

Briefing for Greater Manchester general practice teams – the Community Pharmacy Hypertension Case-Finding Advanced Service – October 2022

This Briefing has been adapted from an [October 2021 Pharmaceutical Services Negotiating Committee \(PSNC\) briefing](#), it provides information for general practice teams in Greater Manchester on the new Community Pharmacy Hypertension Case-Finding Advanced Service, which pharmacies started to provide from 1st October 2021.

Aims of the service

Community Pharmacy can screen people aged 40 years or older who have previously not had a confirmed diagnosis of hypertension. At the discretion of the pharmacist, people under the age of 40 may also be included in the service.

- If the person's blood pressure is high, they will be referred to their general practice to confirm diagnosis and for appropriate management as per NICE guidelines. Depending on the BP reading, the Community Pharmacy may provide an ABPM prior to a referral to General Practice.
- At the request of a general practice, Community Pharmacy may undertake *ad hoc* BP clinic checks and ambulatory blood pressure measurements. This can include patients with or without a diagnosis of Hypertension and can include any patients that require a Blood Pressure check.
- Patients with a diagnosis of AF are excluded from the service.
- Provide another opportunity to promote healthy living advice and promotion to patients.

Brief overview of the service

- This NHS service will be provided in the consultation room by the 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 – A person will be offered 24-hour ambulatory blood pressure monitoring (ABPM) if the blood pressure is high at Stage 1. Patients with a high or very high blood pressure will be referred to their general practice for onward diagnosis and management.

The service will support the work that both general practices and wider Primary Care Network (PCN) teams are undertaking on cardiovascular disease prevention and management, under the PCN Directed Enhanced Service.

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

General practice will be notified of all blood pressure readings; the timescale for sending the notification to the practice will depend on the reading, with some notifications being sent weekly, while others are sent on the same day the monitoring occurs. The table on page 3 summarises when NHS England and NHS Improvement has specified that notifications should be sent to the patient's practice. These notifications and referrals can be undertaken by NHSmail or secure electronic data interchange.

GM Secure Electronic Data Interchange Approach

For EMIS Practices: A hypertension module for EMIS has been developed by Pinnacle and will be featured in the 'Local Services' tab in a similar area to where the current GP CPCS button is located. Practices will be notified when this referral mechanism is live.

For Non-EMIS Practices: Referrals and notifications are to be managed via NHS Mail for the time being. Greater Manchester colleagues will explore the possibility to develop a simple referral method for practices who do not use EMIS and will ensure that the system is briefed with expected dates of implementation.

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

At the request of a general practice, blood pressure checks of individuals already diagnosed with hypertension may be carried out in the pharmacy through this service. If practices want to use this facility, they should agree a local process with pharmacies ensuring that capacity and resource of the Pharmacy is taken into consideration. There are no specific requirements set for this process and it could involve the practice agreeing that a specific list of patients can access the service or a cohort of patients could be specified.

Can general practice refer patients requiring ABPM to the service?

General practices can also refer patients requiring ABPM; in this scenario it is recommended that this referral is made electronically to the pharmacy. A referral template that can be used by practices is available at [Hypertension case-finding service PSNC](#)

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

All six readings (systolic and diastolic for day, night and 24-hour average) and the full ABPM report will be shared with the patient's general practice.

What happens if a patient declines ABPM through the pharmacy?

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

What happens if a patient fails to attend after ABPM for discussion of readings?

Should a patient fail to attend a scheduled follow up appointment, the pharmacy team should make attempts to contact the patient to rearrange the appointment. If despite the pharmacy team making several attempts on separate occasions to contact the patient, the patient does not return to receive their ABPM results within five working days, the pharmacist should contact the patient's registered general practice, to provide the initial clinic blood pressure result and notify the practice of the patient's failure to attend following ABPM.

Next Steps – What can my practice expect?

- Your practice may be approached by your local community pharmacy to agree local processes and lists of suitable patients for blood pressure checks, but you may also get in touch with your local pharmacy if you wish to participate in this work.
- The Hypertension Case Finding Module has been live from week commencing 19th September 2022. For EMIS practices, referrals can be made by following the Local Services button and selecting the appropriate option. Please see Page 4 for a screenshot of what this will look like.
- Practices which do not use EMIS will be notified when an alternative referral mechanism to using NHS Mail has been developed. Referral methods are to be agreed between practices and community pharmacies at a local level to support this in the meantime.

Table 1: NHSE/I recommended notification and onward referral timeline.

BP Monitoring Outcome	GP Notification Timescale and Referral
<ul style="list-style-type: none"> • Normal clinic blood pressure (Lower than 140/90 and higher than 90/60mmHg) • Normal blood pressure following an ABPM (average blood pressure lower than 135/85mmHg and higher than 90/60mmHg) • Low clinic blood pressure (below 90/60mmHg) and patient is asymptomatic 	<p>If the Community Pharmacy is sending BP readings via NHSmail, they will send a weekly summary email notification to the Practice.</p> <p>If the Community Pharmacy is using PharmOutcomes, they will send a notification for every BP reading completed.</p>
<ul style="list-style-type: none"> • A high clinic blood pressure (140/90mmHg or higher, but lower than 180/120mmHg) and patient has declined or does not tolerate ABPM. • A high clinic blood pressure (an average blood pressure of 135/90mmHg or higher, but lower than 150/95mmHg) identified by ABPM; • A low clinic blood pressure (lower than 90/60mmHg) and the patient is experiencing dizziness, nausea or fatigue 	<p>BP reading will be sent in a referral the same day by NHSmail or secure electronic data interchange informing the practice that the patient has been advised to make an appointment with the practice within three weeks.</p>
<ul style="list-style-type: none"> • A very high clinic blood pressure (180/120mmHg or higher); • A very high blood pressure (an average blood pressure of 150/95mmHg or higher) identified by ABPM; • A low clinic blood pressure (lower than 90/60mmHg) and the patient is experiencing dizziness, nausea or fatigue, but the pharmacist 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; and/or • An irregular pulse is detected 	<p>BP reading will be sent in a referral the same day by NHSmail or secure electronic data interchange informing the practice that an urgent same day appointment is needed.</p> <p>During GP practice hours the pharmacist should call the practice whilst the patient is still in the pharmacy.</p> <p>If the pharmacist is unable to contact the GP practice or it is closed, the pharmacist should advise the patient to take appropriate action which may include referral to A&E.</p>

Figure 1: Example of the local services dashboard featuring BP clinic check and Ambulatory BP check options.

