NHSmail or other secure digital process.

- **ABPM indicates stage 2 hypertension** – where ABPM shows average blood pressure of 150/95mmHg or higher. Patients will be urgently referred to see their GP the same day. The patient will be given a record of their results to show the GP. During general practice opening hours the pharmacist will call the general practice while the patient is still in the pharmacy. If the general practice is closed the pharmacist will advise the patient to take appropriate action, as agreed locally, which may include referral to A&E. The results will also be sent by the pharmacist using NHSmail or other secure digital process to the patient's GP and A&E department if applicable.

3.12 Patient non-attendance for ABPM

3.12.1 **Collection of equipment for measurement of ABPM:** Should a patient fail to attend a scheduled pharmacy appointment as part of this service to be fitted with equipment for ABPM, 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 pharmacist should inform the patient's general practice, providing the initial clinic blood pressure measurements and notify them of the failure to attend to be fitted with equipment for ABPM.

3.12.2 **Receiving results and returning equipment:** Should a patient fail to attend a scheduled pharmacy appointment as part of this service to receive the results of ABPM and return equipment, the pharmacy contractor will seek to contact the patient to rearrange the appointment. If despite these attempts to contact, the patient does not return to receive ABPM results five working days after the agreed appointment date, the pharmacist team should notify the patient's general practice of the failure to attend to receive ABPM results and provide the initial clinic blood pressure measurements.

3.13 Promoting healthy behaviours

3.13.1 After the initial clinic blood pressure testing is complete, there should be a brief discussion about the patient's current lifestyle/behaviour as described in NICE Guideline (NG136) Hypertension in adults: diagnosis and management, with relevant advice provided on improving behaviours and reducing risk factors. This advice can be augmented with written information and/or links to online resources, and patients can also

be signposted to relevant support services. A summary of the advice provided and any signposting should be recorded in the clinical record for the service.

4. Data and information management

- 4.1 Before blood pressure measurements are taken, verbal consent must be sought from the patient and recorded in the pharmacy's clinical record for the service. This consent should cover the measurement of blood pressure and also advise the patient of the following information sharing that will take place:
- The sharing of information between the pharmacy and the patient's general practice to allow the appropriate recording of the blood pressure reading in their general practice record.
 - The sharing of information about the service with NHS England and NHS Improvement as part of service monitoring and evaluation.
 - The sharing of information about the service with the NHSBSA and NHS England and NHS Improvement for the purpose of contract management and as part of post-payment verification.
- 4.2 The pharmacy will maintain a clinical record of the consultation and blood pressure test results, including the dataset to be reported to the NHSBSA's MYS platform detailed in Appendix C.
- 4.3 All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care.¹¹

5. Withdrawing from the service

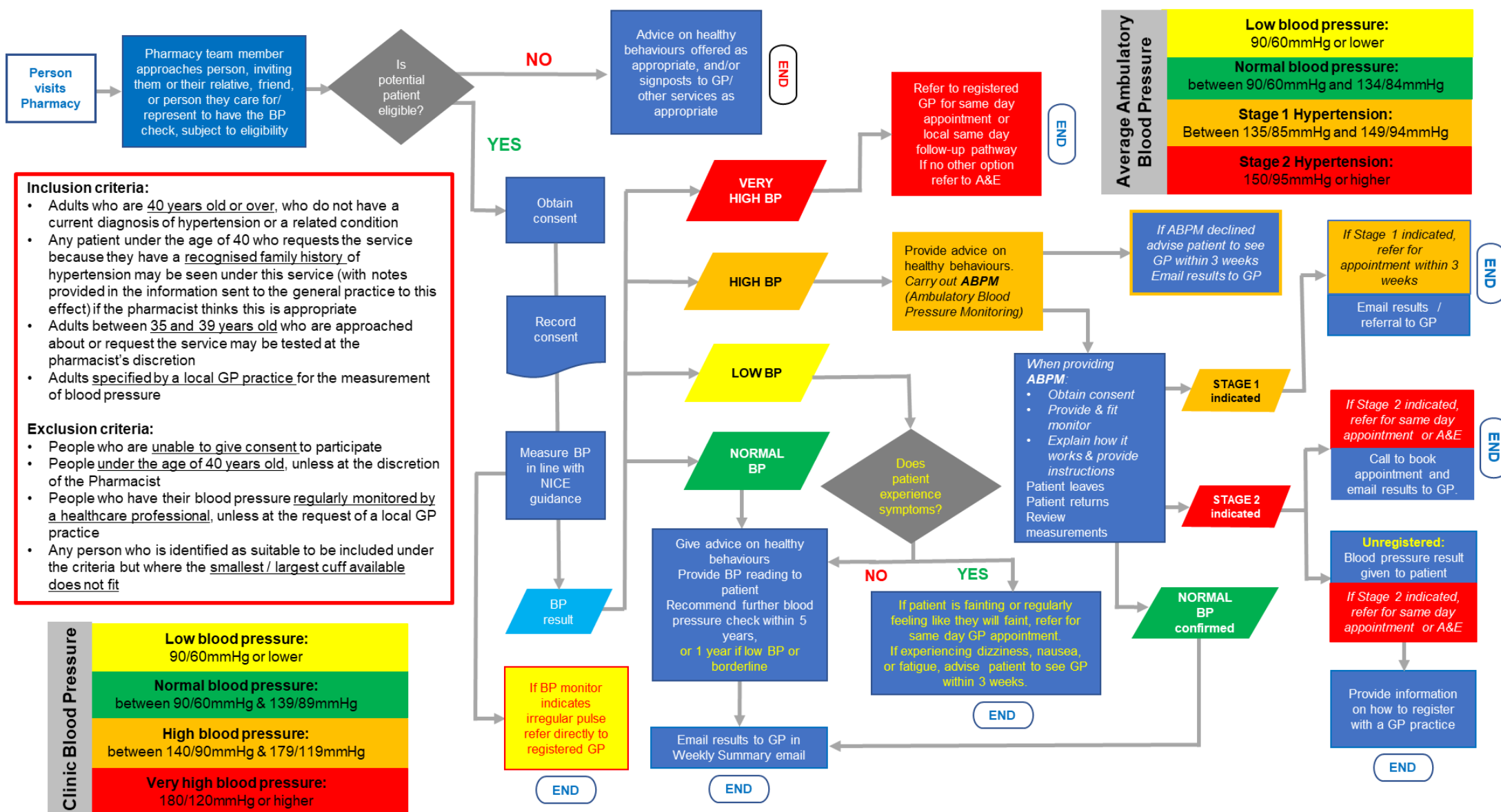
- 5.1 If the pharmacy contractor wishes to stop providing the hypertension case-finding advanced service, they must notify the commissioner that they are no longer going to provide the service via the MYS platform, giving at least one month's notice prior to the cessation of the service, to ensure that accurate payments can be made.

¹¹ <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>

6. Payment arrangements

- 6.1 Claims for payments for this service should be made monthly, via the NHSBSA's MYS platform, in accordance with the usual Drug Tariff claims process.
- 6.2 Pharmacies providing this service will be eligible for the following payments:
- A set-up fee of £440
 - A fee of £15 for each patient receiving a clinic blood pressure check
 - A fee of £45 for each appropriate provision of ABPM to a patient.
- 6.3 In addition, incentive fees will be paid to pharmacies across 2021/22, 2022/23 and 2023/24. Pharmacies must reach a threshold of ABPM activity to trigger the payment of the incentive fees. An incentive fee of £1,000 will be available in the first year of service provision, followed by a payment of £400 in subsequent years if the pharmacy reaches the specified thresholds for those years.
- 6.4 The incentive will be triggered by providing:
- five ABPM checks in 2021/22
 - 15 ABPM checks in 2022/23
 - 20 ABPM checks in 2023/24
- 6.5 Contractors who sign up 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 contractor signs up in 2021/22 and fails to do five ABPM checks, they can earn £1,000 by doing 15 ABPM checks in 2022/23.
- 6.6 If clinic blood pressure measurement or ABPM are provided at the request of a general practice, the service fees set out above will be paid to the contractor.

Appendix A: Hypertension case-finding advanced service protocol



Appendix B: Sending results to general practices

1. All test results must be sent via NHSmail or other secure digital process to patients' general practices for entry into the patient record. For all test outcomes, the following information should be sent:

- Pharmacy name, address and ODS code
- Patient name
- Patient date of birth
- Patient address
- Patient NHS number
- Date of clinic reading*
- Clinic reading (systolic/diastolic)*
- Date ABPM device fitted*
- ABPM reading (average daytime systolic/diastolic)*
- ABPM reading (average night-time systolic/diastolic)*
- ABPM reading (average 24hr systolic/diastolic)*

* Send appropriate data, which will vary depending on the individual circumstances of the patient, eg a referral by a general practice for ABPM will not have clinic readings undertaken.

2. There are three instances in which the above information will be sent to general practices.

- Urgent, same-day referrals.** If a patient requires an urgent, same-day referral, their results must be sent immediately to their general practice with a standardised title, eg 'ACTION REQ TODAY: CP HYPERTENSION CASE-FINDING'. Patients requiring a same-day referral are those with:
 - a 'very high' clinic reading
 - a 'high' clinic reading whose ABPM results indicate stage 2 hypertension
- Appointments within three weeks.** If a patient requires an appointment with their GP within three weeks, their results should be sent immediately with a standardised title, eg 'ACTION REQ WITHIN 3 WEEKS: CP

HYPERTENSION CASE-FINDING'. Patients who require an appointment within three weeks are those with:

- a 'high' clinic reading who subsequently give a 'high' ABPM reading
- a 'low' clinic reading with symptoms

iii. **A weekly summary email.** All other test results should be sent on a weekly basis to general practices for patients who complete the service that week and do not need a referral. These results should be sent at the end of each week with a standardised title, eg 'WEEKLY SUMMARY OF BP MEASUREMENTS FOR ENTRY INTO PATIENT RECORDS'.¹² If a clinic blood pressure check is completed for a patient who requires subsequent ABPM, both results should be sent to the general practice after ABPM is completed. Patients who should be entered on the weekly summary to general practice are those with:

- a 'normal' clinic reading
- a 'high' clinic reading who subsequently give a 'normal' ABPM reading
- a 'low' clinic reading with no symptoms.

3. The transcript of ABPM information (the output data/report from the ABPM device) should be sent to the GP for every patient who has had ABPM with clear patient details so practice teams can match them to patients.

¹² Where a contractor's clinical IT system uses the relevant Professional Record Standards Body standards to send structured, interoperable messages to general practice IT systems, related to individual patients, the need to send weekly summary emails does not apply.

Appendix C: Dataset to be reported to the NHSBSA's MYS portal

1. For each service provision, the contractor must report the dataset outlined below through the NHSBSA MYS portal for payment, monitoring and evaluation purposes:
 - i. Age of patient
 - ii. Date of service provision
 - iii. Clinic reading (systolic and diastolic)
 - iv. If clinic reading, was this opportunistic or referred from a GP?
 - v. ABPM reading (average 24-hour systolic and diastolic)
 - vi. If ABPM, was this opportunistic or referred from a GP?
2. This data must be reported monthly; 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.
3. Pharmacy contractors should note that the above dataset is an interim requirement. An application programming interface (API) will be available in due course within pharmacy IT systems which support the creation of clinical records for the service. This will support the required dataset being extracted from pharmacy IT systems with the data being submitted to the MYS portal. Details on the timing of the API introduction and the full dataset for the hypertension case-finding advanced service will be made available in due course.

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

england.ContactUs@nhs.uk