

Hybrid Teamworking – optimising the role of Pharmacy Technicians

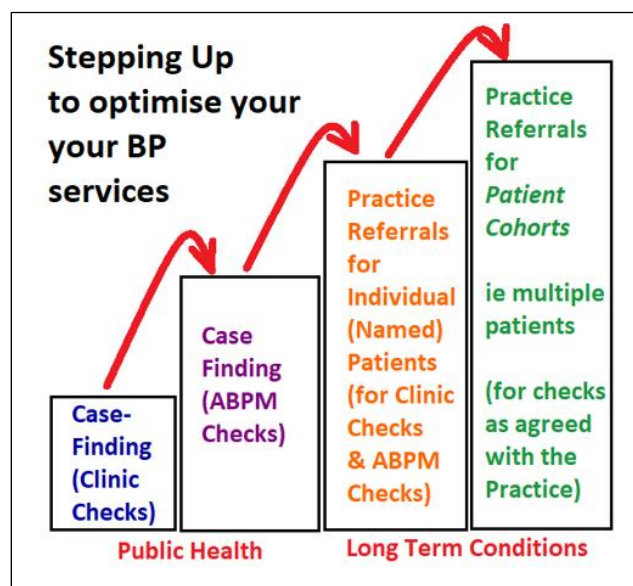
This is a transcript of the comments made during the Sept'23 training presentation given by our Service Facilitator which may be useful if you wish to make notes or adjust your SOPs.

This presentation intended to help community pharmacy teams establish a sustainable Blood Pressure Checks service by optimising the role of qualified pharmacy technicians. These are this evenings main subject headers:

- **stepping up** – a strategic implementation plan
- the business opportunity
- **optimising role of Technicians**
- Top Tips & next steps, then...
- promoting your services to local Practices

As you can see, **Optimising the Role of Pharmacy Technicians** is central. And **Stepping Up** is a very considered phrase here in planning the operational implementation of this service.

I would assert that there are 4 key operational steps or milestones involved in optimising the implementation of the service - and would suggest pharmacy teams develop their service with this model in mind.



These are not steps along a flat path, rather each is a significant **step-up!** Remember this model and it will help you to be clear on how far you have progressed, and prompt you regarding the milestones ahead. The NHS Service Specification implies one joined up clinical process, and some pharmacists have enthusiastically taken the first step – often without planning for the next operational step-up – typically associated with providing ABPM checks, in terms of associated clinical study, resources & pharmacist time – and so their service may have stalled. Clearly a pharmacy business cannot prepare for the 3rd and 4th steps in this model without having firmly established the first two, and this is becoming increasingly important as the next slide shows.

The service volumes data for Leicestershire & Rutland to April 2023 show that case-finding clinic checks have grown to 2550 for the month, up by 80% since April 2022.

Whereas volumes of ***practice to pharmacy referrals*** for clinic checks have increased by **400%** during the same period, up to around 1000 GP referrals in the month. You can also see that *practice-to-pharmacy* referrals for ABPM checks are getting firmly established, compared with a year ago. So take note: Practice referrals for BP checks are coming your way soon – if you are not already receiving them – and I am sure you would agree – it would NOT be good for pharmacy business to ignore a practice referral. So clearly, pharmacy businesses need to engage, *really engage*, and growing commercial benefits will follow.

A quick aside: – *How worthwhile are blood pressure check services?* A minimal level of engagement – eg just one case-finding clinic check per day – and a proportionate one ABPM per week, would generate over £6,000 per annum in fees – which is a *net* contribution since there are negligible incremental costs associated with service provision. By the way, statistically, around *one in 5 properly targeted case-finding services will necessitate one follow-up case-finding ABPM service*, so you might be interested to reflect on how the ratio of your services is comparing with that.

CONSIDER how many prescription items your business would need to dispense in order to generate a similar £6,000 in net profit? Maybe 2,000 items, more?? Which would tie up more than £20,000++ in cost of sales for three or so months!

Alternatively, compare the £6,240 with your OTC and retailing efforts? Some pharmacies would have to generate over £20,000 in retail sales to be left with a net profit of £6,000. Just think about the amount of retailing effort required by all staff to grow counter-sales by £20,000 compared with recruiting just one clinic– check candidate per day for a blood pressure check.

Your pharmacy team will certainly appreciate the significance of this blood pressure checks service if the case for it is presented in these relative terms.

Moving on to perhaps the most important element of this presentation – *the case for optimising the capability and skills of pharmacy technicians and getting the balance right.*

The BP Checks service specification was amended after Parliament changed the VAT exemption rules (March 2023) and it appears that the term “Technician” was belatedly just slotted into the paperwork.

So, what are the *options for Technician involvement* in the provision of these Blood Pressure checks? It would be unfair and not without risk to *delegate everything* to Technicians as there can be clinical questions arising.

Alternatively, some pharmacy businesses will *delegate nothing* so leaving service provision solely to the pharmacist – in which case it often won't get done if the pharmacist is busy with other duties!

WHEREAS we would recommend a *Teamworking Hybrid* model that clearly distinguishes service elements that are **technically objective** from those which are **clinically subjective**, Reflect on these **principles** and how you might adjust the SOPs for your Blood Pressure service.

Consider:

Technician **meets & greets** & settles the patient in the consultation room.

They **launch PharmOutcomes** & identify the patient, and input patient details.

They can **fit the cuff** for the clinic check and press the button to generate a reading.

Again, all technical.

PharmOutcomes can be populated with the measurement data readings.

If 'normal' with reference to the documented BP thresholds, then lifestyle comments can be shared with the patient. Many technicians are already accredited as health champions.

A BP results page can be printed out for the patient and the results then communicated to the practice. These are all *technical* processes without any clinical subjectivity. Whereas the technician would request pharmacist involvement if the initial results are not normal.

So, lets apply these principles to a regular BP Clinic Check intervention....

A technician can meet, greet & settle the patient.

They can look at the patients PMR record to see if the patients is taking any cardiovascular medications indicative of a BP treatment (and confirm with the pharmacist as necessary.)

They can initiate the PharmOutcomes service record and confirm the patient.

It is very important for technicians to explain their role in service provision with a considered statement rather than with some remarks which may vary every time.

Consider adopting this statement, ***"My role is to fit the instrument and take some readings, then the pharmacist will look at the results"***

They can then fit the cuff and we suggest Technicians take two readings from each arm since PharmOutcomes can record 4 sets of results. (R1)

This method also complies, *in advance*, with a Service Spec requirement to take a follow-up reading where single readings from each arm are considerably different, which often requires fitting the cuff back on the first arm – which is a third episode of cuff fitting!

So, taking these 4 reading in the first instance is both better and usually quicker.

If the clinic check results are normal, as indicated by the decision support within PharmOutcomes, then the Technician might explain and make clear, ***"the results are normal, so no need to bring in the pharmacist"***. They can then crack on with the required supportive lifestyle advice, complete the service, and ensure the results are sent to the GP practice.

Otherwise, *if not normal*, the Technician might say, ***"The data is downloaded now, I will just pass the results over to the pharmacist"*** who will come into the consultation room to carry on with the service as per the care pathway.

Importantly, if an ABPM check is recommended, **the pharmacist should explain what it involves and then refer back to the Technician** who will make an ABPM fitting appointment, and give an appointment slip with preparation advice.

And if a more serious escalation is required the pharmacist would personally attend to that. So, I trust everyone would be comfortable with this Teamworking Hybrid service model, you just need to tweak your local SOPs as required.

[Misc: An appointment slip for making an arrangement with a patient for an ABPM fitting, as illustrated below, can be downloaded from the [Resources for Pharmacies](#) page on the LPC website]

Preparing for your 24-Hour Blood Pressure Check

APPOINTMENT: Day:.....Date:.....Time:.....

We have arranged to fit you with a 24-hour Blood Pressure monitor on the above date, and you have agreed to return to the pharmacy the following day when we will disconnect it from you.

An inflatable cuff will be fitted to your arm as normal. It is controlled by a miniature device which attaches to a belt or a strap. **Please follow the advice below before you attend.**

- 1) The device must not get wet so please have your shower or bath *before* you attend on the day of your appointment. [we will remove it the following day *before* you have your next bath or shower]
- 2) Please can you wear a sleeveless T-shirt or blouse or similar so that we can fit the inflatable cuff properly to your upper arm. You should also wear something loose fitting over your T-shirt or blouse. You can put that back on again over the inflatable cuff when it is fitted.
- 3) *Importantly, please can you wear something that includes a belt around your waist. We will need to attach the portable controller device to the belt. [it is the size of a cigarette packet]*

We look forward to welcoming you for your 24-hour blood pressure check!

Moving on to the **fitting** of an ABPM monitor.... These are the various preparatory and fitting steps, all of which are *operational* or *technical* in nature.

Note the suggested statement for Technicians which will reassure patients.

Check Batteries, and clear/erase data

Meet, greet, settle the patient

Explain... *"My role is to fit the instrument, and when you come back tomorrow the pharmacist will look at the results"*

PharmOutcomes, open the previous Clinic Check record for the patient, and select the ABPM Fitting option. Key in the additional information as required.

Fit Cuff & connect ABPM

Print loan agreement document from PharmOutcomes for patient to sign.

Next explain how the ABPM monitor works. Feel free to copy these statements verbatim into your SOPs.

Explain – *"device will inflate every 30 mins - on the hour & at half past - between now and 10.00pm this evening and then every 1-hour overnight until 7.00am, when it will go back to twice an hour"*

Auto Mode – set device to Auto Mode (or it will not automatically inflate!)

Demonstrate – press the Event button to trigger an inflation for patient to experience before they leave.

Advise – *"pause what you are doing in anticipation or when device starts to inflate. Ideally sit down with arm resting on table. Just think about your breathing."*

Appointment – agree next day appointment for ABPM device to be disconnected.

I would assert that a clinical contribution from a pharmacist is not required in this ABPM Fitting element of the service as there are no personal healthcare questions arising – it can be 100% performed by a trained technician.

Note: there are some very helpful resources from ABPM device manufacturers elsewhere on the LPC website.

ABPM follow up Appointment: It is important to be ready for when the patient returns for their ABPM follow-up appointment.

Open ABPM software (in readiness)

Open PharmOutcomes in readiness (specifically the ABPM *follow up* option. ie Open the patients previous ABPM Fitting record, and click on ABPM Follow Up.)

Meet, greet, settle patient

Explain... "I will disconnect the device and download the recorded data into the computer, just like downloading photos from a phone, then the pharmacist will look at the results"

Switch off Auto mode, then remove cuff & disconnect ABPM

Connect ABPM to PC using its USB lead, the ABPM software will recognise device

Click 'Download' & wait c.30sec until done

Patient Info Dialogue box – some devices offer option to key in the patient's name, which will then populate the Summary Report.

Print Report – send Summary Report to printer.

Save Report – select "Microsoft Print to PDF" in printer options & save to your destination BP folder on PC

IF Waking Hours average BP is NORMAL: if this is 'normal' the technician can key the result into PharmOutcomes & complete, and save the service.

IF Waking Hours NOT NORMAL: If not normal the Technician should show the Summary Results print out to pharmacist. **Pharmacist** – gently takes over for the remainder of the service & discusses the results with patient. They should follow the 'care pathway' in the Service Specification and complete the PharmOutcomes entry.

TOP TIPS: Here are some Top Tips if you think the **Teamworking Hybrid** model is for you.

No.1 Top Tip is to experience the ABPM for yourself.

Tip 2 is a very considered *predetermined* statement which all pharmacy team members could adopt and use when suggesting a blood pressure check to a patient. ie "**Have you had a BP check in the last year or so, the NHS has asked pharmacies to offer checks to help busy GP practices with their routine BP checking**"

No 3: You can identify potentially suitable patients during the prescription labelling process.

Tip 4: Keep a small range of Blood Pressure devices in stock for retail sale to assist patients who wish to keep an eye on their blood pressure at home.

Tip 5: Create a folder on your PC to contain all your BP results – which is basic good operational housekeeping, and helpful if the NHS audits your service & fee claims.

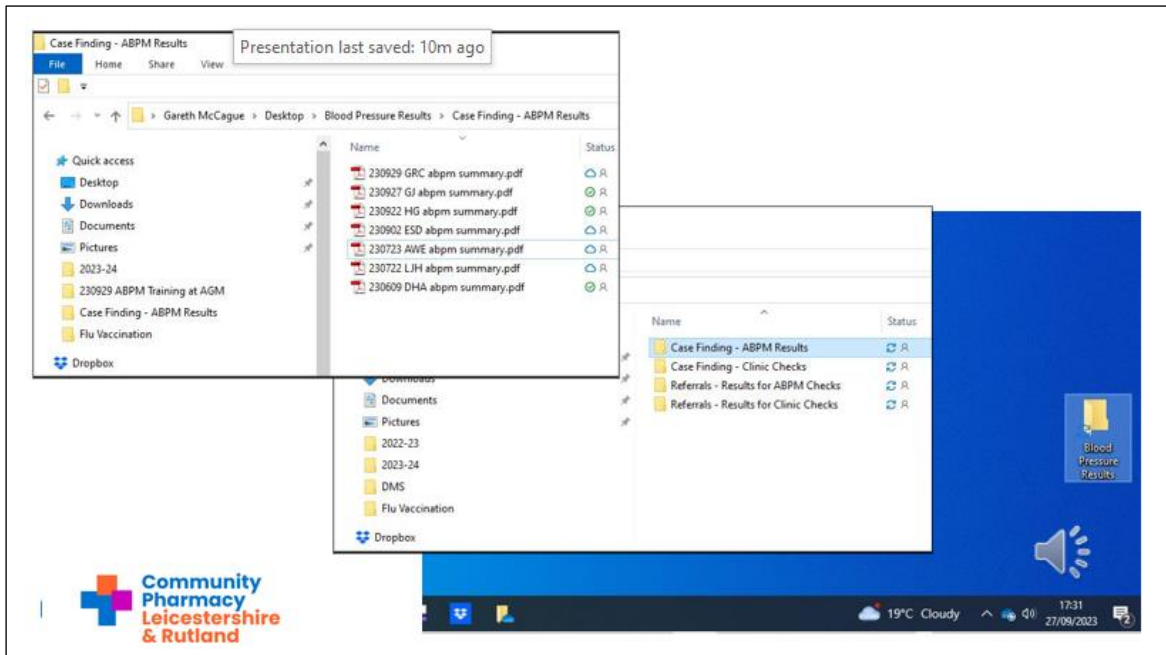
Tip 6, remember to tell your local GP practice when you start offering the BP checks service, Ideally bring along your first hard-copy results printout to illustrate.

Tip 5 was about a good housekeeping model to keep yourself organised...

5.1 Create a Blood Pressure folder on desk-top or cloud as in the blue screen (image below)

5.2 Within it create 4 subfolders as in the middle screen to segregate the different types of blood pressure intervention.

5.3 Then adopt the suggested 'back-to-front' date system as a filing system which cleverly keeps your records in date order.



The following is an image of the cover page of a typical ABPM Summary Report. You just need to identify the average figure for the readings recorded during the *Awake Time*.

Summary ABPM Report						
Name: Sample		Age: 60 years		Gender: Female		
Department: Community Pharmacy		Admission No: 111		Date of birth: 24-Jul-1963		
Statistics						
Overall Time: 20th 18:58 - 21th 19:23 Total: 24 Effective: 39 Total: 40(97%)						
SYS (mmHg)	Mean	Max	Time	Min	Time	
	118	158	20th 19:23	92	21th 11:23	
DIA (mmHg)	75	100	20th 18:58	58	21th 02:53	
Mean (mmHg)	88	118	20th 18:58	69	21th 11:23	
HR (bpm)	74	90	20th 19:23	60	21th 07:53	
Diff (mmHg)	44	65	20th 21:23	26	20th 20:53	
Awake Time: 07:30 - 22:00 Total: 15 Effective: 30 Total: 31(96%)						
SYS (mmHg)	Mean	Max	Time	Min	Time	
	122	158	20th 19:23	92	21th 11:23	
DIA (mmHg)	78	100	20th 18:58	59	21th 11:23	
Mean (mmHg)	91	118	20th 18:58	69	21th 11:23	
HR (bpm)	78	90	20th 19:23	60	21th 07:53	
Diff (mmHg)	48	65	20th 21:23	26	20th 20:53	
Asleep Time: 22:00 - 07:30 Total: 10 Effective: 9 Total: 9(100%)						
SYS (mmHg)	Mean	Max	Time	Min	Time	
	106	127	20th 22:53	92	21th 04:53	
DIA (mmHg)	69	85	20th 22:53	58	21th 02:53	
Mean (mmHg)	81	98	20th 22:53	69	21th 04:53	
HR (bpm)	66	73	20th 22:53	60	21th 09:53	
Diff (mmHg)	37	44	21th 01:53	26	21th 08:53	
Summary						
1. All SYS/DIA mean 118/75			(<140/90)			
Awake SYS/DIA mean 122/78			(<140/90)			
Asleep SYS/DIA mean 106/69			(<120/80)			
2. Morning SYS/DIA mean 113/68			(<140/90)			
3. Diff: SYS 13.1% DIA 9.2% (Anti-dipper 0% Non Dipper 10% Dipper 20% Extreme-dipper)						

That's it. It just needs entered into PharmOutcomes.

There is no analysis or professional interpretation of this number required in the service.

Promoting your BP Checks Service to Practices

LPC Resources for Contractors

After putting all of these processes in place, and after a few weeks of gaining experience, you should be ready to promote the service to your local practice by inviting them to make **patient referrals** to you for Blood pressure Checks!

Hopefully the practice will already be quite impressed with the results you have been giving them from your blood pressure Case-Finding services.

To support your approach to the surgery the LPC has distilled a **Summary of QoF targets** that are associated with Blood Pressure check requirements.

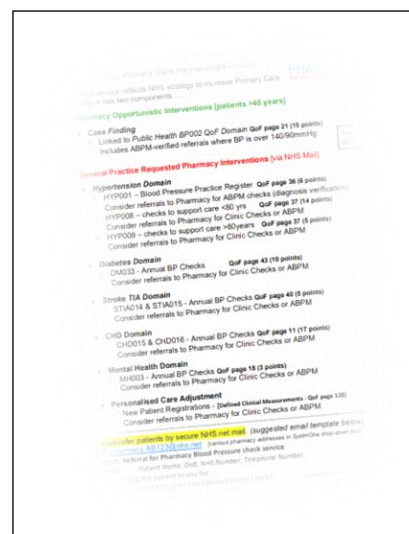
The key is being aware that GP Practices receive incentive payments for achieving certain quality criteria, such as performing annual BP checks on all patients with diabetes, stroke, and so on, as you can see on the thumbnail here.

Practice managers can produce a report of their diabetic patient list with the date of their most recent BP check.

Then the Practice manager, who is responsible for maximising Practice income, can identify patients due a BP check and refer them to you by email. **Why don't you ask them to refer 4 or 5 patients to you every week?**

Importantly *any member of staff at the surgery* can refer.

So, I trust you can envisage how helpful this summary report can be when you meet the Practice Manager!



See "[Resources for Pharmacies](#)" webpage for this summary of BP-related QoF targets.

You will note that this referrals process corresponds with the third of the four **Stepping-Up** stages which we mentioned at the start.

The LPC will be producing resources to help pharmacy businesses achieve the 4th step in the future, but for now we would encourage pharmacies to get up to speed with the first three.

Eligibility of Patients: starting with the Pharmacy Case-Finding (public health) aspect of the service..

- Any patient >40 years qualifies who is understood NOT to have hypertension, and who in addition has NOT had a recent BP check at the surgery, say within the last 6 months or a year.
- Also, patients under 40 years would qualify by EXCEPTION if they said they had a recognised family history of blood pressure. Remember to record this understanding of family history in a dialogue box if you provide the service.
- In addition, if someone a bit younger, from 35 asks for a check, then you can use your discretion. Again, record your rationale with some notes in a PharmOutcomes dialogue box for audit purposes.

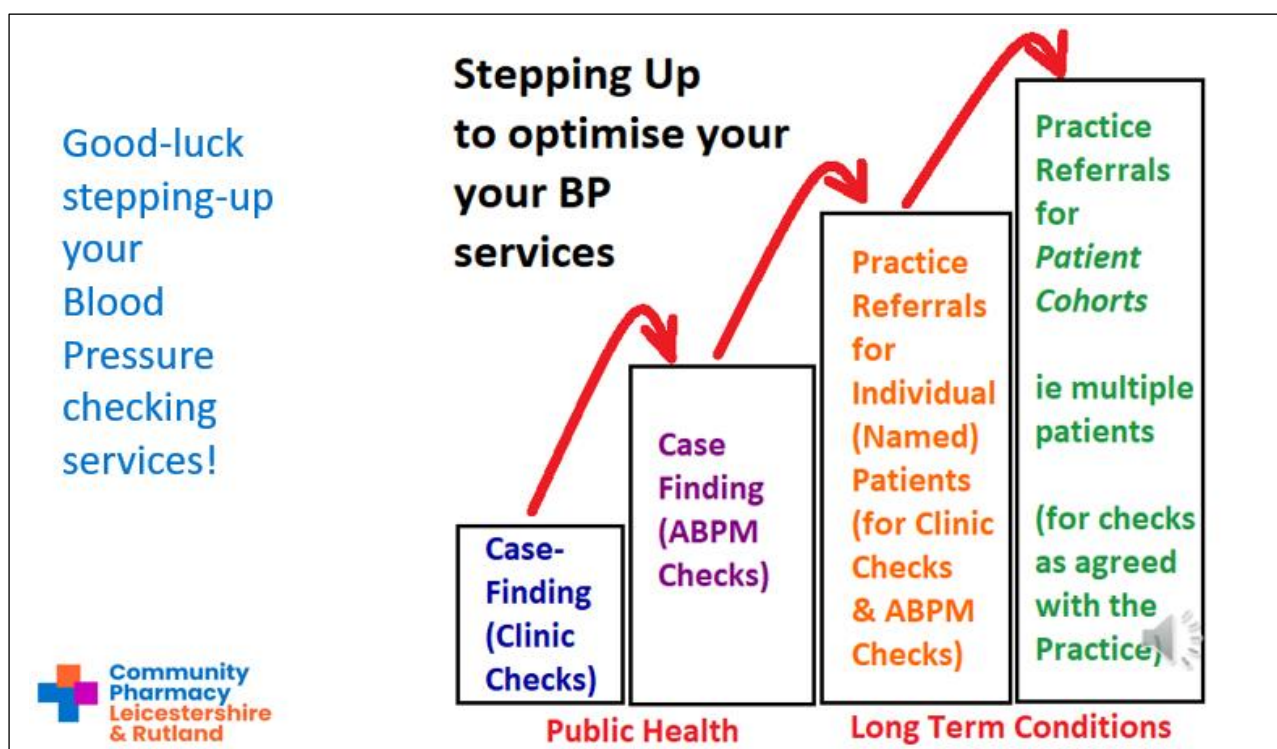
Eligibility of Patients referred from the Surgery: – basically the surgery can refer virtually anyone for a Clinic Check or for an ABPM check.

(NB: such referrals will typically form part of GP-management of "Long Term Conditions")

That includes patients WITH, and WITHOUT a current diagnosis of hypertension. IMPORTANTLY, *BE MINDFUL of PROFESSIONAL SENSITIVITIES* – and be careful what you say about the results arising in these situations– since your remarks - if clumsily repeated to the GP - may sound like you have given a *second opinion!* So best just to provide the results and say the GP will consider them in the light of the patients’ broader healthcare context.

NEXT STEPS

- 1) Read the updated Service Specification **Version 2.2 (July 2023)** in light of our thoughts on the teamworking hybrid model and revisit your SOP as necessary. (NB: V2.2 has changed considerably from V1)
- 2) **Read the NICE 136 Guidance, focus on the first 11 pages on BP measurement** – because for this service we do not need to get into the next 40 clinical pages on prescribing & blood pressure management.
- 3) If you are acquiring a new ABPM instrument, we advise get a ‘starter’ bundle, to include a free Clinic Check BP monitor with a *detection function for irregular pulse*, as PharmOutcomes platform provides an option to record this.
- 4) **Crucially, experience the ABPM instrument for yourself**, even if only for a daytime experience in the pharmacy.
- 5) Plan a **launch** or a **relaunch** of your BP Case-Finding Service using the ‘*teamworking hybrid model*’ and using the suggested introductory sentence to approach customers.
- 6) When you are up to speed, **visit your local Practice Manager with the QoF Summary** page and suggest they send you referrals by email for selected patients.



Thank you, Gareth McCague, Service Facilitator