



Community Pharmacy Hypertension Case-Finding Service

14th December 2022

Terminology Considerations

- 'Case-Finding' ie a Public Health intervention
 - ...may identify someone with 'elevated blood pressure'
[avoid using diagnostic terms prematurely]
- 'Monitoring' ie a BP Check on a Diagnosed Patient
 - ...but pharmacist will not be privy to history
[ensure patient confidence in GP; care is a work-in-progress]

Objective:

getting started and delivering it efficiently

- What the Service involves (& what it does not involve)
- Basic Information & Resource requirements
- Source a template SOP [NPA/ Numark/ etc]
- Briefing for staff [PSNC resource]
- Setting up PharmOutcomes & MYS.
- Setting up Consultation Room environment
- Rehearse use of ABPM kit. (personally & on staff)
- Speak to Practice Manager/ Agenda Points
- Claiming your money

Agenda



- Introductions
- Service overview
- The value of the service
- Setting up the service
- Running the service
- Selling the service
- Next steps

Aims and objective of the service

- Case Finding in >40s (with some exceptions)
- BP Checks for GP-referred patients
- Lifestyle Advice for all patients

Service Description



- Advanced service
- Started on 1st October 2021
- Two elements of service:
 - **Element 1** - identify people at risk of hypertension – ‘Clinic check’
 - **Element 2** - 24-hour ambulatory blood pressure monitoring (ABPM) if required
- Contractors must be able to provide both stages
- Currently only provided by pharmacists

The service: what it is and what it is not

What it is

Identification of undiagnosed hypertension.

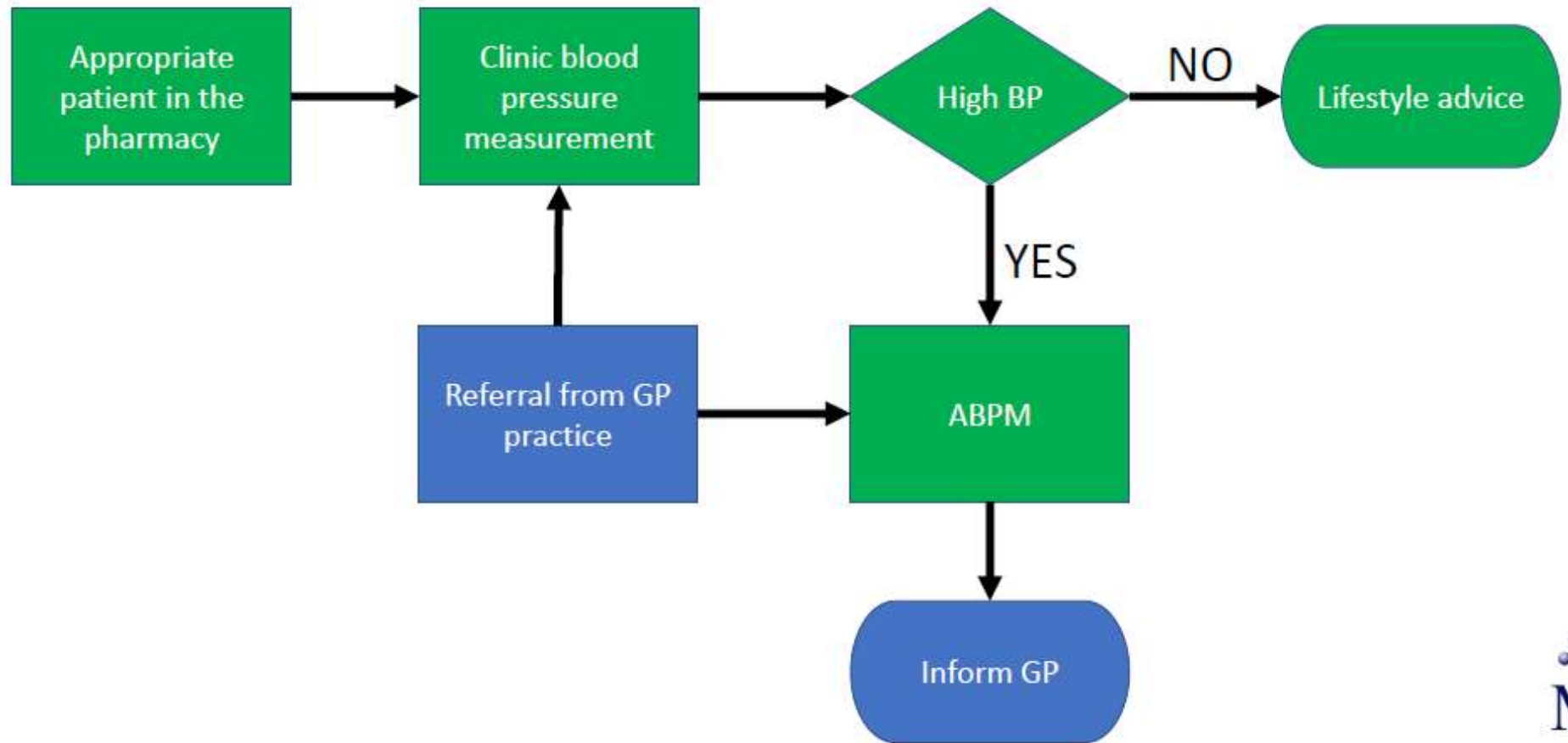
Provision of the NICE recommended diagnostic test

What it is not

A clinical review/service

Clinical management of a long term condition

Service in a nutshell



Remuneration



- Setup fee £440
- Clinic check £15
- ABPM £45
- Incentive fees
 - £1,000 if 5 ABPMs in 2021/22;
 - £400* if 15 ABPMs in 2022/23 and
 - £400* for 20 ABPMs in 2023/24.

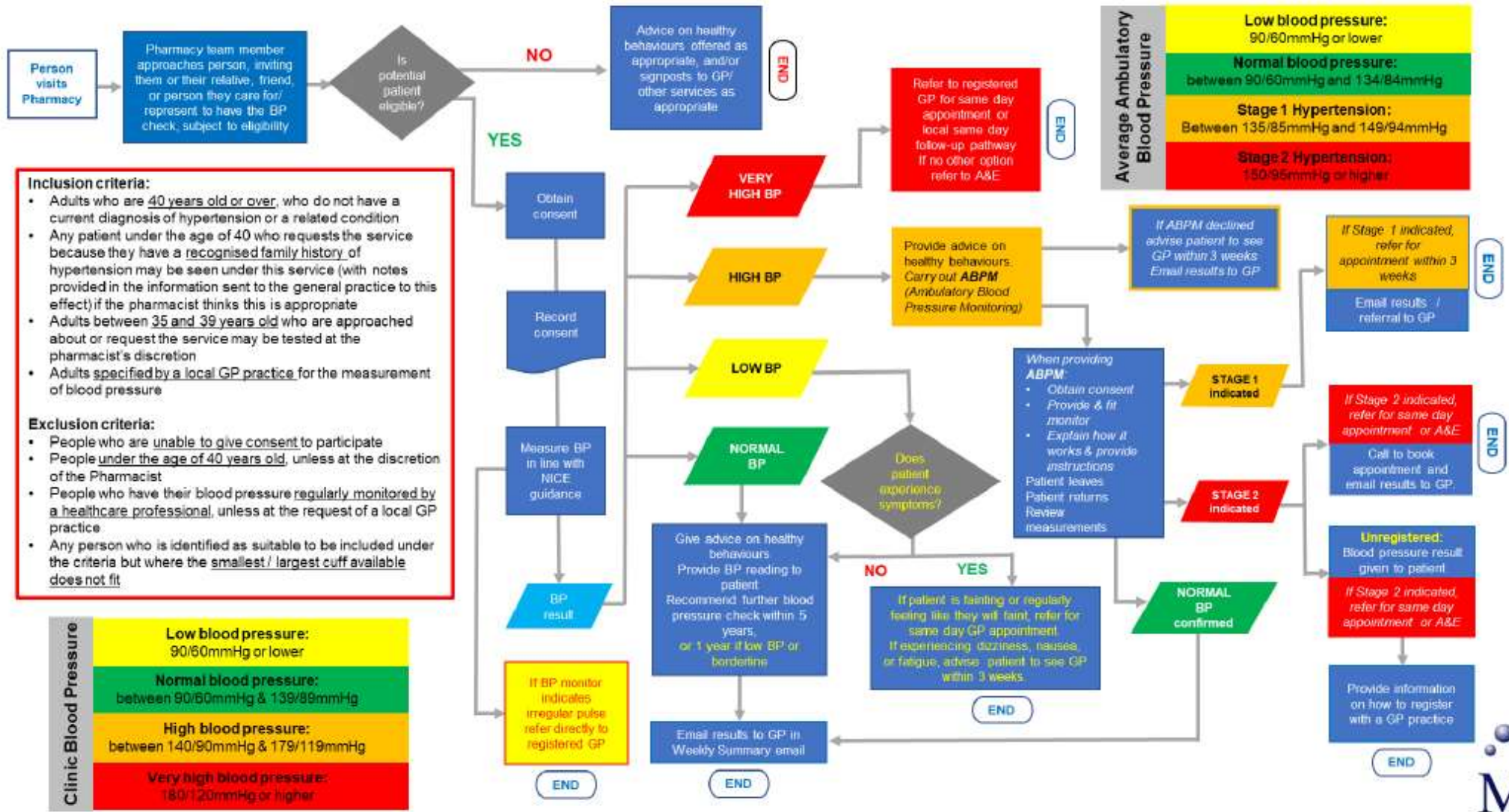
** £1000 if this is first year providing service*

The value of the service

	<u>Weekly</u>
Two BP tests per day (2 x 6 x £15)	£180
One ABPM per week (1 x £45)	£45
Weekly income	£225
Annualised	£11700

Additional income per patient diagnosed p.a.

2 items or more to treat BP (2 x 12 x £1.27)	£30.50
2 NMS (2 x £28)	£56
Annualised potential incremental income	£4500



- Inclusion criteria:**
- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension or a related condition
 - Any patient under the age of 40 who requests the service because they have a recognised family history of hypertension may be seen under this service (with notes provided in the information sent to the general practice to this effect) if the pharmacist thinks this is appropriate
 - Adults between 35 and 39 years old who are approached about or request the service may be tested at the pharmacist's discretion
 - Adults specified by a local GP practice for the measurement of blood pressure
- 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
 - People who have their blood pressure regularly monitored by a healthcare professional, unless at the request of a local GP practice
 - Any person who is identified as suitable to be included under the criteria but where the smallest / largest cuff available does not fit

Average Ambulatory Blood Pressure	Low blood pressure: 90/60mmHg or lower
	Normal blood pressure: between 90/60mmHg and 134/84mmHg
	Stage 1 Hypertension: Between 135/85mmHg and 149/94mmHg
	Stage 2 Hypertension: 150/95mmHg or higher

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

Inclusion and exclusion criteria

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Blood pressure categories

Clinic Blood Pressure

Low blood pressure:
90/60mmHg or lower

Normal blood pressure:
between 90/60mmHg & 139/89mmHg

High blood pressure:
between 140/90mmHg & 179/119mmHg

Very high blood pressure:
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Average Ambulatory Blood Pressure

Low blood pressure:
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Stage 1 Hypertension:
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Lifestyle interventions for hypertension

- Diet
- Exercise
- Lose weight
- Alcohol
- Coffee/caffeine intake
- Reduce sodium intake
- Reduce / stop smoking

Lifestyle discussion

Discuss how lifestyle factors including alcohol consumption, smoking status, diet & exercise may impact upon blood pressure.

Healthy living advice provided

- Healthy diet
- Regular physical activity
- Reduced alcohol intake
- Smoking cessation
- Reduced consumption of caffeine
- Reduced dietary sodium intake
- Referral to a local healthy living initiatives/groups

Record lifestyle advice given

Do not record any patient identifiable information in this field

Consultation notes

- Premises
 - Consulting room
 - Appropriate furniture
 - IT – PharmOutcomes
- Monitors (clinic monitor + ABPM)
- Training
 - Pharmacist
 - Pharmacy team
- SOPs
- Engage with GP practices / PCN

Pre-commencement



Training requirements

- The operational process in the service specification
- Familiar with NICE 136

Hypertension in Adults:

[pages 1-10: Measuring & Diagnosis]
which is central to service provision.

[pages 11-51: Treating Hypertension]
NB:Not included in Service provision

- Using the monitors

Optional

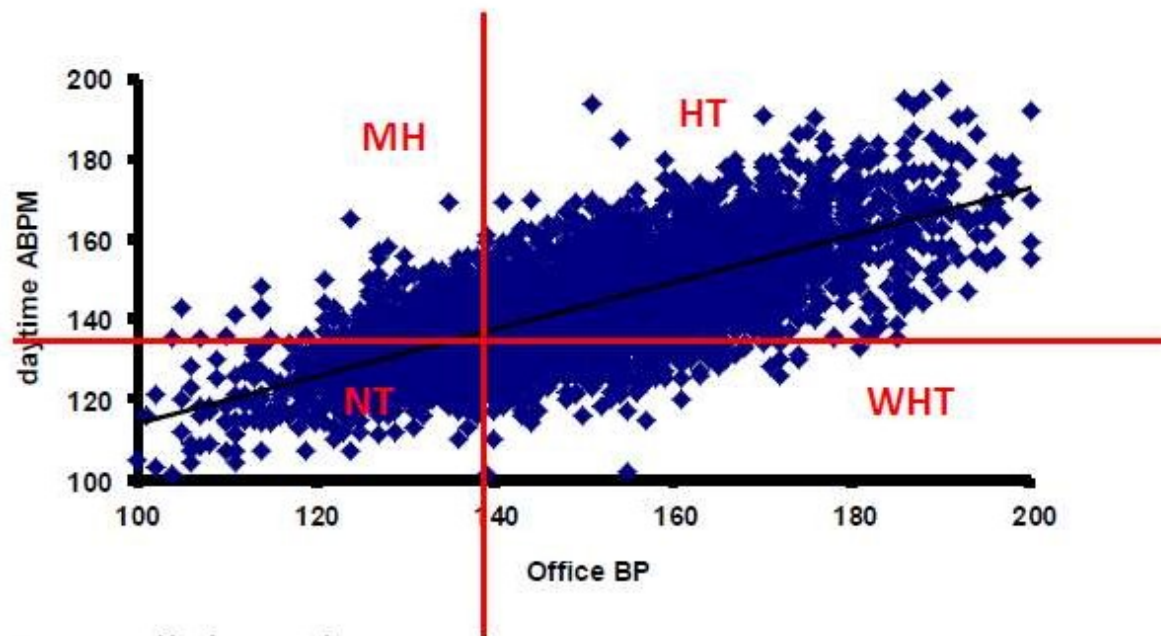
- *CPPE hypertension hub*

The screenshot shows the 'comes® Delivering Evidence' website interface. The top navigation bar includes 'Assessments', 'Reports', 'Claims', 'Admin', and 'Help'. The main heading is 'Enrolment Criteria'. The form contains the following fields and sections:

- Your Full Name:** A text input field with a placeholder 'This should be your full name'.
- Registration:** A text input field with a placeholder 'Your registration with your regulatory body'.
- Service specification:** A confirmation statement: 'I confirm I have read and understood the operational processes to provide the service as described in the service specification'. Below it are radio buttons for 'Confirmed' and 'Not confirmed'. To the right is a yellow error box: 'Needs to be 'Confirmed' to meet the requirements'.
- NICE Guidelines:** A confirmation statement: 'I confirm that I am familiar with the NICE guideline (NG136) Hypertension in adults: diagnosis and management'. Below it are radio buttons for 'Confirmed' and 'Not confirmed'. To the right is a yellow error box: 'Needs to be 'Confirmed' to meet the requirements'.
- Training complete:** A confirmation statement: 'I have completed training (e-learning or face-to-face) on how to use the BP monitoring equipment which should be provided by their equipment manufacturer. Many equipment manufacturers provide short video guides/training on how to use their equipment.' Below it are radio buttons for 'Confirmed' and 'Not confirmed'. To the right is a yellow error box: 'Needs to be 'Confirmed' to meet the requirements'.

An orange 'Enrol' button is located at the bottom right of the form.

Out of Office BP



Relationship between clinic and ambulatory blood pressure

Situations affecting correct BP reading

Activity

- Cuff too small
- Cuff over clothing
- Back/feet unsupported
- Legs crossed
- Not resting 3 – 5 minutes
- Patient talking
- Pain

Systolic mmHg

- 10 to 40 mmHg ↑
- 10 to 40 mmHg ↑ or ↓
- 5 to 15 mmHg ↑
- 5 to 8 mmHg ↑
- 10 – 20 mmHg ↑
- 10 to 15 mmHg ↑
- 10 – 30 mmHg ↑

Wisconsin Heart Disease and Stroke Prevention Program 2010

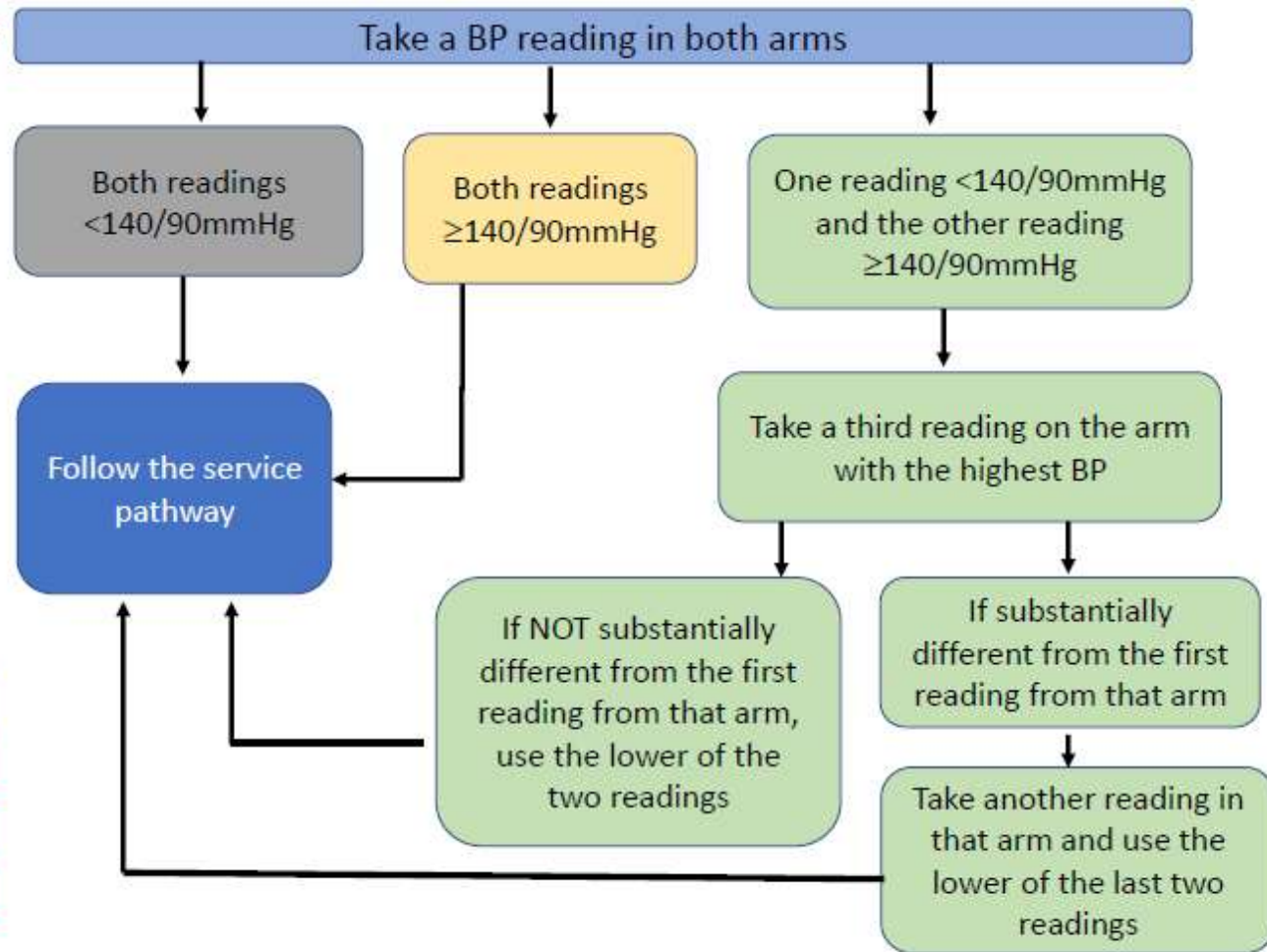


Checklist for measuring blood pressure

- Check for irregular heart beat
- Rest for at least 5 min, 30 minutes without smoking, caffeine or eating a meal
- No excessive alcohol
- Seated, back supported and arm supported on table/desk/box
- Legs uncrossed and both feet on ground
- Use the right size cuff and place properly
- Avoid constrictive clothing
- Support the arm at heart level

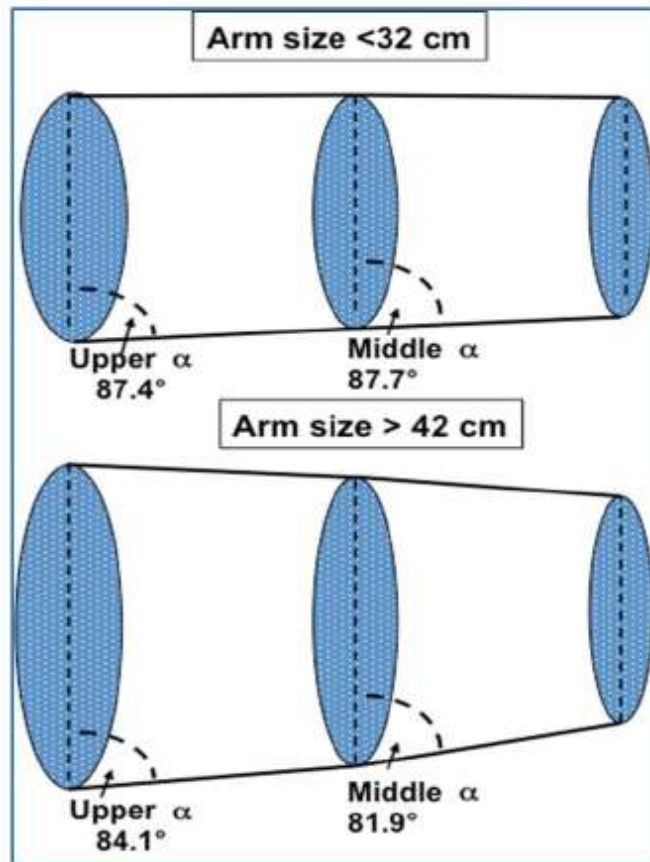
Providing the service – Clinic check

Measure BP in line with NICE guidance



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Measuring blood pressure in obese patients



Surgery referrals can be for both normal clinic checks and for ABPM checks

- Locally agreed process
- ABPM referrals best done electronically
- Template referral form available



Patient referral from GP



ABPM



- Supply the monitor
 - Fit the ABPM to the patient
 - Educate the patient
- Arrange a follow up appointment
- Record average daytime, night-time and 24 hr BP
- Interpret on *Waking Time* BP*
- Notify GP of all three readings

* **Ref Service Spec V2 July 2023**

ABPM measurement

Pre

- Advise patient to shower and wear loose clothing
- Input patient details to IT system
- Patient instructions
 - Sit down and relax
 - Cuff at heart level
 - Keep arm still
 - No talking
 - Feet flat on floor and back supported

Post

- Remove monitor
- Download results to IT system
- Inform GP of results
- Clean sleeve following manufacturers instructions

- Normal
 - 90/60 – 134/84mmHg
 - Provide advice
 - Weekly email results to GP
- Stage 1
 - 135/85 – 149/94mmHg
 - Refer within three weeks
 - Email results/referral
- Stage 2
 - >150/95mmHg
 - Same day referral
 - Call GP for appointment /email results

ABPM

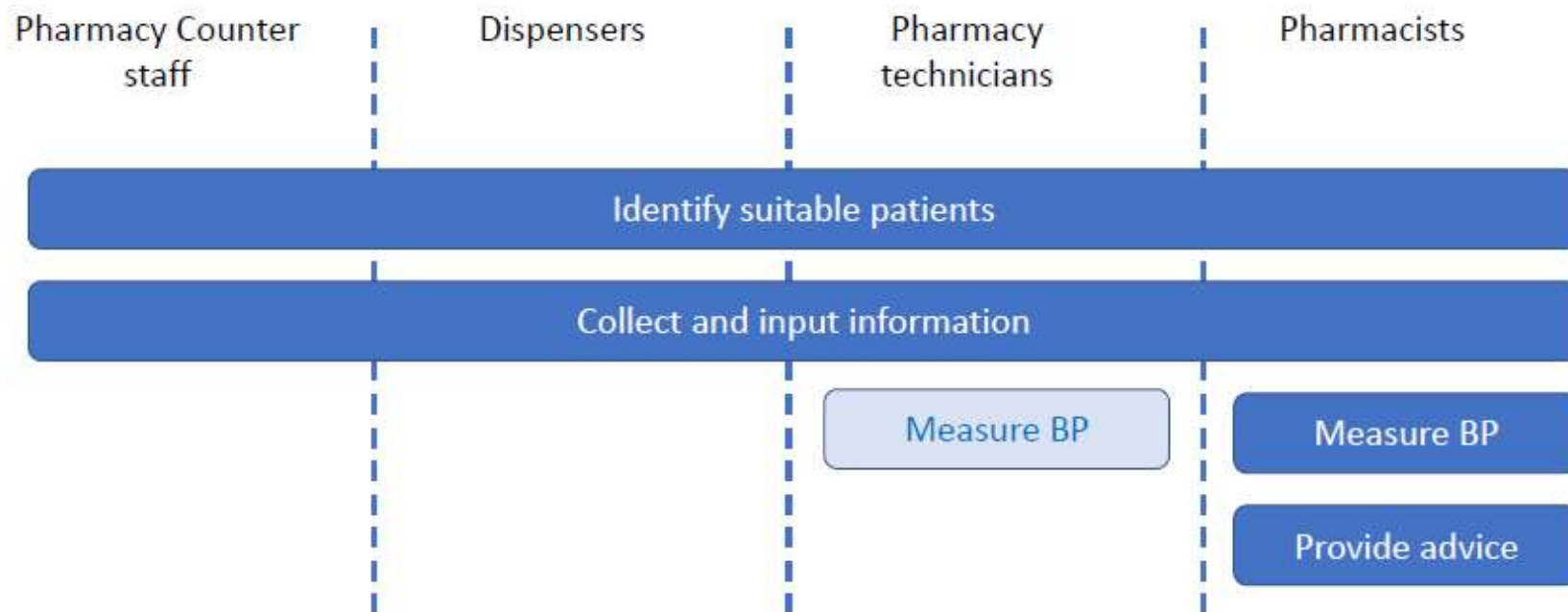
Informing the GP



PharmOutcomes

- Maintaining records
- Automatically sends information to practice
- Print information for patient

Using skill mix in the service



Promoting the service

- Posters
- Social media
- Text messages
- Identify suitable patients on PMR system
- Prescription slips – personal
- Prescription slips – general
- During other services
 - Flu vaccination, CPCS, self care, retail sales

Summary of next steps

- Read the Service Specification (Short document)
 - Very clear & concise (13 pages)
 - Good explanation of the colourful Protocol Chart
 - Contains good detail on ABPM
 - (Note: Most of SLA is lifted from the NICE136 Guideline)
- Print Appendix B (sharing results) to discuss with Practice
- NICE Hypertension in Adults – Diagnosis & Management
 - Pages 6-9 [Measuring Blood Pressure]
 - Page 11 [Lifestyle Interventions]
 - Page 15 [BP Management Targets]
 - Page 25 [thresholds for Stage 1, 2 & 3 hypertension]
- Balance of document considers Drug Treatments & Rationale (familiarise yourself with the content for reference)

Speak to Practice Management Team

- Print & Share Practice QoF Domains (LPC website)
- Print & Discuss Appendix B [Sending Results] (from SLA)
 - Discuss Surgery to Pharmacy referrals [check email addresses/ show simple email template on QoF page]
 - Discuss Pharmacy to Surgery Urgent Referrals process [ask for back door surgery number]
- Print Copy PSNC Briefing for General Practice (PSNC Briefing 044/21)
- **Remember:** ALL patient intervention results MUST be communicated to the practice.

Community Pharmacy Blood Pressure Checks
...designed with Primary Care Partnerships in mind.
This new service reflects NHS strategy to increase Primary Care capacity. It has two components...

1) Pharmacy Opportunistic Interventions (patients >40 years)

- **Case Finding**
 - Linked to Public Health BP62 QoF Domain GOF page 77 (15 points)
Includes ABPM-verified referrals where BP is over 140/90mmHg

2) General Practice Requested Pharmacy Interventions (via NHS Mail)

- **Hypertension Domain**
 - HYP01 - Blood Pressure Practice Register - GOF page 87 (6 points)
Consider referrals to Pharmacy for ABPM checks (diagnosis verification)
 - HYP03 - checks to support care <60 yrs - GOF page 28 (14 points)
Consider referrals to Pharmacy for Clinic Checks or ABPM
 - HYP07 - checks to support care >60years - GOF page 28 (3 points)
Consider referrals to Pharmacy for Clinic Checks or ABPM
- **Diabetes Domain**
 - DM010 - Annual BP Checks - GOF page 35 (19 points)
Consider referrals to Pharmacy for Clinic Checks or ABPM
- **Stroke TIA Domain**
 - STIA010 & STIA020 - Annual BP Checks GOF page 39 (5 points)
Consider referrals to Pharmacy for Clinic Checks or ABPM
- **CHD Domain**
 - CHD005 & CHD009 - Annual BP Checks GOF page 22 (11 points)
Consider referrals to Pharmacy for Clinic Checks or ABPM
- **Mental Health Domain**
 - MH023 - Annual BP Checks GOF page 14 (3 points)
Consider referrals to Pharmacy for Clinic Checks or ABPM
- **Personalised Care Adjustment**
 - New Patient Registrations - (Clinical Check Measures) - GOF page 122
Consider referrals to Pharmacy for Clinic Checks or ABPM

Please refer patients by secure NHS mail to:

To: pharmacy@hsl.nhs.uk - Clinical Pharmacy Services to increase capacity
Subject: Referral for a pharmacy blood pressure check service
Details: Patient Name, DOB, NHS Number, Telephone Number
I am referring this patient to you for:
• 12-Week Blood Pressure to be Checked (Clinic Check) (Refer to 14-see as appropriate)
• 24-Week Annual Urgent Blood Pressure Monitoring (ABPM)
Surgery & Name of Referring Doctor.

MD