



Hypertension Case Finding Service

1 February 2022

Webinar content starts at 7.30pm

(you should hear music at a relatively low level to check your audio)

Adam Irvine: Community Pharmacy Cheshire & Wirral
Louise Gatley & Helen Murphy: Community Pharmacy Halton, St Helens & Knowsley
Matt Harvey: Community Pharmacy Liverpool
Lisa Manning: Community Pharmacy Sefton
Hassan Argomandkhah: NHS England Merseyside LPN Chair

Webinar Housekeeping: Using Zoom

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Overview

- Quick service recap
- C&M local BP data and GP referral pathways – Hassan Argomandkhah
- Pharmoutcomes demonstration
- Service Payments and MYS claiming
- Next Steps
- Questions

Service Description

- The service is an Advanced Service which commenced on 1 October 2021
- Two stages:
 - **Stage 1** - identify people at risk of hypertension – ‘Clinic check’
 - **Stage 2** - 24-hour ambulatory blood pressure monitoring (ABPM)
- Contractors **must be able to provide both stages**
- Purchase or rent both meters (BP & ABPM) for each service stage – (Don’t forget your ancillaries -larger cuff sizes etc)
- Currently only provided by a pharmacist
- Consultation room to meet ToS
 - when measuring blood pressure, the patient must be able to rest their arm on a table / bench at a suitable height
 - IT equipment accessible within the room
- Patient consent is verbal
- Off-site provision (with NHSE&I agreement) Consider capacity for ABPM monitoring if looking at doing large off-site events
- Promote the service
- Provide healthy lifestyle advice

Patient Eligibility

Inclusion Criteria

- Adults ≥ 40 years with no diagnosis of hypertension
- By exception, < 40 years with family history of hypertension (pharmacist's discretion)
- Approached or self requested 35-39 years old (pharmacist's discretion)
- **Adults specified by a general practice (clinic and ambulatory blood pressure checks) Can be already receiving treatment for Hypertension**

Exclusion Criteria

- Unable to give consent
- Under 40 years old
- People not referred who have their blood pressure regularly monitored by a healthcare professional

Additional Consideration

- Unable to support due to cuff size

Pre-Commencement Activity

Pharmacist Training Requirements

- Familiar with the NICE guideline Hypertension in adults: diagnosis and management [NG136]
- Read and understood the service specification
- Completed the recommended training on how to use the blood pressure monitoring equipment
- PSNC Briefing 041/21: Guidance on the Community Pharmacy Hypertension Case-Finding Advanced Service

Pharmacy Team Training

- Whole pharmacy team approach to promotion and recruitment
- PSNC Briefing 042/21: Briefing for pharmacy teams – the Community Pharmacy Hypertension Case-Finding Advanced Service

Standard Operating Procedure

- All participating staff familiar and follow
- Must include process for maintenance and validation of equipment



PSNC Contractor implementation checklist

- Lamine the process flow and laminate the BP check process
- Familiarise yourself with the PharmOutcomes recording template when available
- Reminder - when recording on the PharmOutcomes template there isn't a need to collate weekly data to send to GP practices, it will send automatically if enabled

Engage with local GP Practices/PCN

- New PCN Directed Enhanced Service requirements commenced on 1 October 2021 , supports CVD prevention and management work in GP practices & PCN
- PCNs required to proactively work with community pharmacies on the case-finding service

If general practice refers a patient for a blood pressure check, do we have to provide both stages of the service?

- Where a patient is referred from general practice for a blood pressure check, then contractors should provide a clinic blood pressure check. The provision of **ABPM** would then **only be required** where it is clinically indicated because of a high clinic blood pressure **in a previously undiagnosed patient**.
- If the referral is specifically for an ABPM, then a clinic blood pressure check is **not** required as this will have been conducted at the practice. Contractors should only claim for the service stages that they have provided.

GP Referrals (inc via PharmOutcomes)

- C&M GP Practices will have a referral button or ability to refer via NHS Mail - referral data will be received in the pharmacy via PharmOutcomes similar to GP CPCS or will need to be entered into the template from NHS Mail.
- Can refer patients for both normal BP checks and ABPM. **Can be already receiving treatment for Hypertension**
- Need a locally agreed process to refer
 - For contraceptive pill/HRT checks
 - QoF targeted patients every 12 months
 - Patients aged 45 or over who are due a record of blood pressure as the last reading was in the preceding 5 years
- Importance of the need to talk to the GP practice regarding capacity for clinic checks, number of ABPM, capacity for ABPM

C&M Current Picture

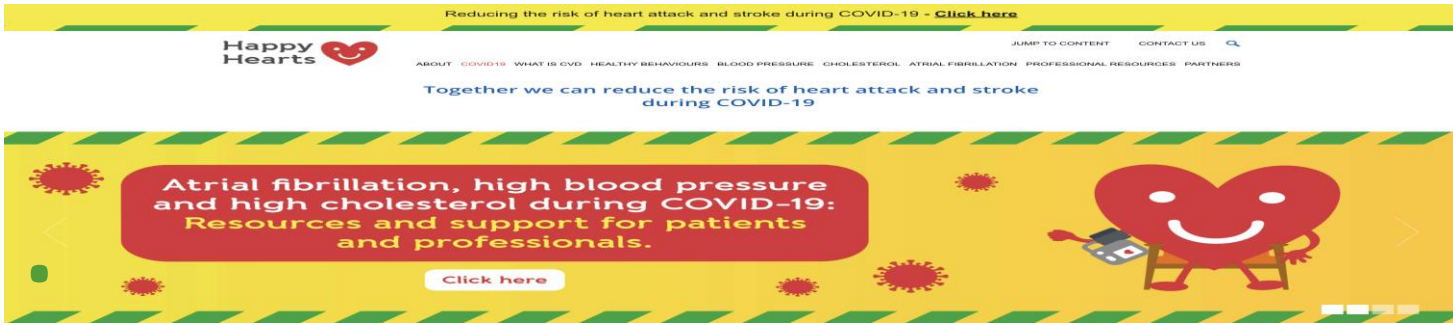
- 209 pharmacies currently signed up to deliver across C&M
- PCNs keen to engage and send referrals
- LPCs working on a local GP referral pathway that will be shared
- PharmOutcomes templates for recording and receiving referrals being developed

Hassan Argomandkhah

Chair of the LPN to discuss CVD prevention board priorities and the GP referral pathways

Current detection and management of High blood pressure





- <https://www.happy-hearts.co.uk/>
- <https://www.happy-hearts.co.uk/blood-pressure>
- <https://www.happy-hearts.co.uk/professionals>
- <https://www.happy-hearts.co.uk/professionals/blood-pressure>
- https://www.happy-hearts.co.uk/media/Professionals/Documents/Blood%20Pressure/Job_000762_BP%20Guidelines%20FINAL.pdf
- <https://www.workcast.com/register?cpak=7717106618116691>

Happy Hearts

Cheshire and Merseyside Guideline for Blood Pressure Testing in the Community (outside of General Practice) (V2)

Intended for use by community partners to help members of the public and high blood pressure patients aged 18+ to know their [BP] numbers. Not for use in pregnancy.

Blood Pressure taken with verbal consent



See reverse for additional information on measuring blood pressure, equipment and some common issues.

No history of high blood pressure

Normal

• Reassure

- Give lifestyle advice to prevent high BP
- Advise to re-check BP in 5 years or sooner



<129/84 mmHg

Known to have high blood pressure & under clinical care (including if not on medication)

BP very well controlled

Lifestyle advice to maintain a healthy BP.

Also advise to:

- Continue BP management as advised by own practice
- Continue with routine annual BP reviews at own practice

High side of normal

• Reassure

- Lifestyle advice to prevent high BP
- Advise to re-check within 1 year



130/85 to 139/89 mmHg

BP well controlled

Lifestyle advice to maintain a healthy BP.

Also advise to:

- Continue BP management as advised by own practice
- Continue with routine annual BP reviews at own practice

Note: If patient has other long term conditions such as diabetes, chronic kidney disease or a history of stroke the BP target may be lower.

High

Re-check after 5 minutes if possible.

If BP reading is still 'high':

• Lifestyle advice

(and see blue box on reverse for more advice)

- Advise follow-up BP within 1 week e.g. by local pharmacy, self-testing, or if these are not available, by the practice nursing team.
- If BP still in this range a week later advise review at own practice < 1 month of 1st BP



140/90 to 179/109 mmHg

BP not treated to target

Note: if 80+ years old, a slightly higher BP (<150/90mmHg) is generally acceptable.

Re-check in 5 minutes. If still in this range:

Advise to continue BP management and monitoring as recommended by own practice. Also recommend:

- Lifestyle advice • Medicines Use Review by local community pharmacy if on BP medication(s)
- Follow up measurement within 1 week e.g. by local pharmacy, self-testing, or if these are not available, by the practice nursing team
- If BP still within this range after 1 week (or if follow up BP within 1 week declined/not possible) advise to seek BP review at own practice < 1 month

Very high

Re-check after 5 minutes (and if possible, again after 30 minutes rest).
If no symptoms but BP remains over 180/110 mmHg advise to seek same day medical review. ⚠

If symptoms present (e.g. headache, blurred vision, chest pain, difficulty breathing, altered mental state, nose bleeds) seek IMMEDIATE medical attention. ⚠



180/110 mmHg or higher

BP very poorly controlled

Re-check after 5 minutes (and if possible, again after 30 minutes rest).
If no symptoms but BP remains over 180/110 mmHg advise to seek same day medical review. ⚠

If symptoms present (e.g. headache, blurred vision, chest pain, difficulty breathing, altered mental state, nose bleeds) seek IMMEDIATE medical attention. ⚠

Note: BP management is tailored to meet patients' unique circumstances. Guidance for known BP patients (above) is intended as a general guide and does not replace advice of the patient's clinician.

People using this guideline must have received relevant BP training. Responsibility for following the guideline lies with the individual -/or organisation taking the blood pressure measurement. The member of the public who receives a BP check is responsible for acting on advice given.

DATE FOR GUIDELINE REVIEW: BY 31/03/2021



Additional information on measuring blood pressure



How to take an accurate reading on the upper arm



The person being tested should:

- Be seated, legs **not** crossed, in a quiet place if possible.
- Not talk or move during the test (both can affect accuracy).
- Be relaxed and not have just done something that could temporarily raise BP e.g. exercise, had caffeine, nicotine or a large meal recently.
- Wear loose clothing on their upper arm. It does not matter which arm you use.

Technique:

- Place cuff 2 to 3 cm above the elbow, next to the skin if possible.
- The centre of the bladder in the cuff should be positioned over the line of the artery. Most cuffs have this marked on them.
- The arm should be supported at the level of the mid sternum (heart level). If the arm is below heart level it can lead to a falsely high reading. If the arm is above the heart level it can lead to a falsely low reading.

Equipment:

- All devices should be in good working order and calibrated in line with manufacturer's instructions.
- Use a validated monitor such as those listed on the British Hypertension Society website: www.bhsoc.org
- Monitors should have a selection of cuff sizes if possible. The bladder inside the cuff should encircle 80% of the top of the arm. If the cuff is too big the reading will be falsely low, if it is too small the reading will be falsely high. Ask people with very large or very thin arms to go to their GP surgery for measurement if you do not have the right-sized cuff.
- Wrist monitors tend to be less accurate than machines that measure from the top of the arm. Validated upper arm devices are recommended instead.
- Manual BP measurements are more reliable if the pulse is irregular (see 'pulse' section in orange box below).

Issues you may come across

Pulse:

- If an irregular pulse is newly identified:
 - If no symptoms seek medical review within 48 hours (or by Monday if seen on a Friday).
 - If symptoms are present (e.g. chest pain, breathlessness, palpitations) seek IMMEDIATE medical attention.
- People known to have an irregular pulse (arrhythmia) may need to go to their own practice to have their blood pressure checked manually if a digital device cannot get a reading.
- Very fast or slow pulse: most adults have a resting pulse rate of 60 to 100 beats per minute. GP review is advised if the pulse is continuously above 120 or below 40 beats per minute (particularly if symptoms are present) and this is a new finding. Note: low pulse may be normal, e.g. in athletes.

Low blood pressure (hypotension):

- This is a reading of 90/60 mmHg or less. It doesn't always cause symptoms, but if it does (e.g. light headedness, dizziness, feeling sick, blurred vision, generally feeling weak, confusion, fainting) the patient's blood pressure might be too low and review at own practice is recommended.
- See www.nhs.uk/conditions/low-blood-pressure-hypotension/ for more information on low BP.

What to do with error readings (digital monitors):

- Check that the reading is being taken properly.
- For upper arm monitors check that the cuff is the right size and applied correctly.
- Retake the reading. If still unable to obtain a blood pressure reading, ask person to be checked at an alternative community setting e.g. local pharmacy or own practice.

Giving information to people being tested

- Ensure the person being tested takes away the completed z-card and refer them to www.happy-hearts.co.uk for more information. Advise to show & update the z-card at follow up tests.
- Explain that a one off test cannot give a diagnosis: it is possible to have a one-off high reading, follow the advice in the guideline.
- Everyone should follow the guidelines for a healthy lifestyle in order to prevent or manage high blood pressure.
- For most people high blood pressure is a systolic reading of 140 mmHg+, a diastolic reading of 90 mmHg+, or both. For example, a reading of 150/85 mmHg is high because the systolic is above 140; a reading of 139/95 mmHg is high because the diastolic is above 90. A reading of 150/95 mmHg is also high as both the

systolic and the diastolic number are raised.

- Note: if patient has other long term conditions such as diabetes, chronic kidney disease or a history of stroke the BP target may be lower. If they are over 80 years old, the target BP range is less strict at < 150/90 mmHg.
- Use the pharmacy locator tool at www.happy-hearts.co.uk/searchtool to find a community pharmacy that can check blood pressure free of charge.



Happy Hearts



Further information can be found at: www.happy-hearts.co.uk

Blood Pressure UK 020 7882 6255
www.bloodpressureuk.org
www.nhs.uk (search for 'blood pressure')





PharmOutcomes Templates

- Demonstrated live by Matt Harvey – Community Pharmacy Liverpool

Payments and Claiming

- Set-up fee of £440
- Fee for each clinic check of £15
- Fee for each ambulatory monitoring of £45
- Incentive fees for Years 3, 4 and 5 of the CPCF 5-year for achieving ABPM targets:
 - £1,000 will be available if 5 ABPM intervention are provided in 2021/22;
 - £400 for 15 ABPM interventions in 2022/23 and
 - 3400 for 20 ABPM interventions in 2023/24
- Contractors who sign up after 2021/22 must achieve the ABPM activity thresholds specified for the given financial year and will receive £1,000 as a first payment
- If a contractor signs up in 2021/22 and fails to do 5 ABPM checks, they can earn £1000 by doing 15 ABPM checks in 2022/23
- The incentive payments are funded from outside the pharmacy global sum so this is new money to incentivise case finding in line with the ambition outlined in the NHS Long Term Plan
- And will help you to fund the capital cost of purchasing a suitable equipment
- Incentive payments from outside the global sum
- Incentive supports capital costs of equipment purchase
- GP practice referrals paid at the same rates

Claiming Payment

- Dataset to report to MYS for claims in Appendix C of service specification
 - i. Age of patient
 - ii. Date of service provision
 - iii. Clinic reading (systolic and diastolic)
 - iv. If clinic reading, was this opportunistic or referred from a GP?
 - v. ABPM reading (average 24hr systolic and diastolic)
 - vi. If ABPM, was this opportunistic or referred from a GP?
- Report completed service provision only
- Claim payment via the NHSBSA Manage Your Service (MYS) application
- Claim **every month by the 5th of the month** following completion. **Late claims will not be processed**

Key Next Steps

- Complete the Contractor implementation checklist
- Contractors need to engage their local practices
 - **Let them know when you are going to start providing the service**
 - Share the GP practice team briefing **PSNC Briefing 044/21** to help explain that you will be sending all results via PharmOutcomes
 - Identify that this will help them with the CVD aspects of the PCN DES
 - Work with your practices on the local GP referral protocol
 - Talk to the GP practice regarding capacity for clinic checks, number of ABPM, capacity for ABPM



Questions & Answers

Resources

- VirtualOutcomes: <https://www.virtualoutcomes.co.uk>
- PSNC: <https://psnc.org.uk/hypertension>
- Training via CPPE: <https://www.cppe.ac.uk/services/hypertension-case-finding#navTop>
- Service Specification: <https://www.england.nhs.uk/wp-content/uploads/2021/11/B0953-NHS-community-pharmacy-blood-pressure-check-service-specification.pdf>



If you require support

Please contact us:

Cheshire & Wirral: adam@cpcw.org.uk

Halton, St Helens & Knowsley: Louise@hshk-lpc.org.uk / Helen@hshk-lpc.org.uk / David@hshk-lpc.org.uk

Liverpool: Matt@liverpool-lpc.org.uk / David@liverpool-lpc.org.uk

Sefton: lisa@sefton-lpc.org.uk