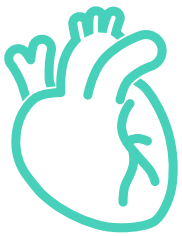
Community Pharmacy Greater Manchester

# Hypertension Case Finding Service (HCFS)

## Toolkit for delivery



## Background

Cardiovascular disease (CVD) is one of the leading causes of premature death in England affecting 7 million people and accounting for 1.6 million disability adjusted life years.

Hypertension is the biggest risk factor for CVD and is one of the top 5 risk factors for all premature death and disability in England. It is estimated that 5.5 million people have undiagnosed hypertension across the country, and many people are not aware of this as they don't have any symptoms.

CVD is a key driver of health inequalities, accounting for around 25% of the life expectancy gap between rich and poor populations in England. Those in the most deprived 10% of the population are almost twice as likely to die as a result of CVD than those in the least deprived 10% of the population. Additionally, 60% of excess mortality for those living with severe mental illness can be attributed to preventable physical health conditions, such as CVD.

Residents of the most deprived areas in England are 30% more likely to have high blood pressure compared to those in the least deprived areas. Monitoring blood pressure in community pharmacies has the potential to increase the detection of hypertension within local populations. It is expected to positively impact health inequalities by targeting people who do not regularly see their GP or use other NHS services.

The NHS Long Term Plan commits the NHS to reducing morbidity and mortality due to CVD, tackling inequalities, and a shift towards prevention strategies. It 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.

In February 2019, NHS England published new national ambitions for the detection and management of high-risk conditions. The ambition for hypertension is that 80% of the expected number of people with high blood pressure are detected by 2029, and that 80% of people diagnosed with hypertension are treated to target. At the time of the plan's publication, NHS England and Public Health England estimated that less than 60% of people with hypertension have been diagnosed. Levels of detection are expected to have fallen over the last few years due to the COVID-19 pandemic.

To support this ambition, the new Hypertension Case Finding Service was introduced as an advanced service in October 2021. Measuring blood pressure within a community pharmacy setting reduces the burden on GP practices and has the potential to improve patient outcomes.

## Aims of the service

The service aims to:

- Identify people with high blood pressure aged 40 years or older (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
- Provide another opportunity to promote healthy behaviours to patients

**NHS England say that estimates show that this service could prevent 3700 strokes and 2500 heart attacks within five years of the tests. If 2.5 million people get their blood pressure checked in this way, it is estimated that an extra 250000 people could receive life-saving treatment. (BBC, 2021)**

# Service description

There are two stages to the service.

Stage one aims to identify people at risk of hypertension and offering them blood pressure measurement (a clinic check).

Stage two, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM).

Contractors opting to provide the service **must undertake both stages**, where clinically required. It is not possible to just undertake clinic BP readings.

Contractors must ensure that the patient's GP practice is notified of the blood pressure reading. Timing of this notification is dependent upon the result.

# Funding

The following fees have been agreed for the service:

- A set-up fee of £440
- A fee for each clinic check of £15
- A fee for each ambulatory monitoring (ABPM) of £45

These fees will be paid regardless of how the patient accessed the service: whether identified in the pharmacy or referred by the GP.

Additionally, the following incentive fees across years 3, 4 + 5 of the CPCF 5-year agreement will be available. Pharmacies must reach a threshold of ABPM to trigger the payment of the incentive fees which are:

- £1000 if 5 ABPM interventions are provided in 2021/22
- £400 if 15 ABPM interventions are completed in 2022/23
- £400 if 20 ABPM interventions are completed in 2023/24

If you sign up for the service after year 3 then you must achieve the activity threshold for that financial year and will receive £1000 as a first incentive payment. If you signed up in year 3

but did not provide five ABPM interventions, you will receive the £1000 incentive payment in year 4 if you achieve the year 4 activity threshold of fifteen.

The service can be provided by any suitably trained and competent member of the pharmacy team. The Responsible Pharmacist must ensure that delegated tasks are undertaken safely by competent pharmacy colleagues.

## Working with Primary Care Networks

There has been extensive collaborative working in Greater Manchester to agree the process across the ICS, including the provision of a PharmOutcomes module.

The service supports the CVD prevention and diagnosis aspects of the PCN Directed Enhanced Service (DES).

As part of the process, the pharmacy should contact their local GP practice. A toolkit is available to support your conversations and can be found **here**.

## Premises requirements

The premises must have a consultation room which:

- Is clearly designated as an area for confidential consultations
- Is distinct from the general public area of the pharmacy
- Allows both the person receiving the service and the service provider to sit down together and have a conversation at normal speaking volumes which cannot be overheard by any other person (unless the patient has consented to a carer or chaperone being present)
- Allows the patient to rest their arm on a table/ bench at a suitable height
- Has IT equipment accessible in the consultation room to allow contemporaneous recording of the consultations provided as part of the service

In agreement with the local NHS regional team, potential patients may be targeted, and the service provided in other settings outside the pharmacy. Examples of this are outside the designated pharmacy within supermarkets or large stores, community centres, sports grounds, and places of worship. This can support with occasional provision, as part of

approaches to support external provision of health promotion in communities in line with HLP requirements.

Where the service is provided from premises other than the registered pharmacy premises, contractors must ensure that the location meets the standards required by the GPhC and that patient confidentiality can be maintained. It is recommended that a risk assessment is undertaken to identify and minimise risks to patient safety and the impact on wider pharmacy services. The premises must also be under the supervision of a pharmacist who is able to provide clinical advice when required.

# Patient eligibility

## Inclusion criteria

- Adults aged 40 or over, who do not have a current diagnosis of hypertension
- At the pharmacist's discretion, patients, by exception, under the age of 40 who request the service because they have a recognised family history of hypertension
- At the pharmacist's discretion, patients between 35 and 39 years old who are approached about or request the service
- Adults specified by a general practice for the measurement of blood pressure (both clinic and ABPM). This process should be agreed locally with GP practices

## 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 GP practice for the measurement of blood pressure
- People who have their blood pressure regularly monitored by a healthcare professional, unless the GP practice requests the service is provided for the patient
- People who require daily blood pressure monitoring for a period of time e.g. 7 day clinic check instead of ABPM
- People with a diagnosis of atrial fibrillation or a history of irregular heartbeat

### GP referrals

If a practice wants to refer patients who have already been diagnosed with hypertension to the service, then contractors should agree a local process. For GP referral for ABPM, it is recommended that this service is made electronically. GPs in Greater Manchester who use the EMIS system are encouraged to make referrals to community pharmacy via PharmOutcomes. Please note that this is optional for GPs.

## Knowledge and skills requirements

To provide the service, pharmacy colleagues must:

- Be familiar with the NICE guideline Hypertension in adults: diagnosis and management (NG136) relevant to the role they are undertaking within the service
- Have read and understood the operational processes to provide the service as described in the service specification
- Have completed the recommended training on how to use the blood pressure monitoring equipment. The equipment manufacturer/ supplier should provide this

Pharmacists wanting to undertake further training on hypertension, understanding vascular risk, and behaviour change interventions to support their own CPD can find resources on the **CPPE website** and the pharmacy courses page of the **Health Academy** website.

The whole pharmacy team can proactively promote the service and support with recruitment of patients. A pharmacy team **briefing and a guide** on how to recruit patients is available to assist contractors to engage and coach their pharmacy team.

## Getting ready to deliver the service

Before providing the service, you must:

- Have an SOP in place for the service which includes the maintenance and validation of the equipment used, and the data retention period

- Notify NHS England of your intent to provide the service by completion of an electronic registration through the NHSBSA Manage Your Service (MYS) application
- Purchase or rent equipment for each of the two stages of the service that has been validated by the British and Irish Hypertension Society (BIHS), unless you already have equipment that meets the required standards. Contractors who have more than one pharmacy could consider whether an ABPM(s) could be shared across the group, providing an agreed process is in place to allow timely access to the monitor
- Engage with local GP practices and/or PCN colleagues to make them aware that the pharmacy is participating in the service and that they can refer patients into the service. Given the current workforce pressures, it is advisable that you agree the potential number of patients so that you can plan the workload accordingly

# Providing the service

## Patient recruitment

The whole pharmacy team can proactively promote the service and support with the recruitment of patients. Brief your team on the service, and coach them on how best to approach people about the service and the right language to use. Community Pharmacy England (CPE) have produced a briefing for pharmacy teams which can be found **here** This includes some insights from the pilot sites on how to run a successful service.

Posters, small flyers and leaflets, together with digital marketing resources, can be found on **CPE's website**.

Make the most of your PMR system. It will provide you with details of a patient's age and medication, so can be useful in identifying patients who may be eligible for the service. Use stickers on dispensing bags to highlight these patients and prompt a conversation about the service when the medication is handed out.

Celebrate your successes with your team. This will help to increase their confidence in engaging patients into the service.

Engage with your local practice and agree which groups of patients they will refer e.g. QoF targeted patients, contraceptive or HRT checks. Some practices highlight in the patient notes

on EPS tokens that a patient needs to provide BP readings. They may agree that you can complete a BP check and provide the readings for any of these patients. You should ensure that any agreement is documented via a follow-up email as this may be required for Post Payment Verification (PPV) purposes.

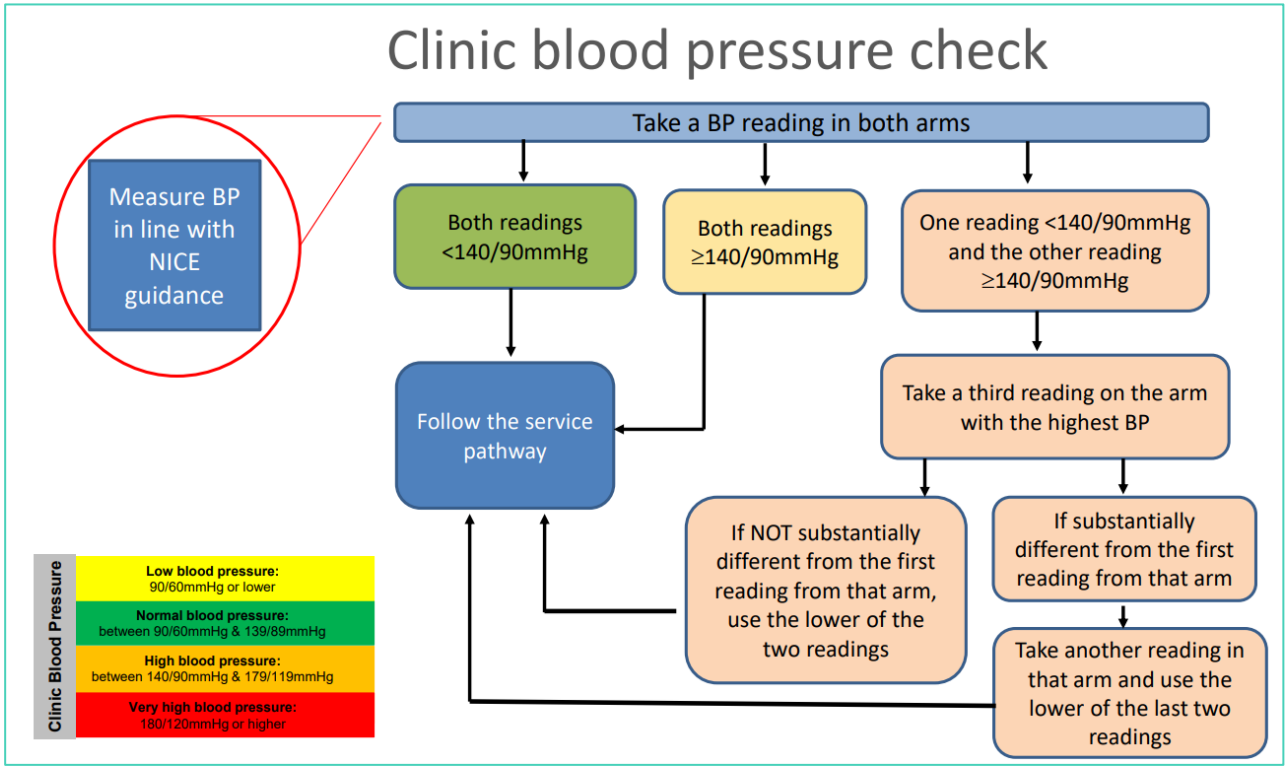
## Consent

Patients must give verbal consent to the service before it can be provided. You need to ensure that the patient is made aware that the following will take place:

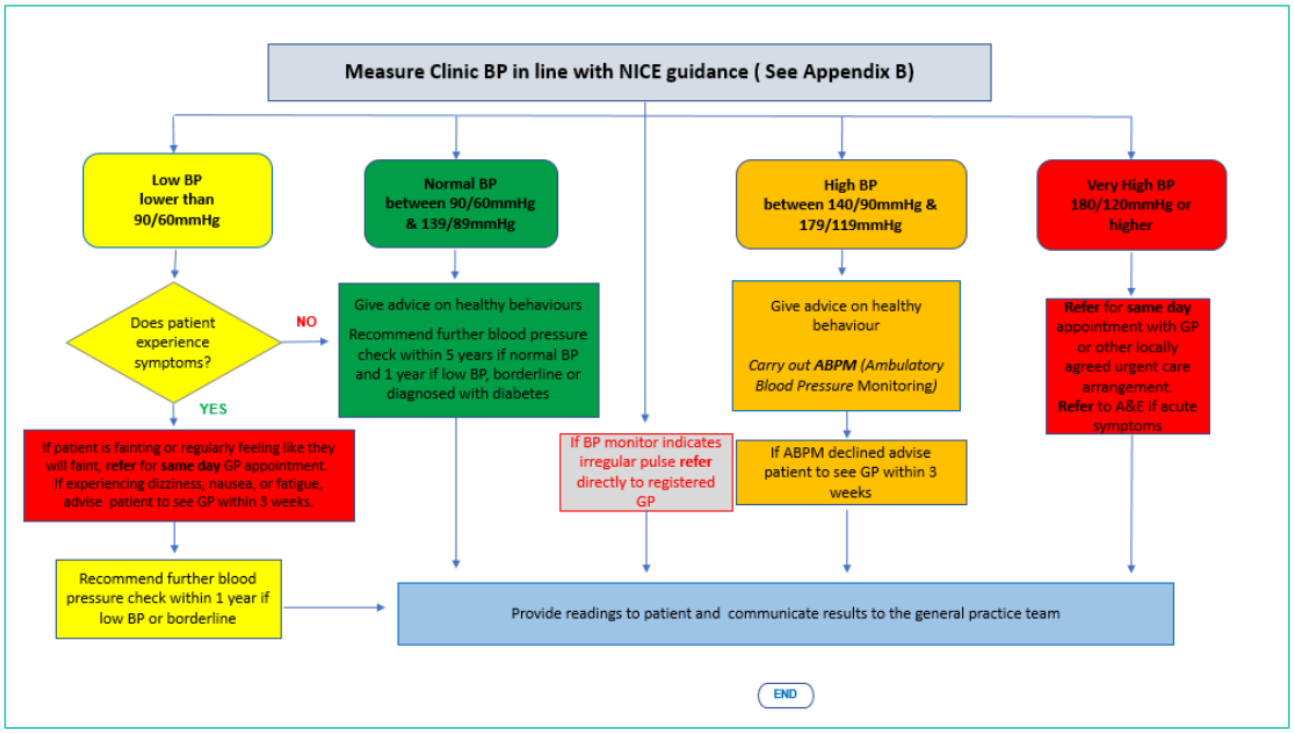
- The sharing of information between the pharmacy and the patient's GP practice to allow the recording of the blood pressure reading in their GP practice record
- The sharing of information about the service with NHS England as part of service monitoring and evaluation
- The sharing of information about the service with the NHSBSA and NHS England as part of post-payment verification

## Stage 1 – clinic BP check

Guidance on clinic BP check



In line with NICE guideline NG136, if hypertension is not diagnosed, blood pressure measurement should be encouraged at least every five years. If the patient's blood pressure is measured close to 140/90mmHg it may be appropriate to measure more frequently, either via annual checks in the pharmacy or by purchasing a Blood Pressure meter that they can use at home.




## Stage 2 – ABPM provision

Where a patient is identified as having high blood pressure (140/90mmHg or higher but lower than 180/120mmHg) then ABPM should be offered to the patient in a timely manner. This will be dependent on the availability of an ABPM device but should be the same day as the clinic reading or as soon as convenient for the patient within a few days of the initial measurement. Considerations should be given as to the best time of day for the patient to attend that fits into the workload pattern of the pharmacy. A minimum of 14 readings are required. This means that the latest time to see a patient and fit an ABPM would be 2pm if monitoring is to stop at 10pm.

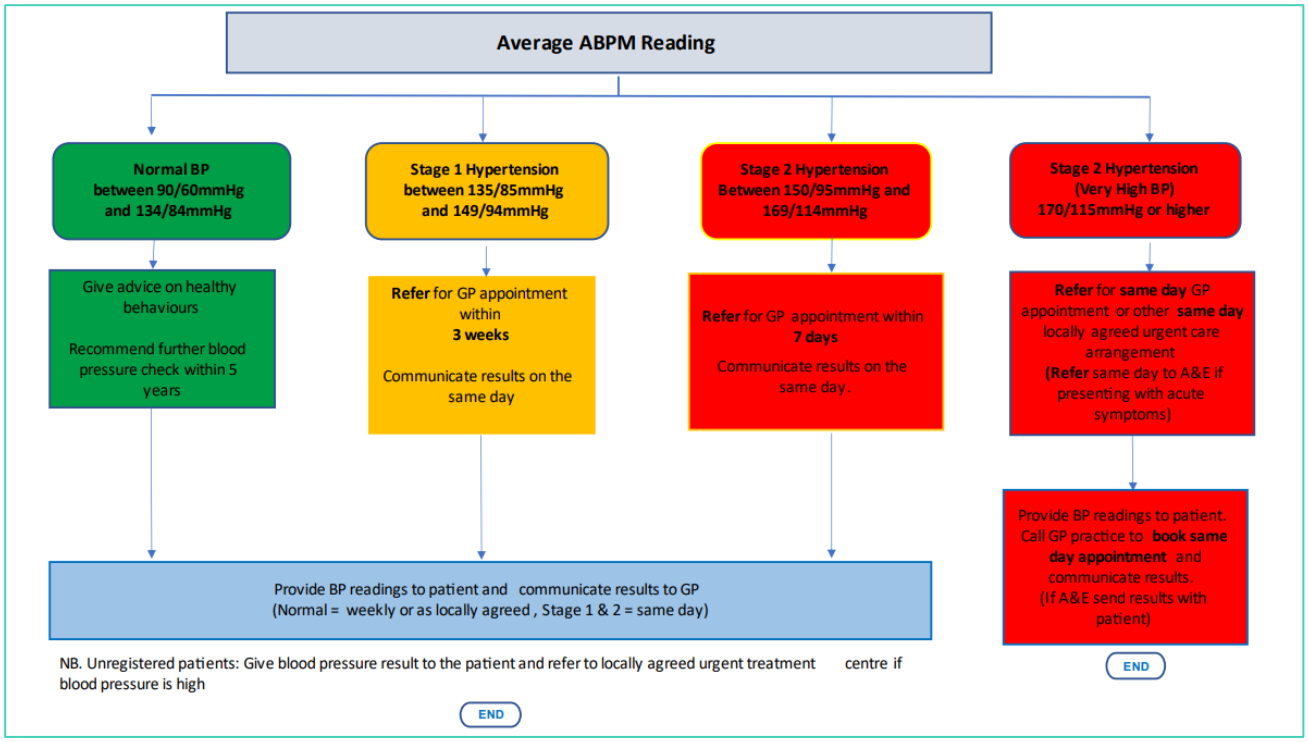
Should the patient decline the ABPM through the pharmacy, they should be referred to their general practice or another appropriate local pathway.

When providing ABPM, you may wish to ask the patient to complete an equipment loan agreement. You cannot take a deposit for the loan of the equipment, nor can you charge a patient for any lost or damaged equipment.

If a patient does not attend a scheduled appointment to be fitted with an ABPM device, you should make two attempts, on separate occasions, to contact the patient to rearrange the appointment. In the event of a failure to attend, you should provide their GP practice with the initial clinic blood pressure measurement and notify them that the patient failed to attend to be fitted with the ABPM device.

Fit the device in accordance with the manufacturer's instructions. Confirm that the patient understands what they must do when using the device and agree a time for the follow-up appointment.

When the patient returns to the pharmacy, retrieve the data from the device. Record the average daytime blood pressure readings and pulse in the consultation record and follow the relevant guidance in the service specification on the next steps for the patient.




Where a patient fails to attend a scheduled follow-up appointment, you should make attempts to contact the patient to rearrange the appointment and return the equipment. If,

despite several attempts to contact the patient on separate occasions, the patient does not return to receive their results within five working days you should contact the patient's GP practice to provide the initial clinic blood pressure measurement and notify them of the patient's failure to attend following ABPM. Until the equipment is retrieved or a replacement device is available, you should suspend provision of the service.

## Provision of advice

Blood pressure readings and the appropriate next steps as detailed in the service specification should be discussed with the patient. Results should be provided in a way that best suits the patient. This could be written on a printed leaflet, sent as an email or the patient may prefer to take a photo of their readings on their phone.

In line with the principle of Making Every Contact Count (MECC), you should encourage the patient to discuss their lifestyle/behaviours and provide appropriate lifestyle advice (if applicable). Along with any signposting, this should be recorded in the clinical record.

Example resources which may be appropriate to support the patient can be found on the CPE **website**.

**Where pharmacy colleagues, other than the pharmacist, have provided the service, the Responsible Pharmacist should be made aware of any patients exhibiting symptoms before they leave the pharmacy.**

## Communicating with GP practices

All test results must be sent via PharmOutcomes, NHSmail or other secure digital process to patients' general practices for entry into the patient record. Where possible the stand-alone PharmOutcomes module should be used for both patients identified in the pharmacy, and those referred by a GP. This will automatically send the notification to the practice. If the practice is not set up to receive these notifications, then an email must be sent. Any emails must use a standardised title.

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 fitted*
- ABPM reading (average daytime systolic/diastolic) *
- ABPM reading (average night-time systolic/diastolic) *
- ABPM reading (average 24 hour systolic/diastolic) *

*Send appropriate data which will vary dependent on the individual circumstances of the patient

There are three instances where this information will be sent to GP practices:

- Urgent same day referrals. Contact the practice and send the PharmOutcomes notification or email immediately (example email heading “Action required today: CP hypertension case finding)”– those patients with a very high clinic reading or a high clinic reading whose ABPM results indicate stage 2 hypertension.
- Appointments within three weeks. Send the PharmOutcomes notification or email immediately (example email heading “Action required within 3 weeks: CP hypertension case finding) – those patients with a high clinic reading who subsequently give a high ABPM reading or patients with a low clinic reading with symptoms
- Unless sending notifications through PharmOutcomes, a weekly summary email. Send the email at the end of the week (example email heading “weekly summary of BP measurements for entry into the patient record”). For patients with a high clinic blood pressure check requiring ABPM measurement, both results should be sent after the ABPM is complete – those patients with a normal clinic reading or with a high clinic reading and subsequent normal ABPM reading or patients with a low clinic reading with no symptoms

Additionally, you should send the output data from the ABPM device with clear patient details for every patient who has had ABPM so practice teams can match them to patient records.

For efficiency, it is recommended that you populate the weekly summary template at the time of providing the service.

## Record keeping and data management

Contractors must use an NHS approved clinical IT system to make their records and payment claims for the service and to send messages containing the patient's results to their GP practice. Data is transferred to the MYS platform throughout the month using an API to automate payment claims and reporting of the data to the NHSBSA.

The service provisions will be available to view in MYS from the 1st of the following month.

Clinical records of service provisions should be retained for an appropriate period. For the purpose of post-payment verification (PPV), they should be kept for a minimum of three years after the service takes place. As you are the data controller, it is for you to determine what the appropriate length of time is, beyond the three years required for PPV. This should be documented in your SOP.

# Post Payment Verification (PPV)

NHS England has a duty to be assured that when contractors make claims for payment for activity for services, that they meet all the specified requirements for the service. They will work with the NHSBSA to undertake pre and post – payment verification checks on claims made.

It is the contractor's responsibility to be able to provide evidence of claims when requested by the NHSBSA for PPV.

Additional evidence also may be required. This could include:

- Copies of receipts or rental agreements for the BP monitor and the ABPM used to provide the service
- If you have a shared ABPM across a number of your pharmacies, a copy of the process for accessing an ABPM in a timely manner
- Copies of weekly emails to GP practices that do not accept PharmOutcomes notifications
- A copy of your SOP
- A copy of any agreements made between your pharmacy and the GP practice about which patients you will target (outside of any referrals via PharmOutcomes)
- A copy of any referrals made by GP practices other than those via PharmOutcomes

# Withdrawal from the service

If you wish to withdraw from the service, you must notify the commissioner via the MYS portal giving at least one month's notice. You may be asked for the reason for the withdrawal.

You should also email **england.gmtop@nhs.net** explaining that you have deregistered and request to be removed from the GP referral platform. It is advisable that you contact any local GP practices who regularly send you referrals to inform them that you will now longer be providing the service.

# Other resources

**Service specification**

**CPE website**