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Advanced service specification

NHS community pharmacy hypertension case-finding advanced service

(NHS community pharmacy blood pressure check
service)

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1. Service background

- 1.1 Cardiovascular disease (CVD) is one of the [leading causes of premature death in England](#) and accounts for [1.6 million disability-adjusted life years](#). 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.
- 1.2 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.
- 1.3 [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.
- 1.4 [NICE guideline NG136](#) 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.

2. Service objectives

- 2.1 The objectives of this service are 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 and ambulatory blood pressure measurements for adults of any age (See section 4.2). These

requests can be in relation to people either with or without a diagnosis of hypertension.

- Promote healthy behaviours to patients.

3. Requirements for service provision

3.1 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 NHS England 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) portal
- c) engage with local general practices and/or primary care network colleagues to make them aware the pharmacy is participating in this service.

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

3.3 The service should be provided by suitably trained and competent pharmacy staff. For the rest of this document, 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 contractor must ensure all pharmacy staff providing the service are appropriately trained. Pharmacy staff 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 parts of [NICE Guideline \(NG136\)](#) Hypertension in adults: diagnosis and management relevant to the role they are undertaking within the service.
- 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.

3.4 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 height](#).
- 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.

3.5 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 the commissioner. This may include, but is not limited to:

- community centres
- sports grounds
- 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 (i.e. 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. 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.

3.6 The pharmacy contractor must ensure they have both a blood pressure monitor and an ABPM device. 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/>
- <https://bihsoc.org/bp-monitors/for-specialist-use/>

3.7 Validation, maintenance, and recalibration of all blood pressure monitors should be carried out periodically according to manufacturers' instructions.

- 3.8 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.
- 3.9 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.
- 3.10 The pharmacy contractor is required to report any patient safety incidents in line with the [clinical governance approved particulars](#) for pharmacies.

4. Service description

- 4.1 Flow charts illustrating the full-service pathway can be found in Annexes A, B, C and D.

Inclusion criteria

- 4.2 For the service to be a success, potential patients who meet the opportunistic inclusion criteria should be proactively identified.

The inclusion criteria for opportunistic blood pressure checks are as follows:

- 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 discretion of pharmacy staff.
- Patients between 35 and 39 years old who are approached about or request the service may be tested at the discretion of the pharmacy staff.

The inclusion criteria for patients referred from the GP are as follows:

- Adults, of any age, with or without a prior diagnosis of hypertension, 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.

Exclusion criteria

4.3 The exclusion criteria for all aspects of the blood pressure check service are as follows:

- People under the age of 40 years old, unless at the discretion of the pharmacy staff 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.
- People who require daily blood pressure monitoring for any period of time, e.g. 7-day clinic BP checks as an alternative to ABPM.
- People with a diagnosis of atrial fibrillation or history of irregular heartbeat.

4.4 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all patients. No eligible patient should be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

4.5 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.

Consultation with the patient

4.6 The service will be explained to the patient and their consent gained.

4.7 The pharmacy staff should 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 this has been authorised by the commissioner) and will take blood pressure measurements following best practice as described in [NICE guidance \(NG136\) Hypertension in adults: diagnosis and management](#).

4.8 The pharmacy staff should discuss the results with the patient and complete the appropriate next steps (see Annex G). As part of the consultation, the patient should be provided with the details of their blood pressure results.

Test outcomes

4.9 All test results must be sent to patients' registered general practices. Some test results indicate urgent escalation is needed (see details below) and in these cases the pharmacy staff should 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* or as locally agreed. The information to be sent to the general practice can be found in Annex E.

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

4.10 Once an initial clinic blood pressure reading has been taken, there are several possible outcomes and actions required from the pharmacy staff. These are set out in Annex G.

4.11 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.

4.12 In line with [NICE guideline NG136](#), if hypertension is not evident, 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, if blood pressure is lower than 90/60mmHg, or the patient has previously been diagnosed with diabetes.

Ambulatory blood pressure monitoring (ABPM)

4.13 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. 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, contractors 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.

4.14 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 meter for each patient, ensuring only readings for that patient will be included when reviewing the measurements taken during ABPM.

4.15 The pharmacy staff should fit the ABPM device, briefly describe how the machine works and explain that it cannot become wet and therefore baths and showers must be avoided during the monitoring period. Instructions should be provided on what to do when a reading is being recorded. The pharmacy staff should ensure that the monitor is set up to record two measurements per hour taken during the person's usual waking hours (for example between 08:00 and 22:00).

4.16 The ABPM will record all readings in its internal memory. Use the average value of at least 14 measurements taken during the person's usual waking hours to obtain a reading. The pharmacy staff should interpret and explain the results during the patient's return appointment.

Note that the use of 14 readings means the latest time for an appointment to see a patient and fit an ABPM would be 2pm if monitoring is stopping at 10pm.

4.17 The recorded data must be documented for each patient and **in all cases**, patients should be given a record of their average blood pressure results to show the GP where applicable **and** all results must be reported to the patient's general practice using NHSmail or another secure digital method.

4.18 The following next steps will apply depending on the ABPM results obtained:

i) **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 should be given a record of their results and provided with advice on maintaining healthy behaviours.

ii) **ABPM indicates stage 1 hypertension**

- Where ABPM shows an average blood pressure of 135/85mmHg or higher but lower than 150/95mmHg.
- Patients should be referred to see their GP within three weeks.

iii) **ABPM indicates stage 2 hypertension**

- Where ABPM shows average blood pressure of 150/95mmHg or higher but lower than 170/115mmHg.
- Patients should be referred to see their GP within seven days unless they also report symptoms such as labile or postural hypotension, headache, palpitations, pallor, abdominal pain or diaphoresis.
- Patients who report physical symptoms should be advised to see a medical professional sooner.
- Where pharmacy staff, other than the pharmacist, have provided the service, the responsible pharmacist should be made aware of any patients exhibiting physical symptoms before the patient leaves the pharmacy.
- During opening hours, the pharmacy staff should call the general practice while the patient is still in the pharmacy to communicate the readings over the phone and via NHSmail or other secure digital process. The patient should be advised to contact their general practice team within 7 days.

iv) **ABPM indicates severe hypertension (very high blood pressure)**

- Where ABPM shows average blood pressure of 170/115mmHg or higher.
- Patients should be urgently referred to see their GP on the same day.
- Patients should be asked about other symptoms and those with any acute symptoms such as headache, palpitations, new onset confusion, chest pain, signs of heart failure or acute kidney injury should be given a record of their results and urgently referred to their local A&E, via 999 where necessary.
- During opening hours the pharmacy staff should call the general practice while the patient is still in the pharmacy to communicate the readings over the phone and via NHSmail or another secure digital method for a same day appointment.
- Where pharmacy staff, other than the pharmacist, have 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 it is not possible to contact the general practice or the general practice is closed, the patient should be referred to other locally agreed urgent care arrangement for a same day appointment.

4.19 Patient non-attendance for ABPM:

i) **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 contractor 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 pharmacy staff 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.

ii) **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 staff 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 within five working days after the agreed appointment date, the pharmacy staff should notify the patient's general practice of the failure to attend to receive ABPM results and provide the initial clinic blood pressure measurements.

Promoting healthy behaviours

4.20 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.

5. Data and information management

- 5.1 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. The patient should also be advised 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 as part of service monitoring and evaluation.
 - The sharing of information about the service with the NHSBSA and NHS England for the purpose of contract management and as part of post-payment verification.
- 5.2 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery using an NHS assured IT system for the service.
- 5.3 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.
- 5.4 Records of the data reported to the NHSBSA's MYS portal should be retained for three years for post payment verification purposes.
- 5.5 The pharmacy contractor will ensure that a notification of the provision of the service is sent to the patient's general practice on the day of provision or on the following working day. Where possible, this should be sent as a structured message in real-time via the NHS assured IT system. In the absence of an automated digital solution or if there is a temporary problem with the system, this should be sent via NHSmail or hard copy.
- 5.6 The data to be shared with the general practice and NHSBSA are set out in Annex F.

5.7 All relevant records must be managed in line with [Records Management Code of Practice for Health and Social Care](#).

6. Payment arrangements

6.1 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.

6.2 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 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.

6.3 The incentive will be triggered by providing:

- 5 ABPM checks in 2021/22
- 15 ABPM checks in 2022/23
- 20 ABPM checks in 2023/24

6.4 Pharmacy 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 as a first payment by doing 15 ABPM checks 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.

6.5 Pharmacy contractors signed up in 2021/22 or 2022/23 but not achieving 5 ABPM interventions in 2021/22 or 15 ABPM interventions in 2022/23 and contractors who signed up in 2023/24 must achieve 20 ABPM checks in 2023/24 to receive the £1,000 payment.

6.6 If clinic blood pressure measurement or ABPM are provided at the request of a general practice, the service and incentive fees set out above will be paid to the pharmacy contractor.

- 6.7 Claims for payment should be submitted within one month of, 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.
- 6.8 If the pharmacy contractor is commissioned to deliver any related services, e.g. the NHS pharmacy contraception service (incorporating BP clinic measurement) as an advanced service within the community pharmacy contractual framework, the contractor may not claim twice for the same activity.

7. Withdrawal from the service

- 7.1 If the pharmacy contractor wishes to stop providing the service, they must notify the commissioner that they are no longer going to provide it via the MYS portal, giving at least one month's notice prior to the cessation of the service. Contractors may be asked for their reason for withdrawal from the service.
- 7.2 If a pharmacy contractor de-registers from the service, and in the event that no money has been reclaimed, the contractor will not be eligible for a further set up fee if they re-register at any later date.

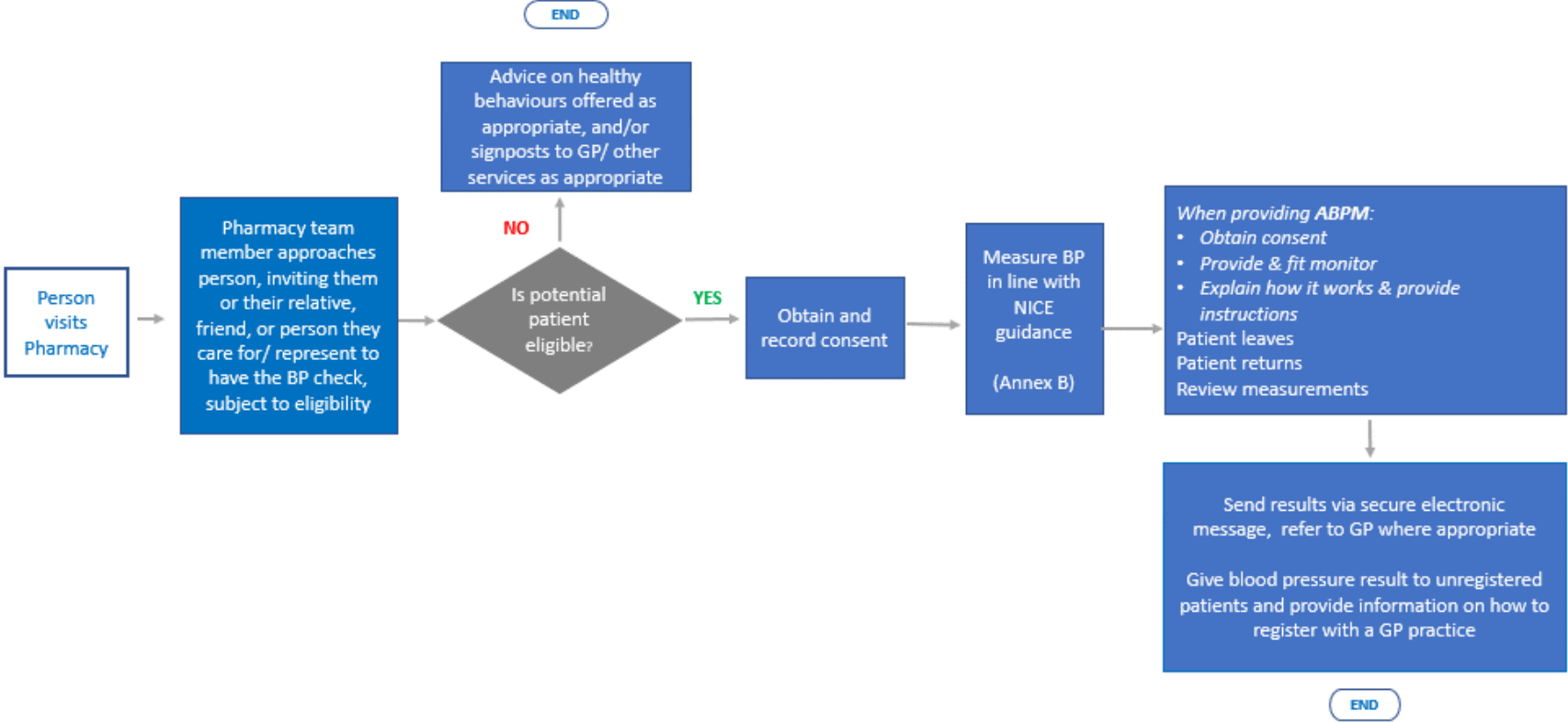
8. Monitoring and post-payment verification

Post payment verification

- 8.1 NHS England has a duty to be assured that where contractors make claims for payment for activity in services, that they meet all the specified requirements of the service. NHS England will work with the NHSBSA Provider Assurance Team to undertake pre- and post-payment verification checks on claims made.
- 8.2 Additional evidence may be requested directly from contractors. The verification checks include comparing the information provided by contractors in their claims against datasets and evidence sources that are available to the NHSBSA Provider Assurance Team.
- 8.3 It is the contractor's responsibility to be able to provide evidence of claims when requested by the NHSBSA for post-payment verification.

- 8.4 In cases where evidence is not available or does not demonstrate that the service activity was delivered, and so these claims cannot be verified, they may be referred to the Pharmaceutical Services Regulations Committee (PSRC) to decide whether an overpayment has been made.
- 8.5 In such cases, where the PSRC decides that an overpayment has been made, and will need to be recovered, contractors will be contacted by the NHSBSA and notified of the overpayment recovery process.
- 8.6 Any overpayment recovery would not prejudice any action that the NHS may also seek to take under the performance related sanctions and market exit powers within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.
- 8.7 Accurate record keeping is an essential part of the service provision. The necessary records specified in the service specification required for reimbursement must be kept for a period of three years to demonstrate service delivery in accordance with the service specification, and to assist with post-payment assurance activities. These records must be provided by a contractor when requested by the NHSBSA Provider Assurance Team.

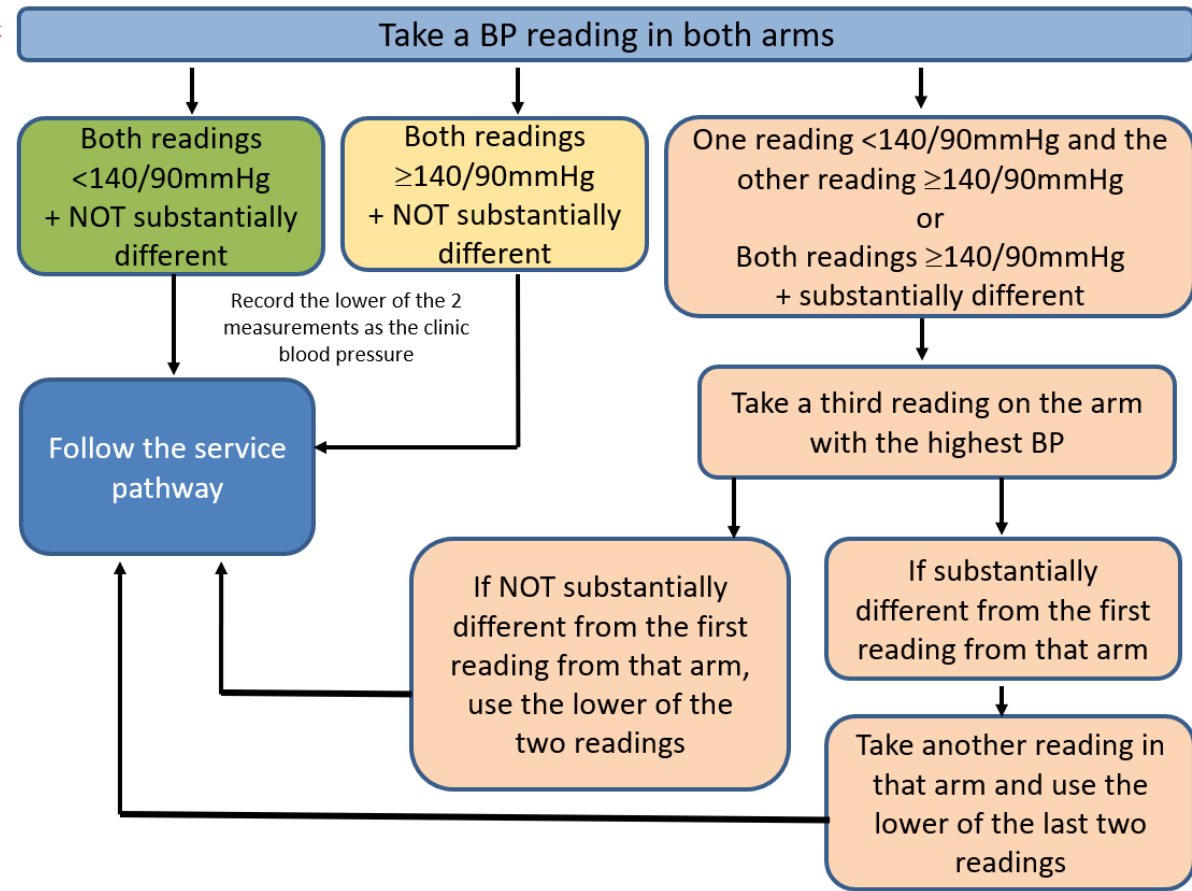
Annex A: Blood pressure check process flowchart



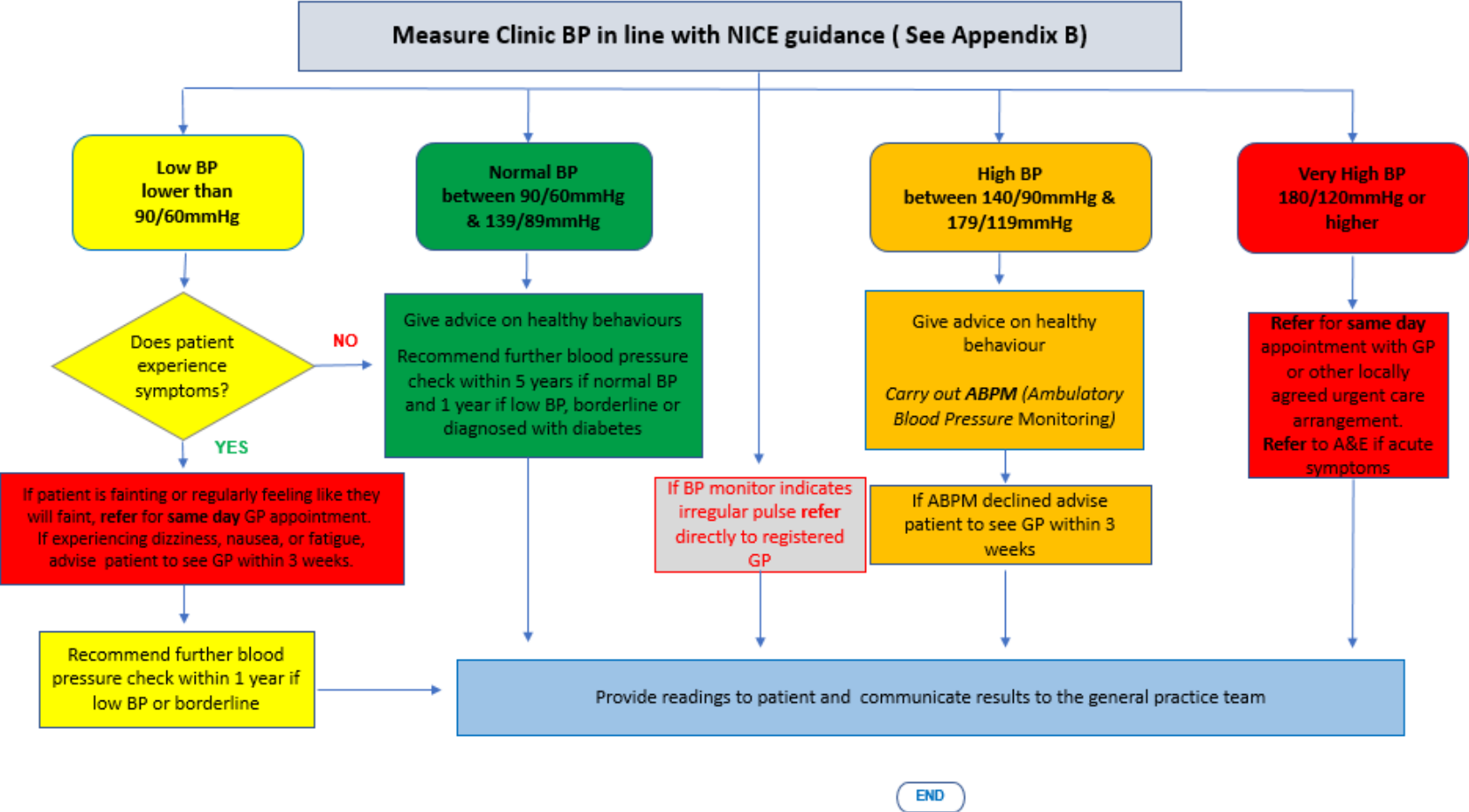
Annex B: Guidance on clinic blood pressure check

Measure BP in line with NICE guidance

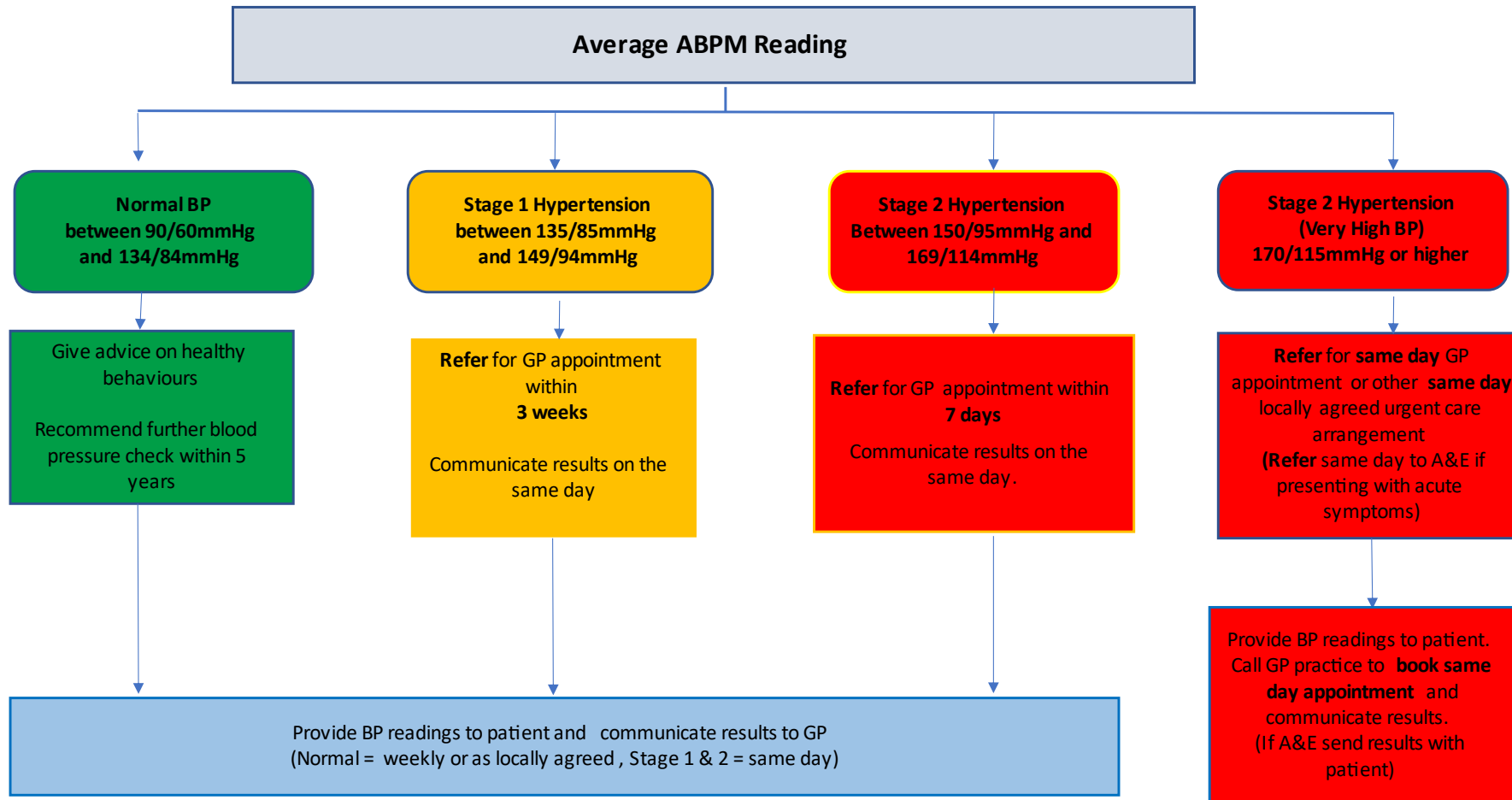
Clinic Blood Pressure	Low blood pressure: Lower than 90/60mmHg
	Normal blood pressure: between 90/60mmHg & 139/89mmHg
	High blood pressure: between 140/90mmHg & 179/119mmHg
	Very high blood pressure: 180/120mmHg or higher



Annex C: Clinic BP flowchart



Annex D: ABPM flowchart



NB. Unregistered patients: Give blood pressure result to the patient and refer to locally agreed urgent treatment centre if blood pressure is high

END

END

Annex E: 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 systolic/diastolic)*

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

2. The above information should be sent to general practices in all cases. There are four instances which determine the time periods in which the above information should be sent:

i. 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, e.g. 'ACTION REQ TODAY: CP HYPERTENSION CASE-FINDING'.
- Patients requiring a same-day referral are those with:
 - a 'very high' clinic reading (BP>180/120mmHg)
 - a 'high' clinic reading (BP>140/90mmHg) whose ABPM results indicate very high blood pressure $\geq 170/115$ mmHg
 - an irregular pulse
 - A 'low' clinic reading (BP< 90/60mmHg) where the patient indicates that they experience regular fainting or falls or feel like they may faint on a daily/near daily basis.

ii. Appointments within one week

- If a patient requires an appointment with their GP within one week, their results should be sent immediately with a standardised title, e.g. 'ACTION REQ WITHIN ONE WEEK: CP HYPERTENSION CASE-FINDING'.
- Patients who require an appointment within one week are those with:
 - A 'high' clinic reading (BP \geq 140/90mmHg) whose ABPM 'results are indicative of stage 2 hypertension with readings of 150/95mmHg to 169/114mmHg.

iii. 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, e.g. 'ACTION REQ WITHIN 3 WEEKS: CP HYPERTENSION CASE-FINDING'.
- Patients who require an appointment within three weeks are those with:
 - a 'high' clinic reading (BP \geq 140/90mmHg) who subsequently give a 'high' ABPM reading (ABPM \geq 135/85mmHg and $<$ 150/95 mmHg)
 - a 'high' clinic reading (BP \geq 140/90mmHg) who subsequently decline an offer of ABPM or fail to attend for an agreed ABPM consultation
 - a 'low' clinic reading (BP $<$ 90/60mmHg) with symptoms of dizziness, nausea or fatigue.

iv. A weekly summary email*

- All other test results should be sent on a minimum of a weekly basis, or as locally agreed, 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, e.g. 'WEEKLY SUMMARY OF BP MEASUREMENTS FOR ENTRY INTO PATIENT RECORDS'.
- 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:

* 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.

- a 'normal' clinic reading (BP<140/90mmHg)
 - a 'high' clinic reading (BP≥140/90mmHg) who subsequently give a 'normal' ABPM reading (ABPM<135/85mmHg)
 - a 'low' clinic reading with no symptoms (BP<90/60mmHg)
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.

Annex F: Data recording and transfer

Please note that not all fields are mandatory. Please refer to the relevant technical specification for more details.

Service Field	Reporting Route	
	General Practice	NHSBSA MYS Portal
Pharmacy Name	√	
Pharmacy address	√	
System ID		√
ODS code	√	√
GP practice identifier		√
Referrer details		
Patient name	√	
Patient date of birth	√	
Age of patient		√
Patient address	√	
Patient NHS number	√	√
Date of clinic reading	√	√
Clinic reading (systolic/ diastolic)	√	√
Clinic reading (opportunistic)		√
Clinic reading (referred from a GP)		√
Date ABPM device fitted	√	√
Date of the assessment		√
ABPM reading (average systolic/diastolic)	√	√
ABPM reading (opportunistic)		√
ABPM reading (referred from a GP)		√
Service provided		√
Professional role (of staff member providing the consultation)		√
Pulse (normal or irregular)		√
Ambulatory blood pressure monitoring offered		√
Healthy living advice provided		√
Referral to		√
Escalated to		√
Receiving organisation identifier		√
Onward referral date		√

Annex G: Summary table of actions

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.

Description	Result	Action	Urgency
A 'very high' clinic reading with any acute symptoms such as headache, palpitations, new onset confusion, chest pain, signs of heart failure or acute kidney injury should be given a record of their results and urgently referred to their local A&E, via 999 where necessary	BP \geq 180/120mmHg	Refer immediately to local A&E, via 999 where necessary Call the practice to relay results while the patient is in the pharmacy	Patient to contact local accident & emergency service on the same day
A 'very high' clinic reading with NO acute symptoms	BP \geq 180/120mmHg	Refer to general practice or to other locally agreed urgent care arrangement on the same day Call the practice to relay results while the patient is in the pharmacy	Patient to contact a member of the general practice team or other locally agreed urgent care arrangement on the same day

Description	Result	Action	Urgency
<p>A 'high' clinic reading + 'Very high' ABPM (Stage 2 Hypertension)</p> <p>Note: Patients with any acute symptoms such as headache, palpitations, new onset confusion, chest pain, signs of heart failure or acute kidney injury should be given a record of their results and urgently referred to their local A&E, via 999 where necessary</p>	BP>140/90mmHg and ABPM results indicate very high blood pressure $\geq 170/115$ mmHg	<p>Refer to general practice or to other locally agreed urgent care arrangement on the same day</p> <p>Call the practice to relay results while the patient is in the pharmacy</p>	<p>Patient to contact a member of the general practice team or other locally agreed urgent care arrangement on the same day</p>
A 'high' clinic reading + 'high' ABPM (Stage 2 Hypertension)	BP $\geq 140/90$ mmHg and ABPM results of $\geq 150/95$ mmHg to 169/114mmHg	<p>Refer to general practice and recommend appointment within seven days.</p> <p>Communicate results on the same day</p>	<p>Patient to see a member of the general practice team within seven days.</p> <p>Patients who report physical symptoms should be advised to see a medical professional sooner.</p>
A 'high' clinic reading + 'high' ABPM (Stage 1 Hypertension)	BP $\geq 140/90$ mmHg and ABPM results of 135/85mmHg to 149/94 mmHg	<p>Refer to general practice and recommend appointment within three weeks.</p> <p>Communicate results to general practice on the same day</p>	<p>Patient to see a member of the general practice team within three weeks</p>

Description	Result	Action	Urgency
A 'high' clinic reading + patient declines ABPM or fails to attend agreed ABPM consultation	BP \geq 140/90mmHg	Refer to general practice and recommend appointment within three weeks. Communicate results to general practice on the same day	Patient to see a member of the general practice team within three weeks
Irregular pulse Note: patients with a history of atrial fibrillation or irregular pulse are excluded from the service. Check for previous history of diagnosed atrial fibrillation or an irregular pulse.	Irregular pulse detected on BP machine	Repeat test after five minutes If the second reading still indicates an irregular pulse, communicate results to general practice on the same day	Patient to contact a member of the general practice team on the same day where there is no previously diagnosed history
A 'normal' clinic reading	BP \geq 90/60mmHg and <140/90mmHg	Communicate results to general practice weekly or as locally agreed	Check BP again within five years unless borderline
A 'high' clinic reading with subsequent 'normal' ABPM	BP \geq 140/90mmHg and ABPM<135/85mmHg	Communicate results to general practice weekly or as locally agreed	Check BP again within five years unless borderline
A 'low' clinic reading with symptoms of fainting	BP< 90/60mmHg and regular fainting or falls or patient feels like they may faint on a daily/near daily basis	Refer to general practice on the same day or to other locally agreed urgent care arrangement	Patient to contact a member of the general practice team or other locally agreed urgent care arrangement on the same day

Description	Result	Action	Urgency
A 'low' clinic reading with mild symptoms	BP<90/60mmHg with symptoms of dizziness, nausea or fatigue	Communicate results to general practice on the same day	Patient to see a member of the general practice team within three weeks
A 'low' clinic reading with no symptoms	BP<90/60mmHg	Communicate results to general practice weekly or as locally agreed	Check BP again in one year