



The Hypertension Case Finding Service

Presenters:

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Overview

TODAY WE'LL COVER

- | | |
|--|---|
| 01 Why the service matters | 02 What changed in September 2026 |
| 03 Delivering clinic checks well | 04 What the Greater Manchester data shows |
| 05 ABPM referrals, results and the GP perspective | 06 Practical action, resources and questions |

ACTION PLAN

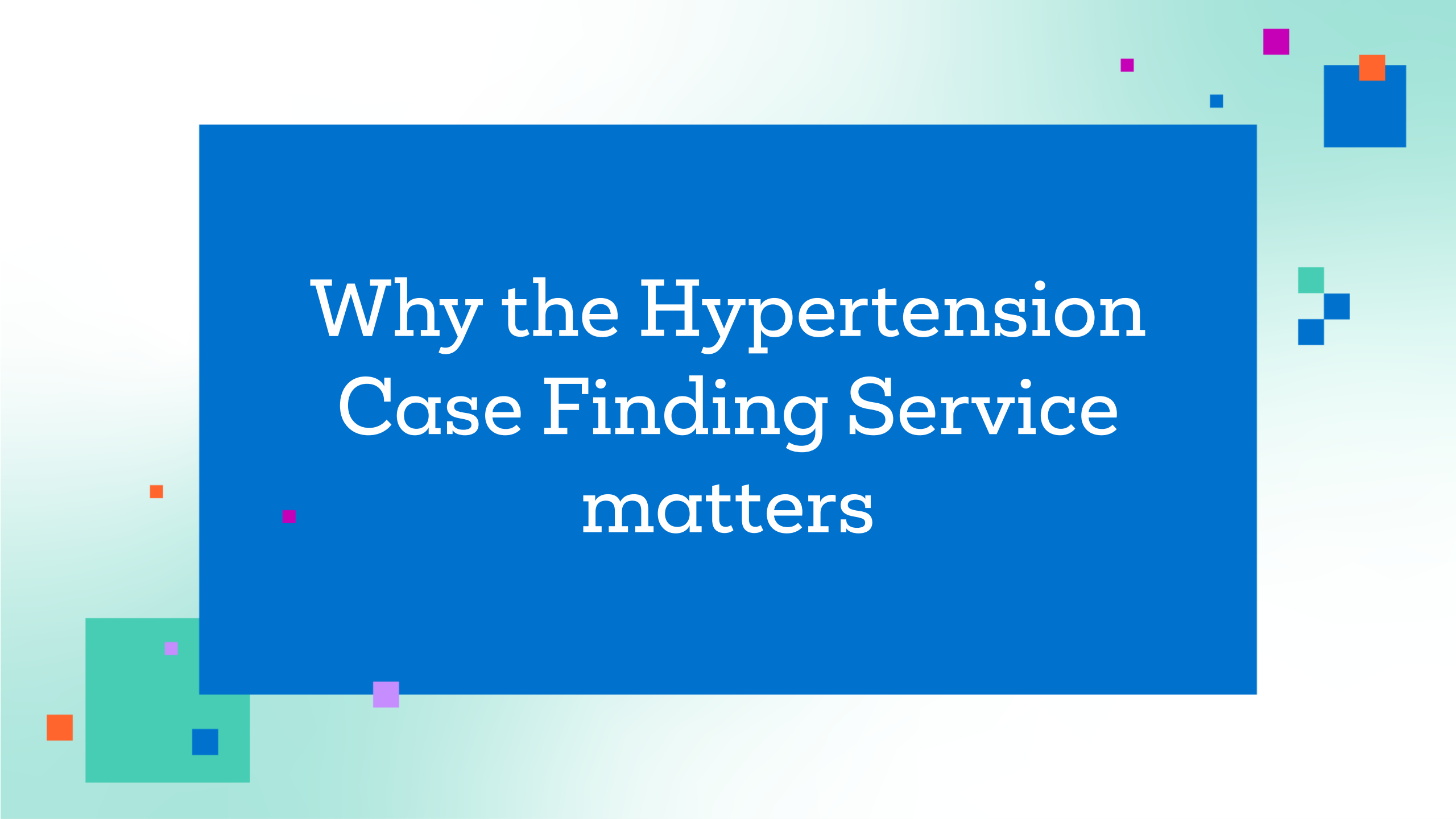
Fill it in as we go

CHANGE one thing you will do differently

INVOLVE the people you need to speak to

START with one clear next step

We'll return to it at the end.



Why the Hypertension Case Finding Service matters

Clinic check cases

RIGHT PEOPLE, RIGHT TIME, RIGHT WAY

CASE 1

AFTER A VACCINATION

WAIT OR
REBOOK

Allow 15–30 minutes if the patient is anxious or rushed. If the BP is high wait 15 minutes and re check

CASE 2

CHECKED 18 MONTHS AGO

NOT
ELIGIBLE

Unless there is a documented exceptional reason – for example, a previous low reading with no symptoms

CASE 3

AGE 35 + FAMILY HISTORY

ELIGIBLE

Record the family history or increased-risk reason.

CASE 4

ALREADY ON TREATMENT

REDIRECT

Regular monitoring belongs with the GP practice, not this service

Why we have the service

THE PREVENTION GAP

5.5m

**people estimated to be
living with undiagnosed
hypertension in England**

Usually with no symptoms to
warn them.

01 The biggest CVD risk factor

Hypertension is a leading cause of preventable heart disease and stroke.

02 A national priority

The 10-Year Health Plan supports a 25% reduction in premature heart disease and stroke deaths.

03 Pharmacy is well placed

For many people, pharmacy is the most accessible front door to the NHS.

The service is already reaching millions

WHAT'S WORKING

6.9m

clinic and ABPM checks
delivered
from launch to June 2025

Almost 7 million checks since October
2021

2m+

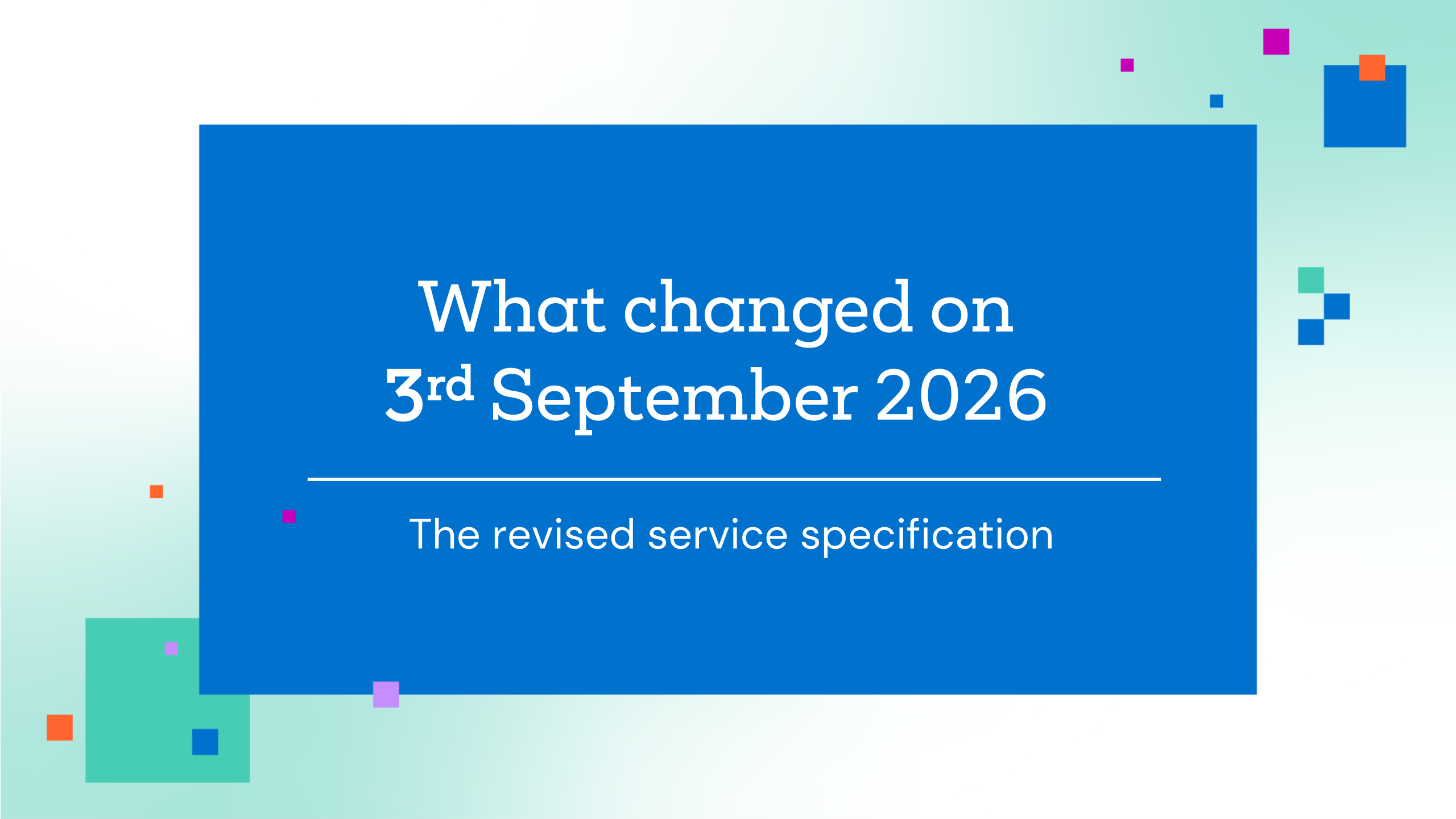
checks delivered in the
most deprived 30% of
areas

1 in 3

high readings can lead to
earlier case-finding
through ABPM and GP
referral

Est. 20–25%

of clinic checks should
progress to ABPM —
around 1 in 4 patients



What changed on 3rd September 2026

The revised service specification

Updated Service Specification

WHY IT CHANGED

The service is being refocused on its core purpose: finding people with previously undiagnosed hypertension.

01 Repeat checks diluted case-finding

Too much activity involved people already diagnosed, rather than finding new cases.

02 The change was agreed nationally

Community Pharmacy England and NHS England agreed the change through the 2025/26 CPCF negotiations.

03 Expectations are clearer

Eligibility, signposting, ABPM and off-site delivery are now more tightly defined.

Key changes and actions

The revised specification affects

01 Eligibility 02 Signposting

03 Referral routes 04 ABPM readings

05 Equipment availability 06 Off-site provision

READ

the revised specification

UPDATE

your SOP and local process

BRIEF

the team and check equipment

Clinic check frequency

WHO CAN HAVE A CLINIC CHECK – CHECK EVERY TIME

Has the patient had a BP check anywhere in the last five years?

The pharmacy must ask and confirm — do not assume.

NO Continue the eligibility check

- 01 No current hypertension diagnosis
- 02 Aged 40+ — or younger with family history or increased CVD risk

OFFER THE CLINIC CHECK

YES Stop — not eligible

Do not offer under this service. Any BP check in the last five years counts — wherever it was completed.

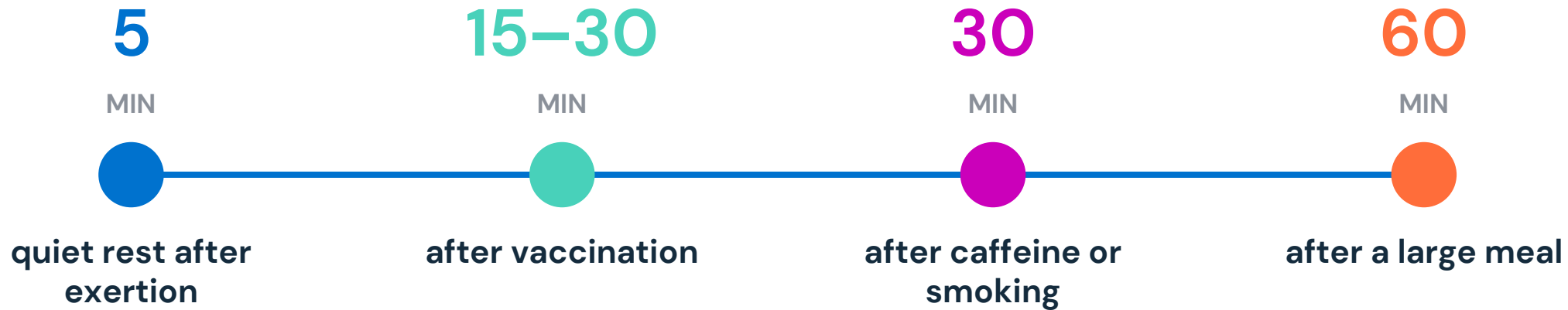
DO NOT OFFER

GP SIGNPOSTING • Adults 40+ only, with no diagnosis and no BP check in five years.

Delivering the service

Timing the service right

A calm patient matters more than a quick check



Stress, pain, and some medicines including decongestants can also raise a reading — delay or rebook when needed.

If the reading is high or very high, ask the patient if there could be something that has affected the result on that day.

Accurate measurements

BARE ARM

10–40 mmHg

Measuring over clothing can inflate the result.

QUIET

10–15 mmHg

Talking can raise the reading.

SUPPORTED

5–10 mmHg

Support the back, feet and arm.

EMPTY BLADDER

10–15 mmHg

Ask before taking the reading.

Poor technique can increase the reading.

BP checks alongside other pharmacy services

Know when to wait — and when the BP check belongs to another service

01 FLU OR COVID CLINIC

Offer before the appointment if calm or wait 15–30 minutes afterwards if anxious.

02 NMS

An ideal opportunity: the patient is already seated and settled in a private space.

03 PRESCRIPTION PICK-UP

Suitable only after a quiet rest — not straight after a brisk walk or coffee.

04 PHARMACY CONTRACEPTION SERVICE

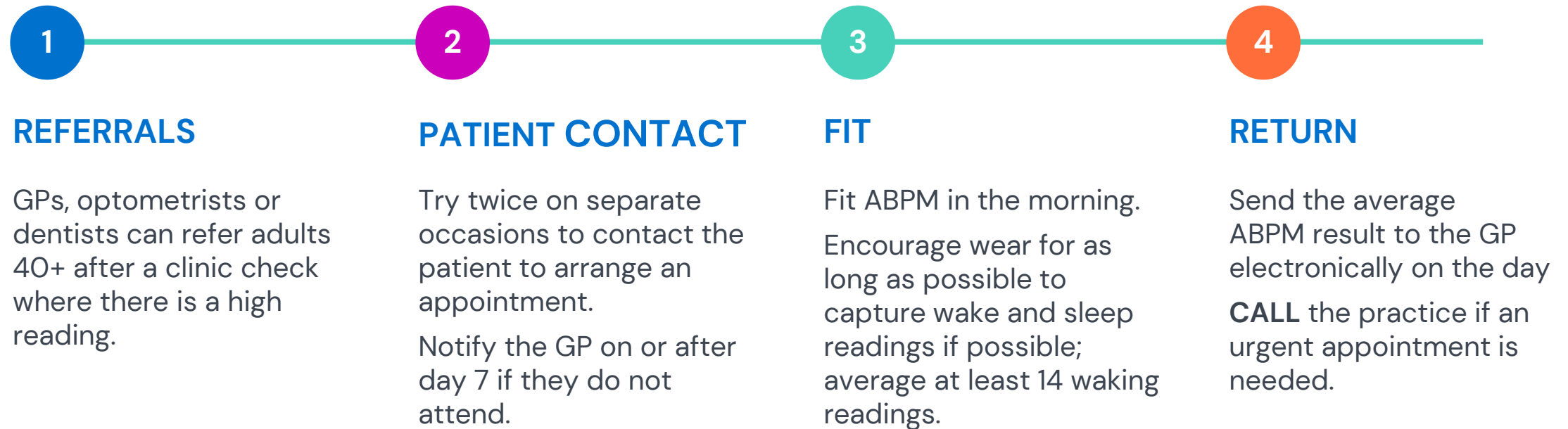
For a patient using combined oral contraception (COC), the BP check forms part of the Pharmacy Contraception Service.

Do not record it separately under the Hypertension Case-Finding Service.

The ABPM journey – From referral to results

At the start of a consultation explain the two steps: clinic check first; if high, ABPM next.

Full results helps the GP decide next steps.



Do not repeat the clinic blood pressure check where a patient has been referred by a healthcare professional (HCP) for ABPM and a clinic blood pressure reading has been provided

Building GP relationships

REFERRAL IN

ELECTRONIC

Referrals for ABPM should be sent electronically wherever possible – PharmOutcomes / NHS.net Connect.

GP practices, optometrists and dentists can request ABPM within the updated specification.

ABPM

preferred diagnostic method

If unsuitable or not tolerated, home monitoring is managed via the GP.

RESULT OUT

WAKING • NIGHT-TIME • TOTAL AVERAGES

RESULT: Average of ≥ 14 measurements during usual waking hours, average of any night-time reading and total averages

RETURN Explain results and next steps during the appointment.

Send results and transcript to the GP via IT system including the ABPM transcript.

Phone the practice if an urgent escalation is needed.

Updating ABPM availability

EQUIPMENT AND OFF-SITE PROVISION

IF EQUIPMENT IS UNAVAILABLE

REMOVE the service via NHS Profile Manager while the full service cannot be delivered.

RESTORE the listing as soon as the service is fully available again.

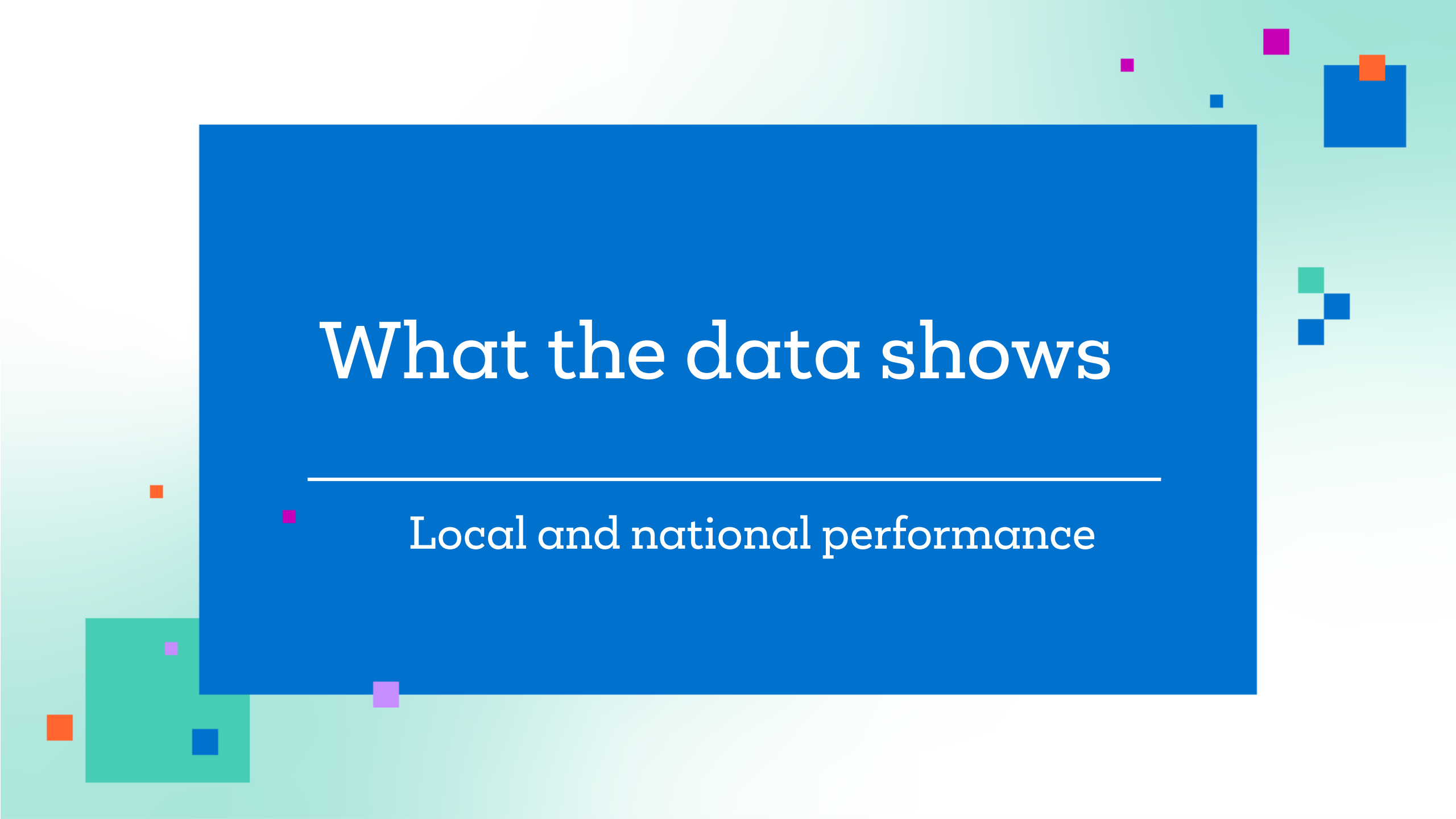
FOR OFF-SITE PROVISION

ICB approval

Maximum four days per financial year

Site risk assessment

On premises clinical oversight



What the data shows

Local and national performance

GM ranks 3rd nationally for ABPM activity

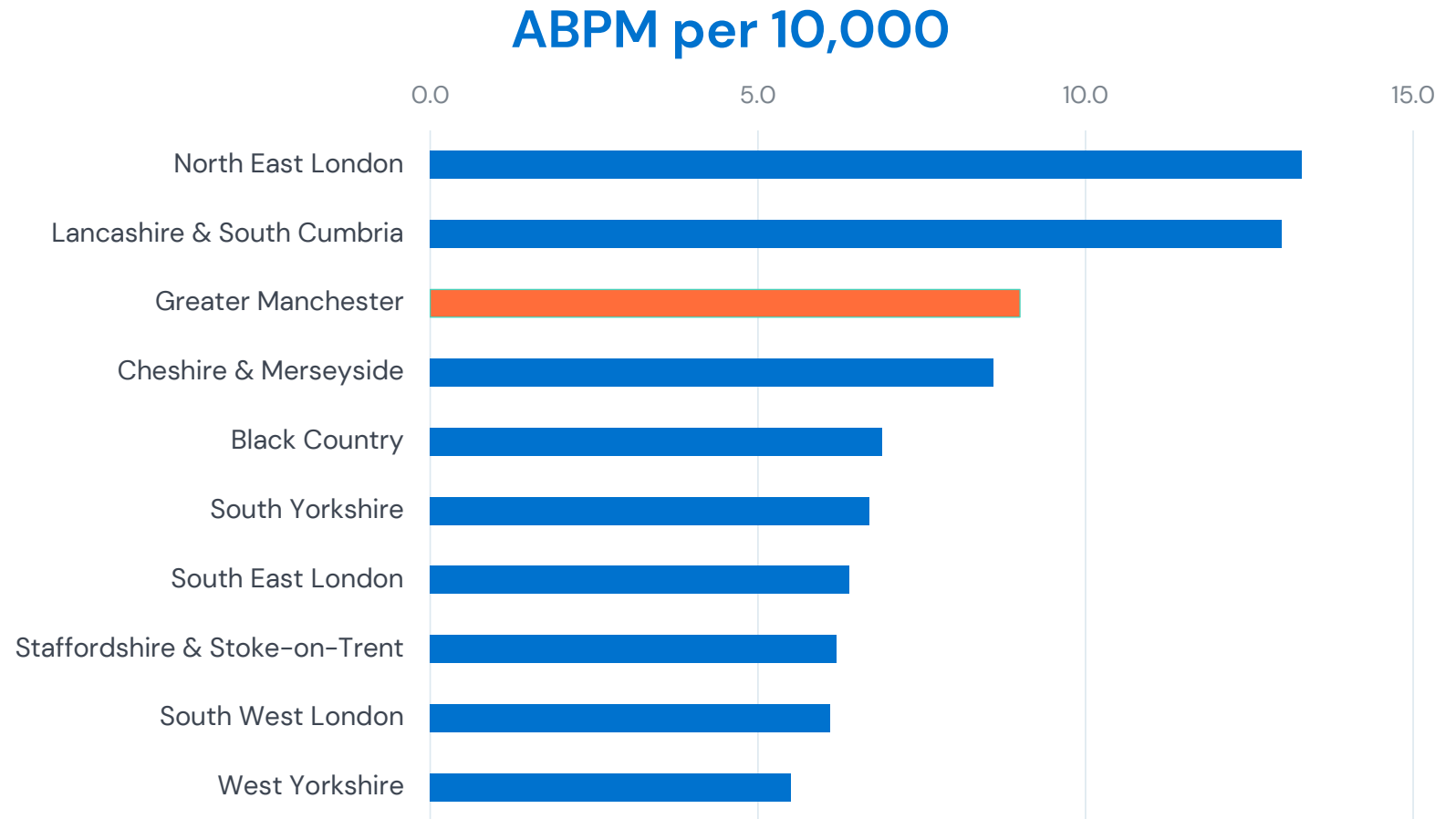
Monthly average per 10,000 population · 36 ICBs

3rd
of 36 ICBs in England

9.0 ABPMs per
10,000

5.3 national average

GM is 3.7 ABPMs per
10,000 above the national
average.



GM is performing strongly overall — but ABPM conversion remains below national expectations

Greater Manchester ABPM Locality data

LOCAL PERFORMANCE · JAN–JUL 2026

GM average: 9

12.3

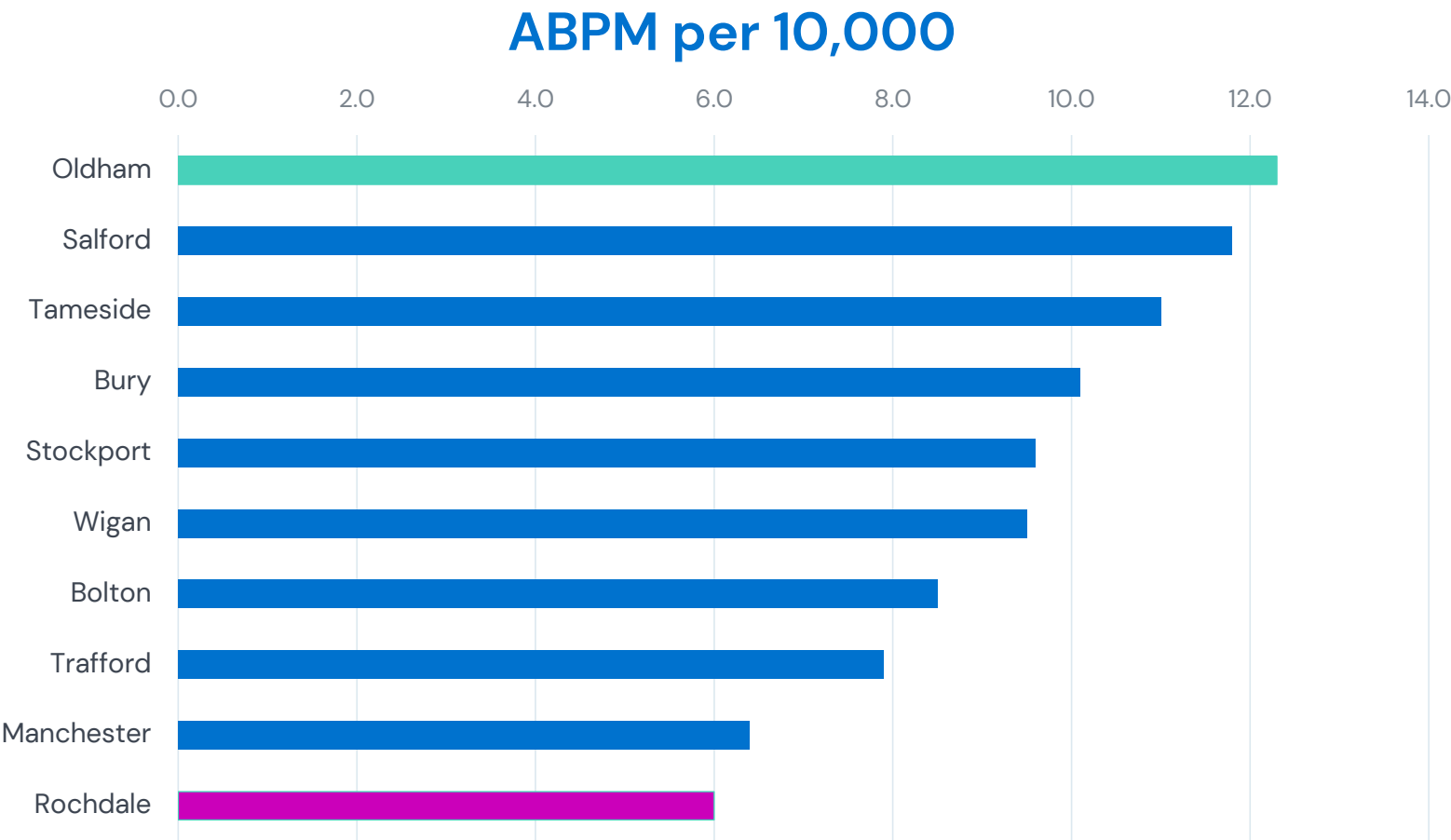
Oldham · highest locality

6.0

Rochdale · lowest locality

more than 2×

variation across GM localities



Monthly average ABPMs per 10,000 population

ABPM Conversion

CONVERSION · JAN–JUL 2026

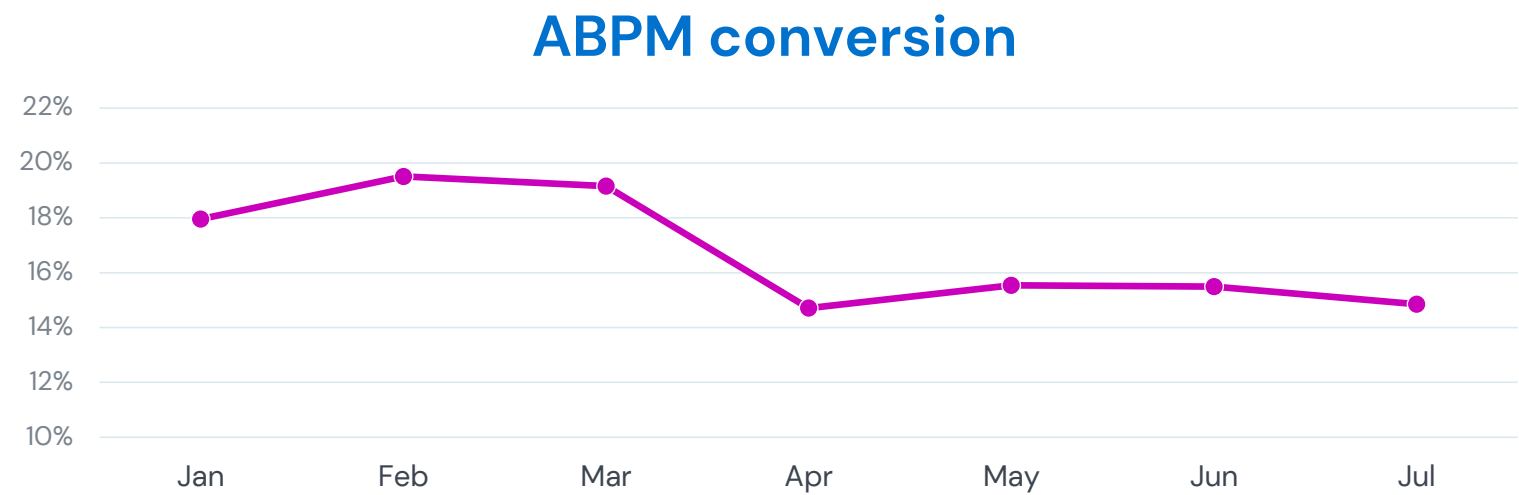
17%
observed conversion

2,950
average ABPMs / month

17,747
average clinic checks / month

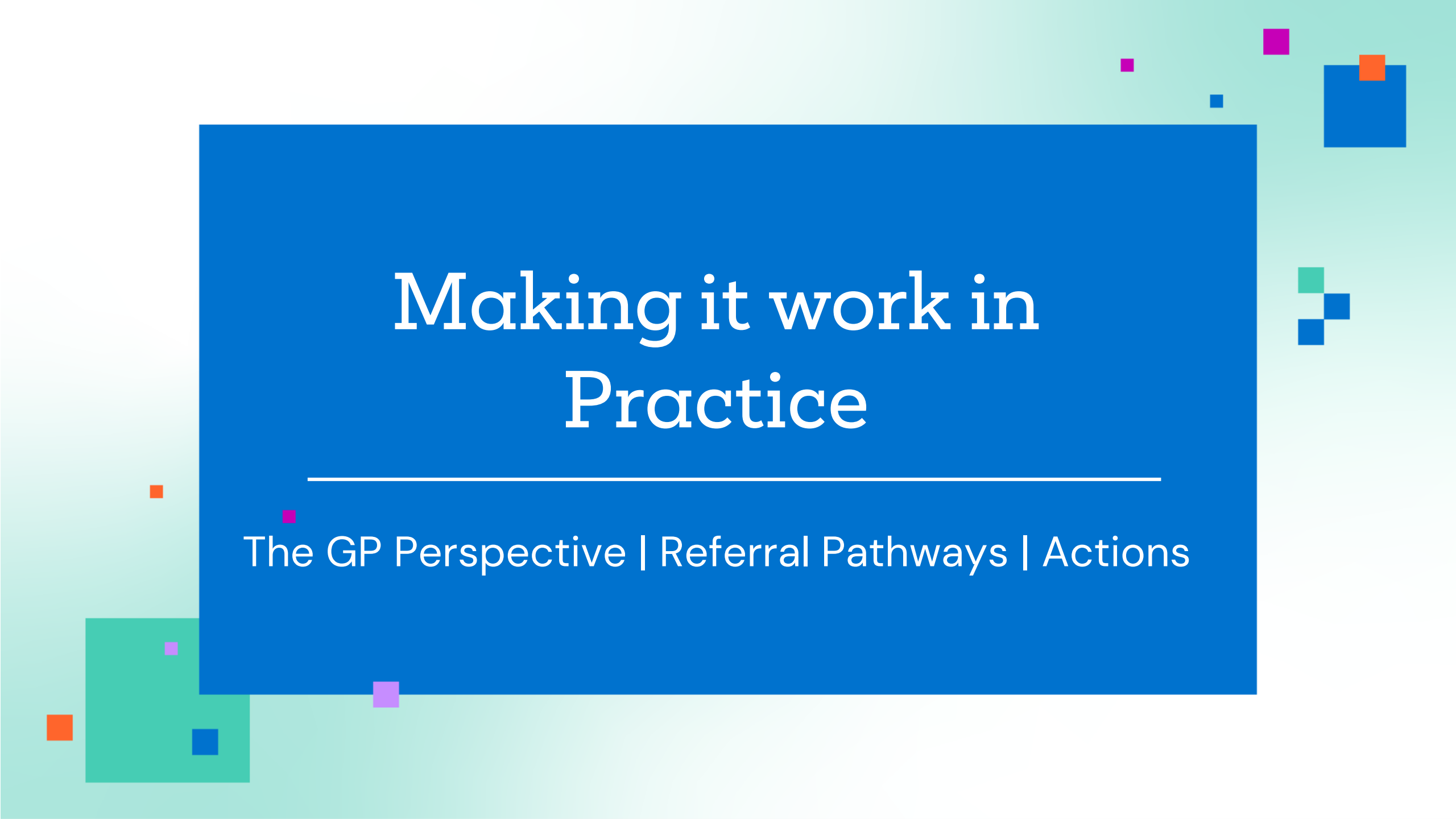
3,549–5,324
expected ABPM demand / month*

Monthly conversion rate



	Jan	Feb	Mar	Apr	May	Jun	Jul
Clinic checks	15,685	16,048	17,439	19,542	18,068	18,594	18,850
ABPMs	2,817	3,131	3,340	2,874	2,807	2,881	2,799

*Expected range assumes 20–30% of clinic-check patients require ABPM under the service.



Making it work in Practice

The GP Perspective | Referral Pathways | Actions

CPGM Practice Engagement

CPGM work with GP and Greater Manchester system partners to promote the service, resolve local issues and improve the patient experience

- 01** Receive issues raised by GP and pharmacy teams and support resolution.

- 02** Arrange dedicated calls and visits to pharmacies when issues are escalated to CPGM.

- 03** Work with GP and GM system partners to address barriers to referrals.

- 04** Develop practical resources for GP and pharmacy teams.

Working with General Practice

Joined-up pathways help more patients move from clinic check to ABPM and appropriate GP follow-up

Timely results back to the patient record help practices decide the next steps.

WHAT FRUSTRATES PRACTICES

- 01** Late or incomplete result notifications
- 02** Patients repeating checks already completed
- 03** ABPM not completed after a high clinic reading or a referral
- 04** Readings taken at the wrong time
- 05** Incorrect classification of the result – e.g. reported as high when the result is normal

Discuss clinic-check and ABPM referral pathways with your GP practices

Make ABPM referrals easy for GP practices

1

MEET WITH YOUR PRACTICES

Explain who is suitable, what you can support and how practices could refer.

2

AGREE REFERRAL ROUTE

Make electronic referrals the default where possible and confirm the details the pharmacy needs.

3

SHARE RESULTS

Return results on the same day to the practice so the patient can be followed up if needed.

If capacity or equipment changes, tell practices early so patients can be redirected without delay.

Record keeping

RECORD

Consent, eligibility, readings, advice given and outcome in an approved clinical system.

SHARE

Send every result electronically to the practice on the same day; phone urgent escalations.

REMEMBER to send the ABPM transcript.

TRACK

Monitor checks, ABPMs, referrals and claims; retain evidence for post-payment verification.

Complete records protect the patient, the pharmacy and the payment



Actions & resources

Top tips to maximise the service

1

EXPLAIN 2 STEPS

Before a clinic check – explain the two steps: clinic check first; if high, ABPM next.

The ABPM result helps the GP decide what happens next.

2

TIME IT RIGHT

Rest first never measure immediately.

Never measure just before or just after vaccination.

3

ASK FIRST

Pain, food, certain medicines, caffeine, and smoking, can change the reading.

4

OFFER ABPM

Offer ABPM for a high clinic reading.

Encourage patient to wear for as long as possible to capture waking and sleep readings.

Next steps: complete your action plan

1

STANDARDISE

Update your SOP: eligibility, escalation, signposting and records. Confirm equipment is maintained, validated and ready.

2

ENABLE

Brief the whole team. Name a service lead and agree who owns each part of the pathway.

3

CONNECT

Agree the electronic ABPM referral route with local practices — and how same-day results will be communicated.

4

MEASURE

Track clinic checks, ABPMs, conversion and incomplete pathways. Review progress each month.

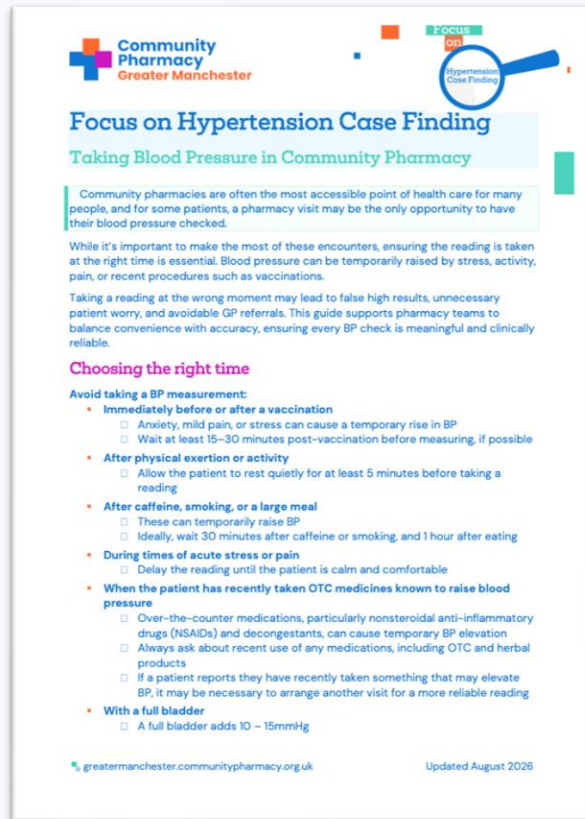
Complete your action plan: choose one priority • name an owner • set the first step and date

Example resources

Practical resources to help you deliver, refer and promote the service

PHARMACY TEAM

Deliver the service well



Community Pharmacy Greater Manchester

Focus on Hypertension Case Finding

Taking Blood Pressure in Community Pharmacy

Community pharmacies are often the most accessible point of health care for many people, and for some patients, a pharmacy visit may be the only opportunity to have their blood pressure checked.

While it's important to make the most of these encounters, ensuring the reading is taken at the right time is essential. Blood pressure can be temporarily raised by stress, activity, pain, or recent procedures such as vaccinations.

Taking a reading at the wrong moment may lead to false high results, unnecessary patient worry, and avoidable GP referrals. This guide supports pharmacy teams to balance convenience with accuracy, ensuring every BP check is meaningful and clinically reliable.

Choosing the right time

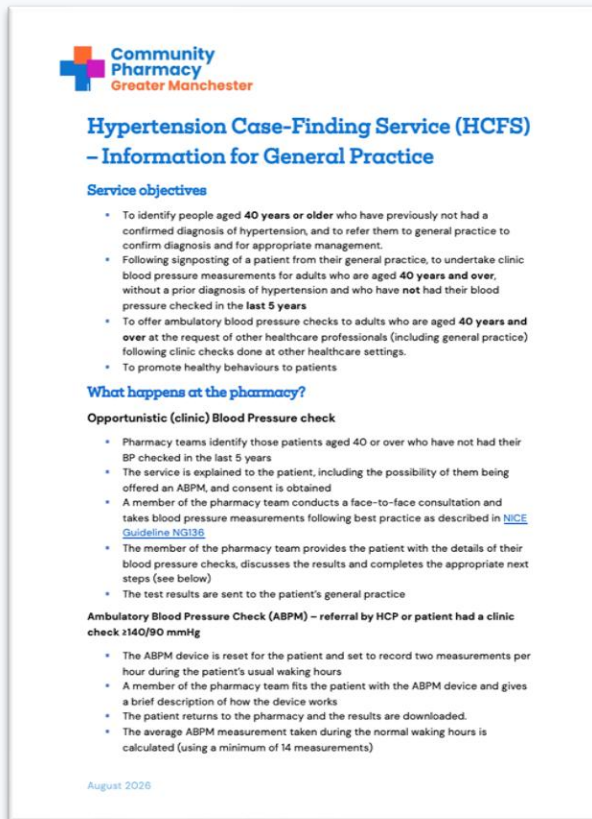
Avoid taking a BP measurement:

- **Immediately before or after a vaccination**
 - Anxiety, mild pain, or stress can cause a temporary rise in BP
 - Wait at least 15–30 minutes post-vaccination before measuring, if possible
- **After physical exertion or activity**
 - Allow the patient to rest quietly for at least 5 minutes before taking a reading
- **After caffeine, smoking, or a large meal**
 - These can temporarily raise BP
 - Ideally, wait 30 minutes after caffeine or smoking, and 1 hour after eating
- **During times of acute stress or pain**
 - Delay the reading until the patient is calm and comfortable
- **When the patient has recently taken OTC medicines known to raise blood pressure**
 - Over-the-counter medications, particularly nonsteroidal anti-inflammatory drugs (NSAIDs) and decongestants, can cause temporary BP elevation
 - Always ask about recent use of any medications, including OTC and herbal products
 - If a patient reports they have recently taken something that may elevate BP, it may be necessary to arrange another visit for a more reliable reading
- **With a full bladder**
 - A full bladder adds 10 – 15mmHg

greatermanchester.communitypharmacy.org.uk Updated August 2026

GENERAL PRACTICE

Make referrals easier



Community Pharmacy Greater Manchester

Hypertension Case-Finding Service (HCFS)

– Information for General Practice

Service objectives

- To identify people 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.
- Following signposting of a patient from their general practice, to undertake clinic blood pressure measurements for adults who are **aged 40 years and over**, without a prior diagnosis of hypertension and who have **not** had their blood pressure checked in the **last 5 years**
- To offer ambulatory blood pressure checks to adults who are **aged 40 years and over** at the request of other healthcare professionals (including general practice) following clinic checks done at other healthcare settings.
- To promote healthy behaviours to patients

What happens at the pharmacy?

Opportunistic (clinic) Blood Pressure check

- Pharmacy teams identify those patients aged 40 or over who have not had their BP checked in the last 5 years
- The service is explained to the patient, including the possibility of them being offered an ABPM, and consent is obtained
- A member of the pharmacy team conducts a face-to-face consultation and takes blood pressure measurements following best practice as described in [NICE Guideline NG136](#)
- The member of the pharmacy team provides the patient with the details of their blood pressure checks, discusses the results and completes the appropriate next steps (see below)
- The test results are sent to the patient's general practice

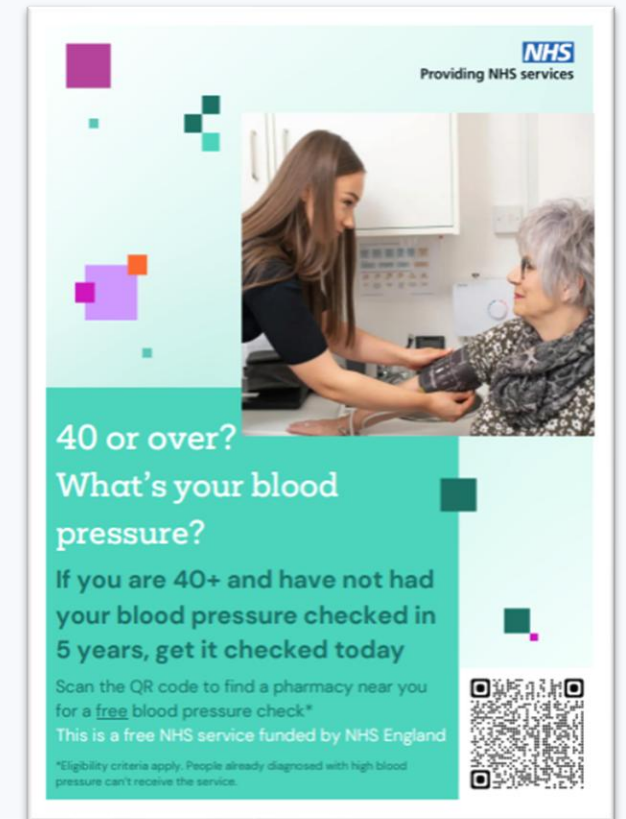
Ambulatory Blood Pressure Check (ABPM) – referral by HCP or patient had a clinic check ≥140/90 mmHg

- The ABPM device is reset for the patient and set to record two measurements per hour during the patient's usual waking hours
- A member of the pharmacy team fits the patient with the ABPM device and gives a brief description of how the device works
- The patient returns to the pharmacy and the results are downloaded.
- The average ABPM measurement taken during the normal waking hours is calculated (using a minimum of 14 measurements)

August 2026

PATIENTS

Promote BP checks



NHS
Providing NHS services

40 or over?

What's your blood pressure?

If you are 40+ and have not had your blood pressure checked in 5 years, get it checked today

Scan the QR code to find a pharmacy near you for a **free** blood pressure check*

This is a free NHS service funded by NHS England

*Eligibility criteria apply. People already diagnosed with high blood pressure can't receive the service.

Any final questions

What would help you put today's learning into practice?

Before you leave: complete your action plan.