

Hypertension Case Finding (HCF) Service Toolkit

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.

Early detection of hypertension is vital and community pharmacy has a key role to play in the detection and subsequent treatment of hypertension and CVD, improving outcomes and reducing the burden on general practices (GPs). Cardiovascular disease prevention remains a high priority with a renewed commitment to focus on community-led methods to tackle variation in the uptake of high-impact cardiovascular disease interventions in the [10 Year Health Plan for England](#)

The [National Institute for Health and Care Excellence \(NICE\) 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.**

Aims and objectives of the service

The service aims to:

- Identify people aged 40 years or older – or, in certain specified exceptional circumstances (see below) and 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

- Following signposting of a patient from their general practice, 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
- Offer ambulatory blood pressure checks to adults who are aged 40 years and over at the request of other healthcare professionals such as general practices, optometrists and dentists (generally following clinic checks done at other healthcare settings)
- Promote healthy behaviours to patients

Service description

If you decide to provide the service, you must ensure that the service is accessible, appropriate, and sensitive to the needs of all service users. No eligible person shall be excluded or experience particular difficulty in accessing and effectively using the service.

There are two stages to the service.

- Stage one (opportunistic BP checks) aims to identify people at risk of hypertension by 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. When explaining the service to a patient you should explain that the service consists of two stages and the requirement to return for an ABPM should the clinic check show a high reading. It is estimated that at least 20% of patients receiving a clinic check will require an ABPM.

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 and is outlined further on in this guide.

Fees and payments

The following fees will be paid:

- At set up fee of £440
- £10 for each clinic check (opportunistic BP check)
- £50.85 for each BP provision

When the initial clinic check is carried out by another HCP, only the claim for ABPM can be made.

Data from the NHS approved IT system is submitted to the MYS portal by an API and will be used by the NHS to populate a payment claim within the portal. You should review the claim before submitting it.

Claims should be submitted within one month, and no later than three months, following the provision of the service. Claims made more than three months after the consultation will not be paid.

Requirements for service provision

You 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)
- Contain a table or bench at a suitable height to allow the patient to rest their arm
- Contain accessible IT equipment to allow contemporaneous (real time) records of the consultations to be made within the NHS IT system
- You must have both a blood pressure monitor and an ABPM device that have been validated by the British and Irish Hypertension Society (BIHS). Appropriate infection control measures and cleaning must be carried out on the monitors as per the instructions of the manufacturer. Validation, maintenance and recalibration should be carried out on the monitors as per the manufacturer's instructions

The service must be available throughout your full opening hours.

You must have an SOP in place that covers the provision of the service which includes:

- The process for escalation of any non-clinical issues
- Signposting details
- Record keeping
- Equipment maintenance and validation
- Staff training

DSPs cannot provide the service on their premises (see providing the service offsite)

Patient eligibility

Inclusion criteria

Opportunistic blood pressure checks (clinic checks)

- 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 do not have a current diagnosis of hypertension, but who request the service because they have a family history of hypertension or who are at increased risk of developing hypertension (South Asian and African-Caribbean populations) may receive the service at the discretion of pharmacy staff. Contemporaneous notes of the reason for inclusion should be made in the clinical record where discretion is applied
- By exception, patients between 35 and 39 years old who do not have a current diagnosis of hypertension, but who are approached by pharmacy staff about the service may be tested at the discretion of the pharmacy staff. Contemporaneous notes of the reason for inclusion should be made in the clinical record where discretion is applied

Patients signposted from their general practice or other healthcare settings

- Adults aged 40 years and over without a prior diagnosis of hypertension who have not had their blood pressure checked in the last 5 years signposted by their general practice or other healthcare setting for clinic checks
- Adults aged 40 years and over who have had an initial clinic blood pressure check at another healthcare setting and are signposted for ABPM (e.g. by general practices, optometrists and dentists)

- The process for signposting should be agreed locally with general practices and any other healthcare settings that are signposting. If general practices or other healthcare settings are signposting people who are not eligible to receive the service, this should be fed back to them.

Exclusion criteria

- People under the age of 40 years, unless under exceptional circumstances and at the discretion of the pharmacy staff. Contemporaneous notes of the reason for inclusion should be made in the clinical record where discretion is applied (e.g. family history or high risk of CVD)
- People who have had their blood pressure checked at the pharmacy via this service in the last five years. In exceptional clinical cases, one repeat blood pressure check may be warranted within a five-year period. Contemporaneous notes of the reason for inclusion should be made in the clinical record where discretion is applied
- 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
- Patients who seek a blood pressure check, but who are already being treated for hypertension
- 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.
- People with a diagnosis of atrial fibrillation or history of irregular heartbeat

Knowledge and skills requirements

The service should be provided by suitably trained and competent pharmacy staff. The responsible pharmacist must ensure that delegated tasks are being undertaken safely by competent pharmacy staff. You 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 the equipment manufacturer

Getting ready to provide the service

Prior to providing the service you must:

- be satisfactorily complying with your 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.
- notify NHS England that you intend to provide the service by completing the electronic registration declaration through the NHSBSA's Manage Your Service (MYS) portal. DO NOT do this until you have completed the training, have the equipment in place, and are ready to provide the service/ accept referrals
- engage with local general practices and, or primary care network colleagues to make them aware your pharmacy is participating in this service.

Providing the service offsite

Although the service will usually be provided on the pharmacy premises, patients can also be identified, and the service provided in other locations outside the pharmacy, with prior agreement from the ICB. Further details of the requirements and the request for approval form can be found in [Annex F](#) of the Service Specification.

Provision from premises other than the registered pharmacy premises must only be for occasional provision. ICBs can give consent to a pharmacy contractor for up to four days of provision from offsite locations each financial year.

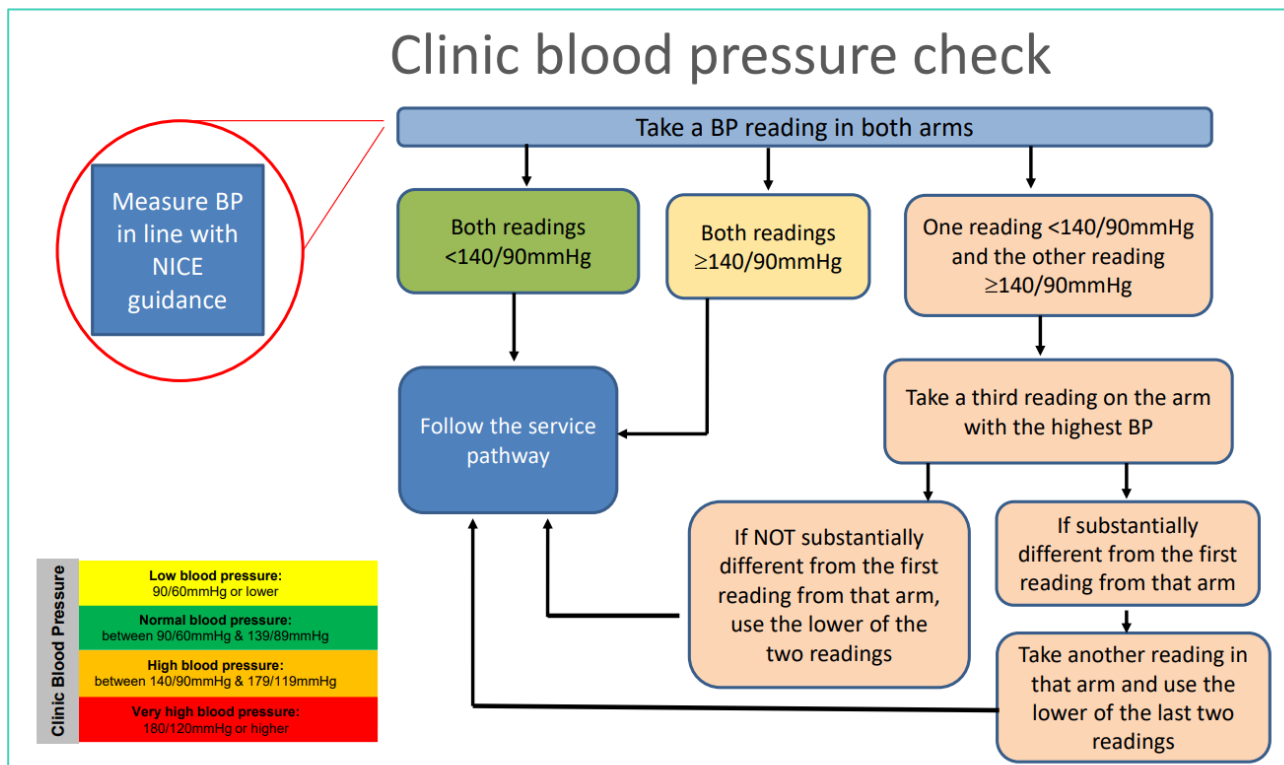
You must ensure the location is appropriate for service provision (i.e. meets standards required by the General Pharmaceutical Council and that patient confidentiality can be maintained). A risk assessment for the proposed location must be undertaken to identify and minimise risks to patient safety and the impact on wider pharmacy services. A copy of the risk assessment must be provided to the ICB as part of the approval request.

The responsible pharmacist at the registered pharmacy premises is professionally responsible for overseeing the service. If the responsible pharmacist is unable to provide sufficient oversight, for example due to workload or where the service is undertaken off the pharmacy premises, an on-site pharmacist or pharmacy technician responsible for the delivery of the service must be linked and work closely with the Responsible Pharmacist and Superintendent Pharmacist through an appropriate written governance framework to ensure appropriate oversight of the service.

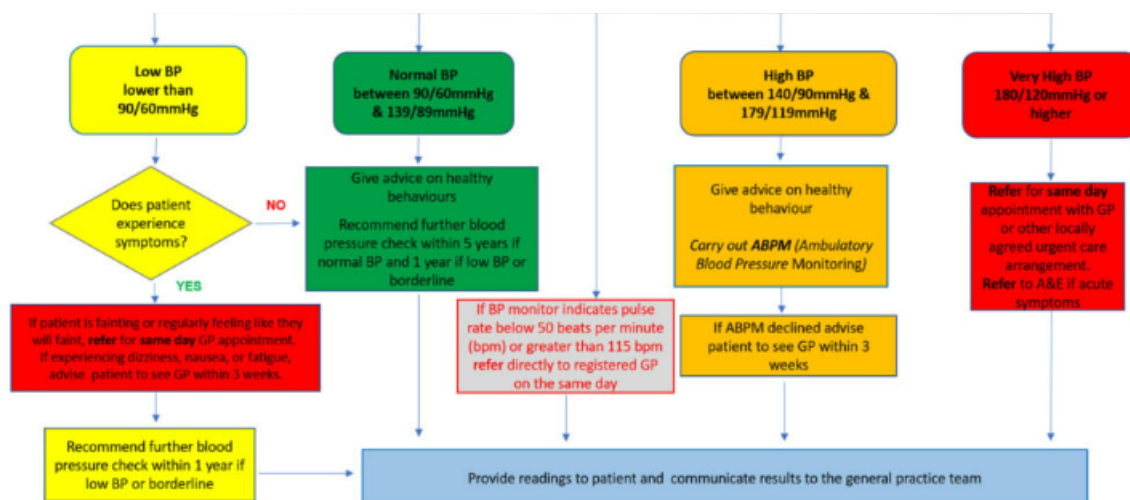
Providing the service

Stage one (clinic check)

- Before conducting a clinic check, confirm that the patient is eligible for the service (i.e. hasn't accessed the service in the last five years and does not have a diagnosis of hypertension). Consider checking the patient's GM Care Record or NCR if they are unsure
- Explain the full service to the patient, including the potential for them to have to return for an ABPM. Consent must be obtained before providing the service, including the data sharing requirements
- Measure the patient's blood pressure in line with [NICE guidance \(NG136\)](#)
- Where pulse rate is recorded as part of the BP check, consider referring the patient to their general practice if a pulse rate below 50 beats per minute (bpm) or greater than 115 bpm is noted, even if their blood pressure is normal.
- Provide the patient with information about their BP reading, including what the numbers mean
- Discuss the patient's current lifestyle/ behaviour as described in NICE guideline [NG136](#) and provide relevant advice on improving behaviours and reducing risk factors



In line with [NICE guideline NG136](#), if hypertension is not indicated, clinic blood pressure should be measured at least every five years. You should consider measuring it more frequently if blood pressure is close to 140/90mmHg, if blood pressure is lower than 90/60mmHg, or the patient has previously been diagnosed with diabetes. In exceptional circumstances such as these, one repeat check may be warranted within a five-year period. Justification for a repeat check must be included in the clinical record for PPV purposes.



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. If you have a high number of patients requiring ABPM you should consider purchasing additional equipment.

If the patient has been referred for an ABPM by another provider, record the reading and the setting where the initial clinic reading was taken.

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.

- Reset the meter
- Programme the monitor to record two measurements per hour during the patient's usual waking hours
- Fit the ABPM in accordance with the manufacturer's instructions
- Describe to the patient how the ABPM works. Explain that it cannot become wet so to avoid baths or showers during the monitoring period
- Explain what to do when a reading is being recorded
- Inform the patient of when they should return to the pharmacy

When the patient returns to the pharmacy:

- Download the data
- Complete the consultation record and provide the GP practice with a copy of the results by secure email or by attaching a copy to the electronic notification
- Explain the results to the patient and give them a copy
- Depending on the average wake time results, follow the appropriate next step (see summary of outcomes table below)
- Clean the ABPM following the manufacturer's instructions

Please note: The ABPM device will record all readings in its internal memory. You must use the average value of at least 14 measurements taken during the person's usual

waking hours. This average ABPM measurement, taken during usual waking hours, should be recorded in the consultation record and the average ABPM measurement, taken during waking hours and also the nighttime and total average readings should be sent to the patient's general practice.

Although the average wake time ABPM is used to establish the blood pressure category every effort should be made to encourage patients to wear the ABPM device for as long as possible to obtain wake and sleep time readings. For example, fitting the device in the afternoon and removing it in the evening may not provide sufficient readings to inform any diagnosis, taking into consideration failed readings, duration of wear and a patient's circadian rhythm. Those who are fitted with an ABPM in the afternoon should be encouraged to continue to wear it into the next day to obtain the appropriate number of wake hours readings. This allows the diagnosing clinician to view how blood pressure changes over the day and night. If ABPM is unsuitable or the patient is unable to tolerate it, they should be referred to their general practice with appropriate documentation of this added to the clinical record.

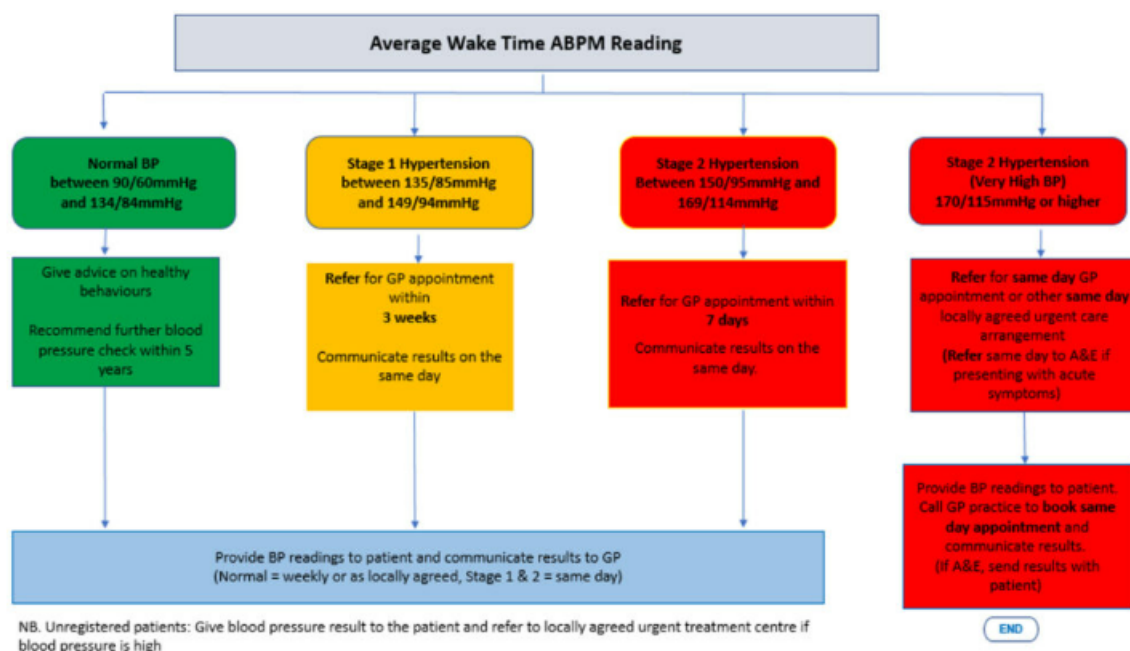
Collection of equipment for measurement of ABPM

Should a patient fail to attend their appointment to be fitted with equipment for ABPM, you should make at least two attempts, on separate occasions, to contact the patient to rearrange the appointment within 7 days. In the event of a failure to attend, you should update the patient's general practice record with the relevant notification ([section 4.9](#) of the service specification) and the general practice team should be notified, on or after the 7th day, of the failure to attend to be fitted with equipment for ABPM.

Receiving results and returning equipment

- Should a patient fail to attend their appointment to receive the results of ABPM and return equipment, you should contact the patient to rearrange the appointment.
- If, despite these attempts to make contact, the patient does not return to receive ABPM results within five working days after the agreed appointment date, you must update the patient's general practice record with the relevant notification ([section 4.9](#) of the service specification), with actions for the general practice team to follow up with the patient.

- If no readings are recorded for any other reason i.e. the device was not tolerated, update the patient's general practice record with the relevant notification ([section 4.9](#) of the service specification), with actions for the general practice team to follow up with the patient.



Summary of outcomes and actions to be taken

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 same day referral 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	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 and emergency service on the same day.

referred to their local A&E, via 999 where necessary			
A 'very high' clinic reading with NO acute symptoms	BP $\geq$ 180/120mmHg	Refer to general practice or A+E (if the GP practice is closed) 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 A+E (if the GP practice is closed) on the same day .
A 'high' clinic reading + 'Very high' ABPM (Stage 2 Hypertension) 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	BP $\geq$ 140/90mmHg and ABPM results indicate very high blood pressure $\geq$ 170/115mmHg	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.
A 'high' clinic reading + 'high' ABPM (Stage 2 Hypertension)	BP $\geq$ 140/90mmHg and ABPM results of $\geq$ 150/95mmHg to 169/114mmHg	Refer to general practice and recommend appointment within seven days. Communicate results on the same day .	Patient to see a member of the general practice team within seven days . Patients who report physical symptoms should be advised to see a medical professional sooner .
A 'high' clinic reading + 'high'	BP $\geq$ 140/90mmHg and ABPM results	Refer to general practice and recommend	Patient to see a member of the

ABPM (Stage 1 Hypertension	of 135/85mmHg to 149/94 mmHg	appointment within three weeks . Communicate results to general practice on the same day.	general practice team within three weeks .
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.
Pulse rate A slow or fast pulse rate	Pulse rate below 50 beats per minute (bpm) or greater than 115 bpm is noted	Refer to general practice or to A+E (if GP practice is closed) 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 on the same day .
A 'normal' clinic reading	BP $\geq$ 90/60mmHg and <140/90mmHg	Communicate results to general practice.	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	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	Refer to general practice on the same day or to A+E (if GP practice is closed)	Patient to contact a member of the general practice team or A+E (if practice is closed) on the same day .

	a daily/near daily basis		
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.	Check BP again in one year .

Record keeping and data management

- You must make the clinical record contemporaneously (in real time) during the consultation unless exceptional circumstances apply
- You 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

Monitoring and Post Payment Verification (PPV)

You may be asked to provide reasonable additional evidence, related to eligibility of patients and the service delivery. The verification checks include comparing the information you provide in your claims against datasets and evidence sources that are available to the NHSBSA Provider Assurance Team.

It is your responsibility to be able to provide any reasonable evidence of service delivery to eligible patients in accordance with the service specification when requested by the NHSBSA for PPV. This includes offering clinic blood pressure and ambulatory checks where required. Therefore, you must be able to demonstrate that you have enough

ambulatory blood pressure monitors for anticipated demand. **Commissioners will undertake ongoing monitoring and challenge provision of high numbers of clinic blood pressure checks that are eligible for ABPM with no, or low ABPM activity.**

Withdrawal from the service

If you wish to stop providing the service, you must notify NHS England that you are no longer going to provide the service via the MYS portal, giving at least 30 days' notice prior to cessation of the service. You may be asked for a reason as to why you wish to stop providing the service.

You must continue to provide the service for the duration of the notice period.

If you de-register from the service, you will not be able to re-register for a period of four months from the date of de-registration.

If you de-register from the service, and no money has been reclaimed, you will not be eligible for a further set up fee if you re-register at any later date.

Useful resources

- [Service specification](#)
- [British and Irish Hypertension Society](#)
- [NICE guidance \(NG136\) Hypertension in adults: diagnosis and management](#)
- [CPGM Spotlight on Services resources](#)
- [Blood Pressure UK](#)
- [Patient leaflet to support BP reading results](#)