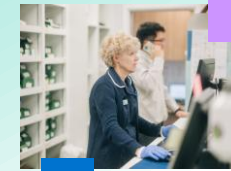




## Community Pharmacy Integration Project

# Hypertension Case-Finding Service

Project Jointly Commissioned across:  
Suffolk and Northeast Essex ICB  
& Norfolk and Waveney ICB



# Hypertension Case-Finding Service

**Tony Dean MRPharmS & Stuart Wilson**

Joint Chief Officer,  
Community Pharmacy Norfolk & Suffolk

National Sales Manager,  
Microlife Health Management Ltd



- Overview of Service Specification
- Common queries about the service
  - Includes some honest challenges
  - ABPM Practicalities and Encouraging Uptake
  - Hints & Tips from Contractor Visits
- Support Materials
- Questions & Answers

## NHS Blood Pressure Check Service



Up to 4.2  
million people  
in England  
could have  
high blood  
pressure and  
may not know  
they have it

40 years or over?

Get your blood pressure checked for free at your pharmacy today

## Bundling of National Services for The Pharmacy First Monthly Fixed Payment

“By 31st March 2025 at the latest, all pharmacy owners providing Pharmacy First will **also** have to **provide** the **Pharmacy Contraception Service and Hypertension Case-Finding Service** to qualify for the monthly fixed payment (as well as meeting the relevant consultation threshold).”

## The service aims to:

- Identify people **aged 40 years or older, or 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; **for under 40 yrs, require recorded justification e.g. close to age and family history**
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements. These requests can be in relation to people either with or without a diagnosis of hypertension; adults any age, but must demonstrate locally agreed process, e.g. email exchange with practice, copy of communication to agreed patient cohorts.**
- Provide another opportunity to **promote healthy behaviours** to patients.
- You **must** engage with your local GP practices on your offer.



## Getting Ready to Offer the Service

– see [Hypertension Case-Finding Service – Community Pharmacy England](#)

- BP meter choice. You **must** also have an ABPM
- Must also have arrangements for maintenance/revalidation.
- Training Requirements. **Have you reviewed since changes which now allow ANY suitably trained staff to offer all aspects. Responsible Pharmacist responsibility.**
- **ALL/most** successfully delivering pharmacies understand importance of “Whole Team” approach to recruitment and delivery.
- Consultation Room:
  - When measuring blood pressure, the patient must be able to rest their arm on a table/bench at a suitable height; *and*
  - It must have IT equipment accessible **within** the consultation room to allow contemporaneous records of the consultations.

Requests for off-site provision should be submitted to your local NHS contract management team [hweicbhv.pharmacy@nhs.net](mailto:hweicbhv.pharmacy@nhs.net) Subject to suitable facilities, must be under the supervision of a pharmacist who is available to provide clinical advice where required.

## ■ Patient Recruitment & Explaining the Whole Process

- A great deal of service materials are available for printing
- Use a **whole team approach** to recruitment and booking
- Use PMRs to highlight appropriate patients for a conversation/leaflet

**Explain the whole process in a way that encourages patients to complete ALL the pharmacy offering:** *"In our private consultation room, we will take some BP measurements using a professional electronic meter. If things are just the high side of normal, we can offer you some hints and tips on lowering your BP through some simple lifestyle changes. If it's looking high, then we'll need to use a different meter (ABPM) that you will wear for around 8 hours which gives us more readings over the course of your normal day. This is the NHS **Gold standard** way of telling if you have a high BP that may require treatment, and that will be the quickest way of getting the information to your GP that will help them make that decision with you, even if we need to get you back in to fit that in a morning."*

*If they object to ABPM then you should explain the choice of being referred to the GP practice, but that this may mean they'll still have to wait for an initial appointment, measure their own BP regularly over a week or so with a meter their practice may or may not be able to supply, all to get to the stage that the full pharmacy service can achieve, which can save surgery time and capacity.*

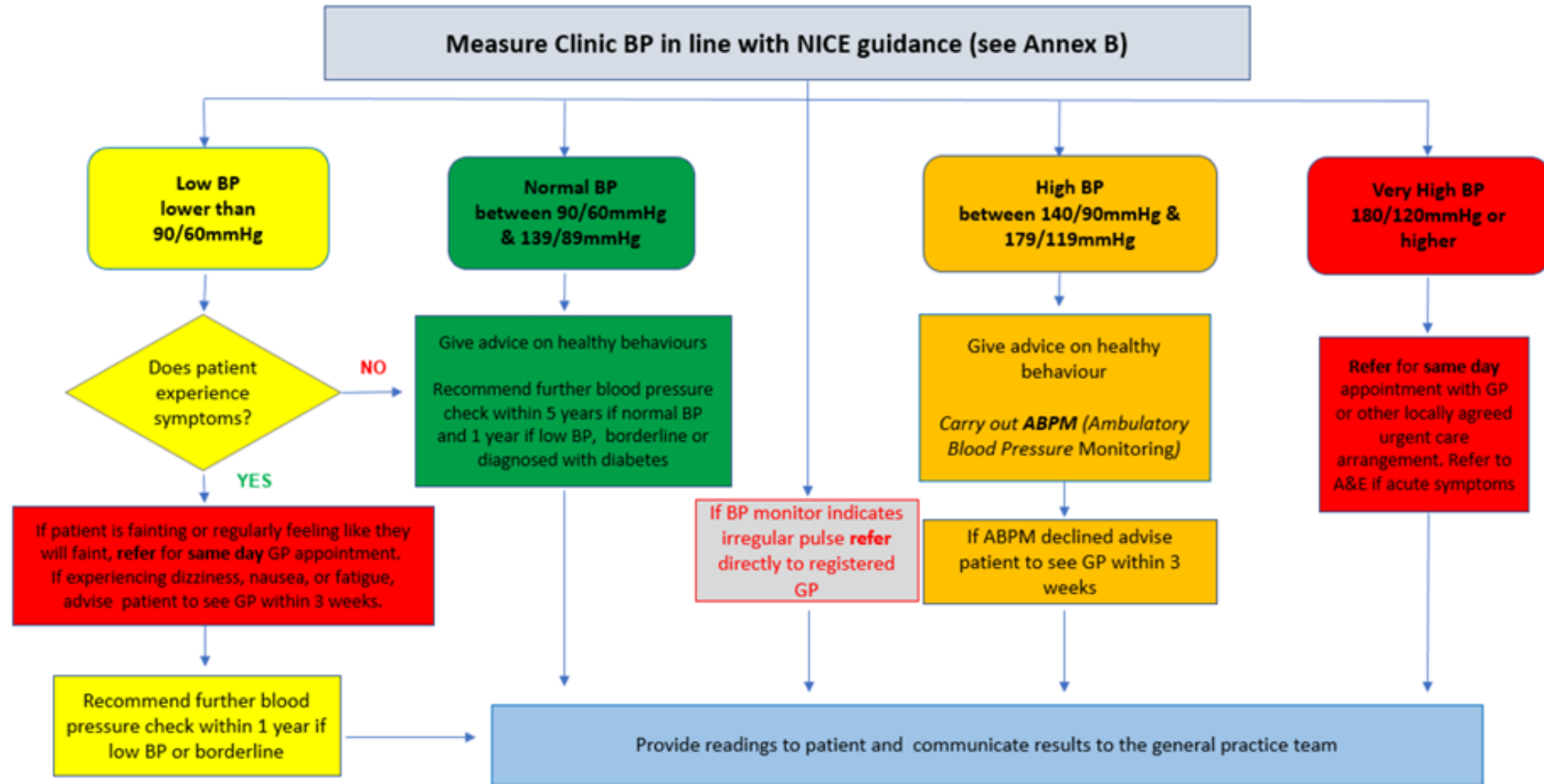
## The Initial Clinic BP Checks

- Relaxed setting, patient calm and seated.  
*Is during a vaccination visit the best time? (call back for recheck if high/do ABPM)*
- Use the appropriate cuff size.
- Ensure the arm is outstretched and supported.
- Measure **both** arms; If >15mmHg difference repeat and take higher of readings
- If hypertension is **not** evident, give lifestyle advice.
- If > 140/90 repeat after a short time of patient resting



## The Initial Clinic BP Checks

- NICE guidelines recommend that patients who have a normal blood pressure have a subsequent check in five years. Patients whose blood pressure is borderline normal or who have low blood pressure should have their next blood pressure check in a years' time. NICE guidelines also recommend that adults with type 2 diabetes without previously diagnosed hypertension or renal disease should have their blood pressure measured at least annually. **Record the reason for rechecking on PMR.**
- If **either** systolic **or** diastolic is high, then recorded as high **and offer ABPM**
- Clinic BP is at or above 180/120 – the responsible pharmacist should contact the patient's GP for a same day appointment, if closed try other local urgent care or A&E. If any other symptoms are present call 999.



## Potential Concerns: Don't shoot the messenger!

- The Service Specification mandates the contractor **must** have an ABPM device. That's each contract, not one shared across branches.
- Some pharmacies are showing (very) high levels of BP clinic checks, **but very few or no ABPM checks**.
- There is now some scrutiny on statistical outliers, nationally and locally.
- **We know ABPM isn't easy to "sell"**, but there is concern that some pharmacies are either not offering ABPM or are not adequately communicating the benefits.
- This may be perceived as more patients being referred to GP Practices, and questions about the quality and benefits of the service.
- CPNS are conducting supportive visits to talk through these issues, with affected pharmacies

There *may* be some reasons why some Contractors ABPM to Clinic ratios are lower or higher than expected:

- The Pharmacy may have agreement that local practice refers patients with existing hypertension for routine monitoring. These would likely not need ABPM, so ABPM/Clinic check ratio would be lowered. **If this is the case, you should have already documented that referral agreement!**
- Pharmacy may have agreement that local practice refers patients for ABPM at pharmacy. ABPM/clinic ratio would be higher. **If this is the case, you should have already documented that referral agreement!**

## Other reasons ABPM uptake *may* be low :

1. Patients are unfamiliar with ABPM, as few GP surgeries routinely offer this, and it sounds a bit daunting?
2. Previous requirement of 24 hour readings; interrupting sleep, shower, activities etc.
3. It takes longer to explain/convince the patient than referring to the GP?
4. Staff training is greater, we haven't trained sufficient staff to offer ABPM robustly?
5. General confidence in reading the machines and transferring results seems harder?
6. Risk of non-return or documentation/ admin concerns?
7. If busy with clinic BP checks, there just isn't ABPM capacity for those that need it in a timely manner?

1 and 2: See "Explaining the whole service" – getting that initial approach right is key!

3-7: Please reconsider the viability of ABPM...

Training- is an investment. Practise on each other in the pharmacy!

## Funding recap:

- A set-up fee of £440 – other initial incentives now ceased
- A fee of £15 for each patient receiving a clinic blood pressure check.
- A fee of £45 for each appropriate provision of ABPM to a patient.

The cost of ABPM device £800–1,200 but offers, rental and insurance may be available.

If you are turning ABPM opportunities away, or limiting clinic checks due to ABPM capacity, consider that 18–20 ABPMs would cover the cost of an additional meter.

# Stuart Wilson

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## Advice to the patient

### Do!

- Sit down and stay still during measurement. (There is a soft inflation of the cuff 1 minute before daytime measurements)
- Relax and stay still.
- In between measurements, go about your normal daily routines.

### Don't!

- Take the cuff off.
- Have a shower/bath.
- Move while a measurement is being taken (this will cause an error and the device will try 2 more times)





## Tips for better battery life



- Sit down and stay still during measurement. If the patient moves, the device will try again up to 2 times more each half hour.
- Switch to Casual Mode when the patient brings the device back.
- Only use good quality alkaline batteries.
- Set the device to take a measurement every half hour during the day and every hour at night. Make sure device is programmed in silent mode. It will do a partial inflation of the cuff 1 minute before a reading during the day but not at night.
- Day readings always at half past and on the hour. Nighttime on the hour.

## Setting up on patient

- Ask the patient to wear a vest type top so that the cuff can be placed on the skin and then they can put a shirt/jumper/cardi over the top.
- Place the cuff on the arm with the tube going up and around the back of the neck, down into the device in the pouch and use the shoulder strap or sling and wear it like a satchel.
- Use tube holder clips to attach tube to shoulder strap at the back.



- Tubigrip could help to make the cuff fit better and to improve measurements:



Actually designed as support bandage for weak joints

Place the Tubigrip along the cuff and cut it so you have  $\pm 4$  cm extra at both sides of the cuff





Place the Tubigrip around the arm



Place the cuff over the Tubigrip



Then place both sides over the cuff



Now, the cuff cannot slide anymore

## Troubleshooting Checklist

- Alkaline batteries?
- Batteries inserted correctly?
- Correct USB cable?
- Date & Time set on device?

## Support Information needed

- Full description of issue
- Serial number
- Screen shot of software?
- Photo of device connected





**Community  
Pharmacy**  
Norfolk & Suffolk

## Microlife Training Video:

Click the link or  
scan the QR code:

<https://youtu.be/AQtcPEhC4Os?si=SflvuK6dj3eeWzlx>



## Other Suppliers Training Videos:

**A&D:**

[How to Use: TM-2441 | Ambulatory Blood Pressure Monitor from A&D](#)



**Contec:**

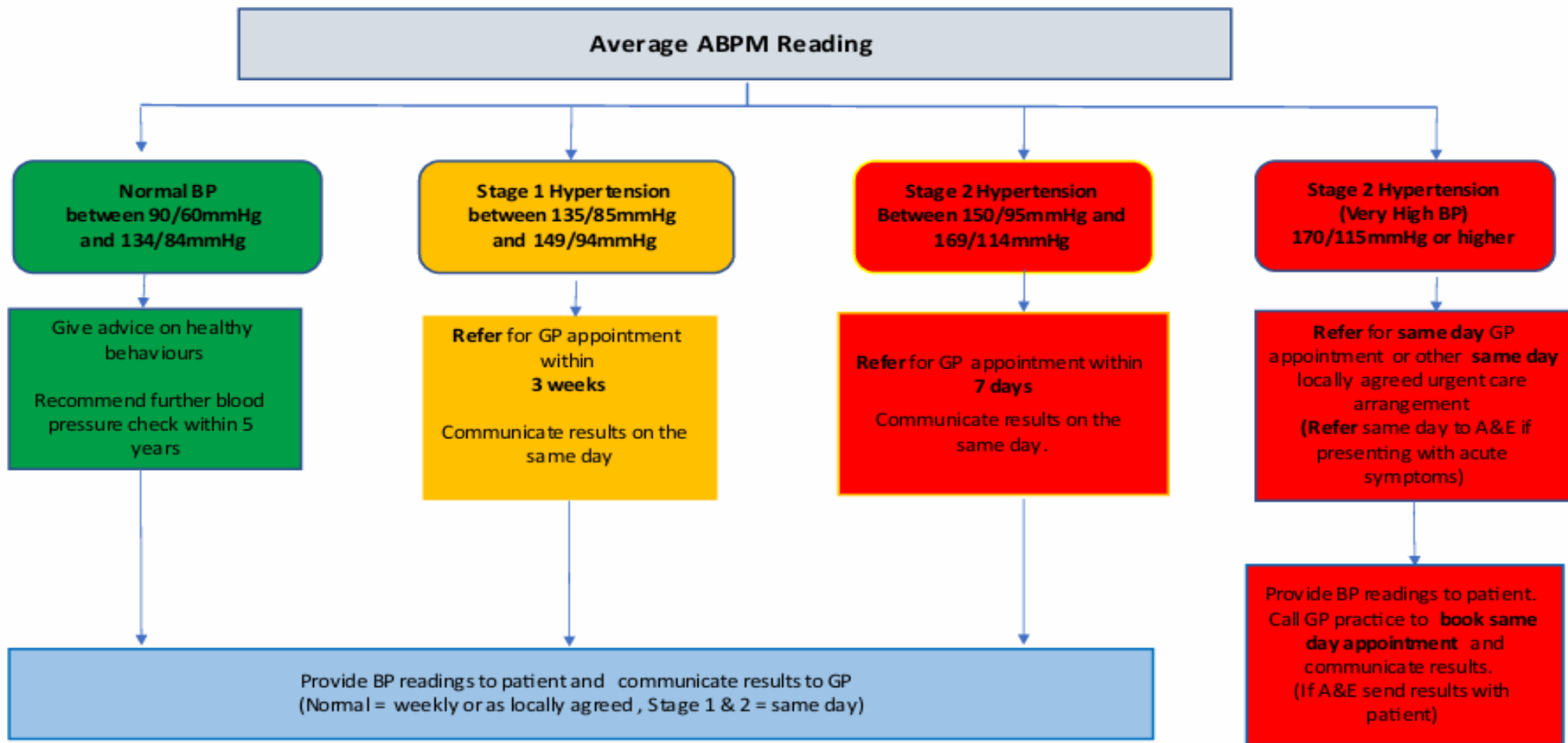
[CONTEC ABPM50 tutorial](#)



**Hingmed:**

[Hingmed Medical - YouTube](#)





NB. Unregistered patients: Give blood pressure result to the patient and refer to locally agreed urgent treatment centre if blood pressure is high

END

END

## Referral to GP practice and timescales for action - sensitivities and patient expectations

**For Stage 1** potential hypertension referrals, specification says “Refer patient to GP practice for appointment within 3 weeks...”

- This has caused some concern from practices. It is their responsibility how and when they react to information received about their patients. Pharmacy service cannot “mandate” patient is seen within 3 weeks.
- Patients should not, therefore, be *guaranteed* a GP appointment within 3 weeks by the pharmacy.
- We would encourage, as part of initial or ongoing contact about service, a discussion on the message your practice would wish you to provide to potential Stage 1 patients.
- This *may* be something slightly more nuanced, such as “We will send your results and referral to your GP practice. They will be in contact with you about next steps and follow up. This would usually be within about 3 weeks of now, but this may vary to some extent..”
- It would be good to agree a “If not contacted by” period with GP practice, which may be around the 3 weeks, after which patient should follow up directly with the practice.



## Integrating the Community Pharmacy Hypertension Case-Finding Service

As with so many pharmacy services, GP/surgery/PCN views vary considerably across the patch

### Things You Can do to Help

- ✓ Discuss the service with practice(s) initially and perhaps 6 monthly
- ✓ Offer the option of taking some routine monitoring workload and agree referral method. Document this.
- ✓ Practices *may* request that height/weight/BMI is included if they are to agree to refer to pharmacy, for their QOF targets. These are **not** service requirements. You *may* however feel inclined to agree, given the potential. That is YOUR choice, and yours alone.
- ✓ Offer the full service to specification, including renewing efforts to include ABPM where indicated, to minimise any perception that the service increases GP workload.
- ✓ Have a “whole team” approach, and offer the service robustly across your opening. Consider booking arrangements
- ✓ Keep in mind that “ABPM/Clinic Check” scrutiny
- ✓ Do the math on an additional ABPM device
- ✓ Make full use of promotional material
- ✓ Ensure locums have confidence in the staff team, and are included in discussions/updates

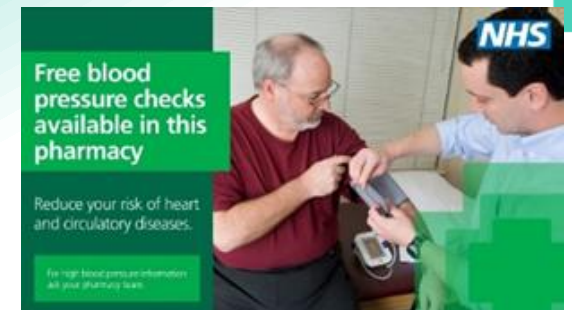
## Promoting the Service

[DHSC Campaign Resources](#), which include NHS campaign materials, 'Find a pharmacy' cards, multicultural resources, digital screens, posters, banners, and social media.

## [CPE Resources](#)

## [NHS poster](#)

## [Patient leaflet to promote the service.](#)



## Latest Updates

### **Claim period extended for Hypertension Case-Finding Service (23rd January 2025)**

A new provision has been agreed from February 2025 which provides pharmacy owners with a longer time period to claim for provision of the Hypertension Case-Finding Service (as well as the Smoking Cessation Service, Pharmacy Contraception Service and Pharmacy First) if IT issues outside of a pharmacy owner's control have prevented them from making a claim within the required time period.

### **De-registration from Hypertension Case-Finding Service (23rd January 2025)**

A clarification will also be added to Part VIC of the February Drug Tariff with regards to the Hypertension Case-Finding Service (as well as the Smoking Cessation Service, Pharmacy Contraception Service and Pharmacy First). If a pharmacy owner de-registers from providing one of the above Advanced services on the MYS portal, they will not be able to re-register for that service for a period of four months from the final day of their 30 day's notice.

[Read more about the extended claim period and de-registration](#)

Have you learnt anything new tonight?

What are your biggest challenges in offering ABPM?

## Questions & Answers

Do you have any of your own experiences you would like to share?

Are you making best use of your team?

Think of something later? [info@cpns.org.uk](mailto:info@cpns.org.uk)