

Community Pharmacy Hypertension Detection Service Guidance

Background

The Service Framework for Cardiovascular Health and Wellbeing in Northern Ireland (NI) has identified high blood pressure or hypertension as a key priority. It recommends that all adults are offered lifestyle advice for the prevention of hypertension and have their blood pressure (BP) measured and recorded using standardised techniques every 5 years from the age of 45. It also states that all patients should be offered drug therapy if their BP is persistently $\geq 160/100$ mmHg or if their BP is $\geq 140/90$ mmHg on a background of raised cardiovascular risk.

The South Eastern Health and Social Care Trust (HSCT) has an adult population of 277,588¹. In 2018, the South Eastern General Practitioners (GPs) indicated that 46,774 patients were on their hypertension register², which accounts for 16.9% of the adult population. With Public Health England figures suggesting that around 24% of adults have hypertension³, there are potentially 20,000 adults in the South Eastern HSCT with undiagnosed hypertension.

The benefits of treating high blood pressure are well recognised; for every 10mmHg reduction in systolic BP, the risk is reduced of:

- major cardiovascular disease events by 20%
- coronary heart disease by 17%
- stroke by 27%
- heart failure by 28%
- all cause mortality by 13%⁴

Service Description

The Hypertension Detection Service seeks to identify clients aged 45 years and over within the South Eastern HSCT with undiagnosed hypertension. It will run as a pilot from 12th August to 31st December 2019, after which time it will stop for evaluation purposes.

This service intends to use in-pharmacy and home blood pressure monitoring (HBPM) to detect potential hypertension. Clients are identified as candidates for HPBM following repeat BP measurements one week apart.

Lifestyle advice including signposting to community and pharmacy services for further advice and support will be offered where appropriate.

¹ <https://www.nisra.gov.uk/publications/2017-mid-year-population-estimates-northern-ireland>

² <https://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=9059&lh=37&yn=2007-2018&sk=134&sn=Health+and+Social+Care&yearfilter=2017>

³ Hypertension prevalence estimates in England: Estimated from the Health Survey for England, October 2016, PHE

⁴ Etehad et al. Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis; The Lancet; VOLUME 387, ISSUE 10022, P957-967, MARCH 05, 2016

See Appendix 1 for Service Pathway.

Aims of the Service

- Improve detection of people age 45 years and over with undiagnosed hypertension.
- Improve accessibility to blood pressure testing in the community setting, using NICE⁵ validated processes.
- Improve condition self-management by the client and increase responsibility for their personal health and wellbeing.

Service Specification

The pharmacist must be competent in providing the service.

The pharmacist from the pharmacy must have completed the necessary accredited HSCB training.

The pharmacy must be approved by the HSCB to provide the service. This is confirmed by a contract signed by both the HSCB and the pharmacy.

The part of the pharmacy used for the provision of this service must meet the following requirements for consultation areas:

- The consultation area should be where the client and the pharmacist can both sit down together.
- The client and pharmacist should be able to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff).
- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.

Standard Operating Procedures

To ensure consistency in service delivery, the provider must have Standard Operating Procedures (SOPs) in place to support the delivery of the Service. SOPs should detail the operational delivery of the Hypertension Detection Service in accordance with the Service Specification and Service Guidance document.

The SOPs should include:

- Client Engagement
- Blood Pressure Measurement
- Home Blood Pressure Measurement
- Interpretation of Results
- Provision of Appropriate Advice

⁵ <https://www.nice.org.uk/Guidance/CG127>

Equipment

Each pharmacy contracted to provide the service will be required to purchase a clinically validated upper arm blood pressure monitor for in-pharmacy use. This device should also be capable of detecting atrial fibrillation.

In addition, provision of the service will also require the purchase of four upper arm home blood pressure monitors to loan to customers for HBPM. Pharmacies should select their devices from a list of those validated for home use by the British and Irish Hypertension Society (BIHS).⁶

A medium sized cuff that measures arm circumference (22-32cm) should be supplied with both pharmacy and home use BP monitors when purchased. A large to extra large cuff that measures arm circumference (32-52cm) should also be purchased for the pharmacy (office) BP monitor.

In addition, four large cuffs (32-42cm) will need to be purchased for the home use BP monitors. It is essential that the blood pressure cuff is compatible with the blood pressure monitor. **Please note, clients with an arm circumference outside of the large cuff range (32-42cm) who require home blood pressure monitoring should be referred to their GP practice, as the home blood pressure monitors do not support the use of an extra large cuff.**

For infection control purposes, blood pressure cuffs and monitors should be wiped down with suitable disinfectant wipes (or in line with manufacturer's instructions), following use with a client. Monitors and cuffs returned following home use should also be cleaned with disinfectant wipes prior to storage. Gloves should be worn throughout the disinfecting process. In light of concerns regarding severe allergy and anaphylaxis following exposure to the chlorhexidine contained in some wipes, we would suggest the use of 70% alcohol wipes instead. These are relatively inexpensive, and are available in large sheets in a canister that can be resealed. Please note, that if the pharmacy instead opts to use chlorhexidine impregnated wipes, the disinfecting process should be carried out away from the client and the equipment should be dry prior to coming into contact with any client. There should be no opportunity for the client to come into contact with chlorhexidine, either directly (with the wipes) or indirectly (with damp equipment or with gloves worn during the cleaning process and not removed prior to touching the client).

In addition, the pharmacy should check the client's allergy status prior to using the equipment and where chlorhexidine allergy is identified, the pharmacist should inform the client that the cuff has been cleaned with a chlorhexidine containing cleaning product and for this reason the client would be unable to participate in the service.

⁶ <https://bihsoc.org/bp-monitors/>

Training

All pharmacists providing the service will be required to attend a training event. Training will focus on :

- The rationale for the provision of the service
- Detection of potential hypertension and atrial fibrillation
- Training on the use of the devices provided to measure blood pressure
- Referral pathways in place for those clients identified with potential hypertension
- Resources available to support the service including lifestyle advice and signposting to community services
- Requirements for reporting the outcomes of the service and service evaluation
- Overview of the evaluation process and record keeping required by community pharmacists

Provision of the Service

Service Promotion

For the service to be a success, the whole pharmacy team will need to proactively promote and offer tests. This can be facilitated by:

- Discussing the service with the whole pharmacy team.
- Explaining the aim and target customers for the service.
- Agreeing how pharmacy staff will signpost suitable customers into the service.
- Checking all the pharmacy team know about the main messages about blood pressure, the risks of high blood pressure and lifestyle messages regarding blood pressure. This will help when discussing the service with customers.
- Displaying promotional posters and leaflets provided to highlight the service to customers.

In addition to promotional material provided to the pharmacies taking part, promotional material will be distributed to local community projects, such as Healthy Living Centres.

Client Engagement and Screening

Proactively offer the blood pressure test to all customers who are not excluded from the service.

Exclusion criteria :

- Aged 44 years and under
- Registered with a GP outside the South Eastern LCG area or not registered with a GP (see below link to BSO website)
<http://www.hscbusiness.hscni.net/services/1816.htm>
- Those who have had a blood pressure check carried out in the past 6 months by a primary or secondary care professional
- Those who have been screened by another pharmacy for hypertension through this service
- Anyone previously diagnosed with hypertension or on the cardiovascular register
- Clients with a diagnosis of atrial fibrillation (AF) / heart failure / angina / stroke / transient ischaemic attack (TIA / mini-stroke)
- Clients with a long term condition such as diabetes or chronic kidney disease
- Anyone pregnant

If the client is NOT eligible for the service and has concerns about their blood pressure, they can be provided with appropriate information leaflets and be signposted to their GP practice.

The following questions may be useful conversation starters for the team to utilise when introducing customers to the service:

“We are offering a service for customers to receive a free blood pressure check. Would you like to know your blood pressure?”

“One in every 9 adults has high blood pressure without even knowing it. Would you like a free blood pressure check today?”

Start of Consultation – Introduction and Client Information

Any member of the pharmacy team can initiate a conversation with a client about the Pharmacy Hypertension Detection Service. The pharmacy team member should discuss the **Privacy Notice, (Appendix 2)** personalised by the pharmacy, with the client and allow the client time to read and understand it. The client should be offered a copy to take away if required. The pharmacy team member should check the eligibility of the client to participate in the service using the **Brief Intervention Form A (Appendix 3)** and if eligible the client should be transferred to a suitably trained pharmacist to take blood pressure measurements. **Form A** should be placed in the sealed ballot box after completion.

Move to consultation area to carry out the blood pressure measurement.

It is important that those having a blood pressure taken are relaxed and have been seated for a few minutes before the readings are taken. The introduction and client information section allows for this to happen.

Ensure the pharmacist gains **“informed consent”** from the client to take part in the service and that the client understands that anonymised details of the consultation

may be shared with HSCB/ICPs/PHA for evaluation purposes. If this is agreed, complete the Consent section of the **Consultation Form B (Appendix 4)**

Explain the consultation will last approximately 15 minutes and will entail:

- Some opening questions
- Measurement of the blood pressure
- Explanation of the BP reading
- Some further questions about hypertension risk factors if the initial blood pressure reading is high
- Discussion around lifestyle factors

You may wish to discuss what blood pressure is and why it may be harmful, including:

What is Blood Pressure?

Blood pressure is the pressure of the blood in your arteries, the blood vessels carrying blood away from your heart. You need a certain amount of pressure in your arteries to keep the blood flowing around your body. Your heart, by contracting and relaxing, pumps blood around the body through the arteries. The pressure of blood flowing through the arteries varies at different times in the heartbeat cycle.

What is high blood pressure?

High blood pressure develops if the walls of the larger arteries lose their natural elasticity and become rigid, and if the smaller blood vessels become narrower. The higher your blood pressure, the higher your risk of health problems. A normal blood pressure reading is less than 140/90mmHg. If your blood pressure is higher than this during today's reading, we will suggest that you come back for a follow up check.

Why is High Blood Pressure Harmful?

Having high blood pressure greatly increases your risk of having a heart attack or stroke. It can also put strain on the heart so that it becomes less efficient at pumping blood around the body. If high blood pressure is left untreated for a long time, it can lead to a strain on your heart and other health problems, for example kidney problems and even damage to your sight.

Measuring Blood Pressure

It is essential that the blood pressure measurement taken is accurate; we can achieve this by following the procedure below carefully so that the measured blood pressure is quality-assured and can be relied on by the person being tested and their GP. This procedure has been compiled from British Hypertension Society guidance and NICE Recommendations.

Ensure client has had 5 minutes to relax before commencing testing (can include calm waiting time as well as the introduction / discussion) before carrying out the blood pressure test.

The client should:

- Be seated in a quiet place if possible
- Be still and silent whilst the reading is taken – talking and moving both affect accuracy

- Ideally not have a full bladder (this means they will be less relaxed), not have exercised or had caffeine, nicotine or a large meal recently, as these can temporarily raise blood pressure – when engaging clients during their visit to the pharmacy this may not always be possible if the visit was unplanned. However, if they are required to call back for subsequent visits then these points should be considered.
- Wear loose clothing on their upper arm or remove arm from sleeve. Avoid rolling the sleeve up the client's arm as this may lead to false readings.
- Ensure the correct cuff size is used – this is determined by the arm circumference. 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.

A cuff size guide is included with the devices. This should be used to confirm the correct cuff size for each client.

Blood Pressure monitor use:

- Ensure your hands are clean (best practice recommends removal of all jewellery, arms should also be bare below the elbows, note this applies to all clinical settings especially before and after client contact)
(www.who.int/gpsc/tools/5momentsHandHygiene_A3.pdf?ua=1)
- Ask the person being tested if they would prefer either of their arms not to be used – for example because of previous trauma or surgery
- If a second reading is required, the reading should always be taken from the **same arm**
- The cuff should be placed two to three centimetres above the elbow joint. The whole cuff should be placed directly next to the skin and any clothing above the cuff should be loose – remove arm from sleeve if necessary
- The centre of the bladder in the cuff should be positioned over the line of the artery. The cuffs have this marked on them as a guide.
- 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 an overestimation of the systolic and diastolic pressure by about 10 mmHg. Having the arm above heart level can lead to underestimation.
- Measure the blood pressure and record reading on **Consultation Form B (Appendix 4)**.
- **If the blood pressure measured in the pharmacy is $\geq 140/90$ mmHg: take a second measurement during the consultation. If the second measurement is substantially different from the first, take a third measurement. Record the lower of the last two measurements as the clinic blood pressure.**
- **If the blood pressure reading is high ($\geq 140/90$ mmHg), the pharmacist will give appropriate lifestyle advice and ask the client to return for a second consultation in one week.**

Explanation of Blood Pressure Results

The pharmacist is responsible for explaining the results and next steps to the client. In communicating the result, it is important to give enough information to encourage the person being tested to take appropriate action and to avoid causing inappropriate alarm. Be clear that if a client's BP is raised it does not mean that they have a diagnosis of high blood pressure (Hypertension)—they will need further tests to establish this. Explain what blood pressure readings mean to all clients and then give the information specific for their blood pressure reading.

The following information may be useful when explaining blood pressure readings as would the British Heart Foundation Blood Pressure information booklet⁷ to help with this discussion.

What do the numbers in my blood pressure readings mean?

Blood pressure is the pressure of the blood in your arteries. Blood pressure is written as two numbers – for example, 120/80mmHg ('mmHg' is the unit used for measuring blood pressure it stands for millimetres of mercury). The first number is the systolic pressure and the second is the diastolic pressure.

Systolic blood pressure is the highest level your blood pressure reaches. This is when your heart contracts and blood is forced through the arteries.

Diastolic blood pressure is the lowest level your blood pressure reaches. This is when your heart relaxes between each beat.

The readings are always recorded as systolic/diastolic mmHg.

Why is high blood pressure harmful?

Having high blood pressure greatly increases your risk of having a heart attack or stroke. It can also put strain on the heart so that it becomes less efficient at pumping blood around the body. If high blood pressure is left untreated for a long time, it can lead to a strain on your heart and other health problems, for example kidney problems and even damage to your sight. Understanding how to manage your blood pressure allows you to take more control of your condition and also helps prevent complications.

What happens next if my blood pressure is high?

We may suggest that you return in one week for a repeat reading and possibly home blood pressure monitoring, before asking you to attend your GP practice to confirm a diagnosis of high blood pressure. If you are confirmed as having high blood pressure sometimes lifestyle changes are enough to treat it (e.g salt and alcohol intake, weight loss and exercise). Sometimes however as well as lifestyle measures, you may need to take medicines prescribed by your doctor to treat your blood pressure.

⁷ <https://www.bhf.org.uk/publications>

Next Steps after Initial Blood Pressure Reading

The specific action to take depends on the blood pressure measurements and is outlined below. The Pharmacist is responsible for explaining the results and next steps for the client.

Results detected	Threshold	Actions required
First visit: AF detected on Blood Pressure monitor.	No Blood pressure reading taken	Ask client to make an appt with their GP practice and give GP practice Self Referral Form C (Appendix 5) to take with them.
First visit: BP is very low/ undetectable	Systolic ≤ 89 mmHg or Diastolic ≤ 59 mmHg	Client will be advised of the result and if symptomatic, the client will be asked to make an appt with their GP practice and given GP practice Self Referral Form C to take with them.
First visit: BP is Normal.	Systolic 90-139mmHg and Diastolic 60-89 mm/Hg	BP is normal - maintain healthy lifestyle (provide lifestyle advice). Test should be repeated every five years. Pharmacy store Consultation Form B securely for 8 years.
First visit: BP is raised (high)	Systolic 140-179 mmHg or Diastolic 90-109 mmHg	Client advised to return for re-check of blood pressure in one week.
First visit: BP is raised (very high)	Systolic ≥ 180 mmHg or Diastolic ≥ 110 mmHg	If no symptoms advise that BP is very high and requires medical review. Give Self Referral Form C to take to GP practice. If other warning symptoms are present (visual disturbance , retinal haemorrhage , headache, palpitations, nausea/vomiting, pallor, excessive sweating) refer to GP practice same day or A&E. The Pharmacy store Consultation Form B securely for 8 years.

Rechecking Blood Pressure

Clients may be requested to return to the pharmacy to have their Blood pressure checked after one week. The client will be provided with **an appointment card**.

Rechecking of blood pressure should be performed as per the processes described previously, including:

- O Introduction and client information
- O Measuring Blood Pressure
- O Explaining results and next steps

Complete the recorded measurements on the **Consultation Form B**.

Results Detected	Threshold	Actions Required
Second visit: AF detected on Blood Pressure monitor	No Blood pressure reading taken	Ask client to make an appt with their GP practice and give GP practice Self Referral Form C to take with them.
Second visit: BP is very low / undetectable	Systolic ≤ 89 mmHg or Diastolic ≤ 59 mmHg	Client will be advised of the result and if symptomatic, the client will be asked to make an appt with their GP practice and given GP practice Self Referral Form C to take with them.
Second visit: BP is Normal.	Systolic 90-139mmHg and Diastolic 60-89 mm/Hg	BP is normal - maintain healthy lifestyle (provide lifestyle advice). Test should be repeated every five years. Pharmacy store Consultation Form B securely for 8 years.
Second visit: BP is raised (high)	Systolic 140-179mmHg or Diastolic 90-109mmHg	Home BP monitoring offered.

<p>Second visit: BP is raised (very high)</p>	<p>Systolic ≥ 180 mmHg or Diastolic ≥ 110 mmHg</p>	<p>If no symptoms advise that BP is very high and requires medical review. Give Self Referral Form C to take to GP practice.</p> <p>If other warning symptoms are present (visual disturbance, retinal haemorrhage, headache, palpitations, nausea/vomiting, pallor, excessive sweating) refer to GP practice same day or A&E.</p> <p>Pharmacy store Consultation Form B securely for 8 years.</p>
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Home Blood Pressure Monitoring

Clients demonstrating a raised blood pressure (high) on two occasions with at least one week between readings will be offered Home Blood Pressure Monitoring. An explanation of what this will involve should be offered to the client before the client is supplied with a take home BP monitor. The client should be advised to record readings on the card provided for review by the pharmacist.

The client should be advised that during HBPM

- For each blood pressure recording, two consecutive measurements are taken, at least 1 minute apart and with the person seated **and**
- Blood pressure is recorded twice daily, ideally in the morning and evening **and**
- Blood pressure recording continues for 7 days and
- Results should be recorded on the form provided and should be returned to the pharmacy for analysis **and**
- The blood pressure monitor must be returned with the completed form.

On return to the pharmacy, the pharmacist will discard the measurements taken on the first day and use **the average value** of all the remaining measurements to confirm hypertension detection and record on **Consultation Form B (Appendix 4)**. It is good practice for the pharmacist to take a copy of the HBPM readings and to file in the patient's record in the pharmacy.

The client should be appropriately counselled on use and proper care of monitor (as detailed previously and given resources to support correct measurement eg. PIL for monitor, link to BHF video at <https://www.bhf.org.uk/heart-matters-magazine/medical/tests/blood-pressure-measuring-at-home>

Next Steps after Home Blood Pressure Monitoring

- The pharmacist is responsible for explaining the results and next steps to the client.
- In communicating the result, it is important to give enough information, to encourage the person being tested to take appropriate action and to avoid causing inappropriate alarm.
- Explain what the client's blood pressure readings mean.

In- Pharmacy BP	Average HPBM Results	Actions Required
High 140/90 mmHg	≤134/84 mmHg.	BP is NORMAL. Advise to maintain healthy lifestyle. Provide lifestyle advice.
High 140/90 mmHg	≥135/85 mmHg.	Decision to treat depends on an assessment of the total cardiovascular disease risk. Advise client of result. Advise client to make appointment with GP practice within two weeks. Give client GP practice Self Referral Form C and copy of HPBM form to give to GP practice.

Lifestyle Discussion on maintaining a healthy blood pressure

Key Steps

- Engage in a brief discussion about the client's current lifestyle habits (diet, smoking, physical activity, alcohol, weight).
- Provide general advice on improving lifestyle and reducing risk factors
- Reinforce this advice where necessary with written information and/or links to online resources.
- Signpost to community and pharmacy support services as required. Offer appropriate pharmacy services such as Smoking Cessation to help improve health and wellbeing.

The information below may assist you in the information to provide and the relevant signposting information.

The Role of Diet in Blood Pressure

Salt raises your blood pressure. The more salt you eat, the higher your blood pressure. Aim to eat less than 6g of salt a day. A lot of foods we buy in supermarkets have added salt – check the labels. Eating a low-fat diet that includes lots of fibre (for example, wholegrain rice, bread and pasta) and plenty of fruit and vegetables has been proven to help lower blood pressure. Aim to eat five portions of fruit and vegetables every day.

Caffeine: drinking more than four cups of caffeine-rich drinks a day may increase your blood pressure. If you are a big fan of coffee, tea, cola and some energy drinks, consider cutting down.

Weight: Being overweight forces your heart to work harder to pump blood around your body, which can raise your blood pressure. Find out if you need to lose weight with the BMI healthy weight calculator.

<https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/>

If you do need to lose some weight, it is worth remembering that just losing a few pounds can make a big difference to your blood pressure and overall health. Get tips on losing weight safely from

www.nhs.uk/LiveWell/Loseweight/Pages/Loseweighthome.aspx

Exercise: Being active and taking regular exercise lowers blood pressure by keeping your heart and blood vessels in good condition. Regular exercise can also help you lose weight, which will also help lower your blood pressure. Adults should do at least 150 minutes (2.5 hours) of moderate-intensity aerobic activity (e.g. cycling or fast walking) every week. For it to count, the activity should make you feel warm and slightly out of breath. Physical activity can include anything from walking to gardening, housework to sport. Get more ideas on being active from www.nhs.uk/Livewell/fitness/Pages/Activelifestyle.aspx.

Smoking: Smoking doesn't directly cause high blood pressure but it puts you at much higher risk of a heart attack and stroke. Smoking, like high blood pressure, will cause your arteries to narrow. If you smoke and have high blood pressure, your

arteries will narrow much more quickly and your risk of a heart or lung disease in the future is dramatically increased. Getting help to stop smoking means you are more likely to quit successfully.

Alcohol: Regularly drinking alcohol above the NHS recommended amounts will raise your blood pressure over time. Alcohol is also high in calories, which will make you gain weight. This will also increase your blood pressure. Knowing your units will help you stay in control of your drinking. Fourteen units is equivalent to six pints of average strength beer or 10 small glasses of low strength wine.

To reduce your risk of harming your health if you drink most weeks:

- men and women are advised not to regularly drink more than 14 units a week
- spread your drinking over three days or more if you drink as much as 14 units a week

Find out how many units are in your favourite tipple, track your drinking over time and get tips on cutting down at www.nhs.uk/livewell/alcohol/pages/alcohol-units.aspx

Closing the Consultation

- Agree follow up appointments if required. Provide the client with an appointment card.
- Clients advised to make a follow up appointment with their GP practice should be given GP practice **Self Referral Form C** and a copy of their blood pressure readings.
- Thank the client for their taking part in the Service.
- Ask the client to complete the **appropriate Evaluation Form**.

Record Keeping

The client should be offered a copy of the **Pharmacy Privacy Notice (Appendix 2) and Client consent** for taking part in the service should be recorded on the Hypertension Service **Consultation Form B (Appendix 4)**. Details of the consultation, blood pressure reading, and follow up should also be recorded on the Hypertension Service **Consultation Form B**, with each client given a unique client identification number to allow for information governance measures. For those clients that have been asked to return for follow up Blood Pressure testing paper **Consultation Form B** should be retrieved prior to the consultation and updated with new data as gathered. Hypertension Detection Service **Consultation Form B** should be stored securely in the pharmacy for a period of **8 years**. Retained client record forms should be labelled with their unique client identification number and stored in a secure location in the pharmacy. Example of Unique ID standardisation - MYM ID.

Clients who are advised to see their GP practice should be given a GP practice **Self Referral Form C (Appendix 5)** with the recommendation that they make an appointment with their GP practice, mentioning the self referral letter at the time of appointment booking.

Records should be kept in a manner that is compliant with GDPR. The pharmacy will provide all records maintained as part of the service, to the HSCB, upon request.

Service Monitoring/ Evaluation

The pharmacy will co-operate in any locally agreed HSC led monitoring / evaluation of the service.

Payment

Fees paid for the screening services offered will be as follows:

- First consultation including initial blood pressure reading and provision of lifestyle advice & signposting to community services as appropriate - £10
- Second consultation including repeat monitoring for clients with elevated blood pressure readings at first attendance and additional lifestyle advice and signposting to community/GP practice as appropriate - £5
- HBPM set-up, follow-up and analysis of results with additional lifestyle advice & signposting to community/GP practice as appropriate - £15

A fee of £100 will also be claimable for attendance at the accredited training session AND for setting up the service in the pharmacy. This will be payable once 5 or more clients have been reviewed by the trained pharmacist.

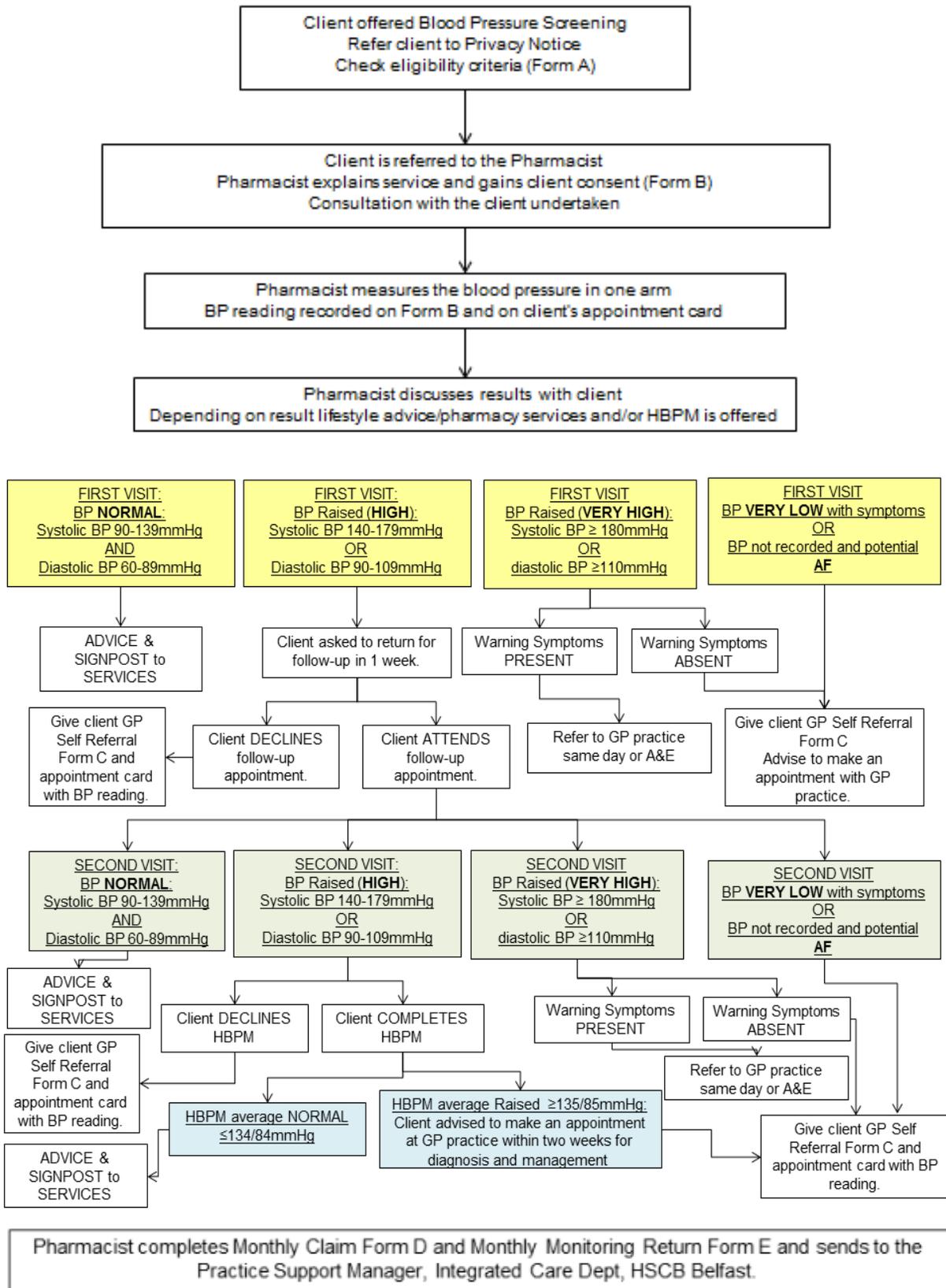
Activity will be capped at 50 first consultations per pharmacy (subject to review). Pharmacists seeking to undertake more than 50 reviews should contact the ICP Business Support Team (Tel 02895 363044).

Costs associated with purchasing the accredited equipment will be reimbursed up to a maximum agreed amount, upon submission of receipted invoice to the HSCB.

Payments will be based on the data received on the Monthly Claim Form D. (Appendix 6).

Please submit Claim Form D with Evaluation Form E (Appendix 7) each month to your Practice Support Manager, Integrated Care Dept, HSCB.

Appendix 1- Service Pathway



Appendix 2

Community Pharmacy Hypertension Detection Service Privacy Notice for person accessing this service “Protecting & Using Your Information”

At _____ (*insert pharmacy details*) we are committed to the highest privacy standards. During your “Community Pharmacy Hypertension Detection Service” consultation with our pharmacist, we will only collect data that is necessary for us to deliver the best possible service. This policy provides detailed information on why we collect your personal information as part of this service, how we use it and the very limited conditions under which we may disclose it to others. Personal information that is processed about you is governed by the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

What is a Hypertension Detection Service?

The South Eastern Health and Social Care Trust (HSCT) area has an adult population of 277,588⁸. In 2018, the South Eastern General Practitioners (GPs) indicated that 46,774 patients were on their hypertension register⁹, which accounts for 16.9% of the adult population. With Public Health England figures suggesting that around 24% of adults have hypertension¹⁰, there are potentially 20,000 adults in the South Eastern HSCT with undiagnosed hypertension. The **Hypertension Detection Service** seeks to identify clients aged 45 years and over within the South Eastern LCG with undiagnosed hypertension. The service uses Home Blood Pressure Monitoring (HBPM) to detect potential hypertension following a one-off blood pressure reading of $\geq 140/90$ mmHg in community pharmacy and subsequent recheck of this reading after one week. Lifestyle advice will be offered initially in community pharmacy with signposting to community programs for further lifestyle advice and support as appropriate. As part of this service, **personal information will be processed about you.**

Why are you processing my personal information?

- Your personal information will be processed to enable the provision of the Community Pharmacy Hypertension Detection Service and you will be given a unique client identifier number to anonymise your information.
- Your consent will be the lawful basis relied upon to permit processing of your personal information for the Community Pharmacy Hypertension Detection Service.
- Your consent will be obtained when you sign the consultation form used as part of this service and this will be stored securely in the pharmacy.
- You may withdraw consent for this processing, by contacting the pharmacist who provided the service to you.
- **What categories of personal data are you processing?**

Client identifiable information including your name, date of birth, contact details (address & telephone number), GP name and surgery address, blood pressure result and if appropriate, reasons why you require onward referral to your GP practice.

⁸ <https://www.nisra.gov.uk/publications/2017-mid-year-population-estimates-northern-ireland>

⁹ <https://www.ninis2.nisra.gov.uk/public/PivotGrid.aspx?ds=9059&lh=37&yn=2007-2018&sk=134&sn=Health+and+Social+Care&yearfilter=2017>

¹⁰ Hypertension prevalence estimates in England: Estimated from the Health Survey for England, October 2016, PHE

Where do you get my personal data from?

Your personal data originates from information that you provide during the Community Pharmacy Hypertension Detection Service consultation where each client is assigned a unique identifier to anonymise their information.

Do you share my personal data with anyone else?

- Your personal data may be shared with the relevant pharmacy staff.
- Your anonymised personal data may be shared with, the Health and Social Care Board, Public Health Agency, South Eastern Integrated Care Partnership for service evaluation and audit.
- The HSCB for the purposes of administering and managing health and social care services and to verify that the service has been delivered by the pharmacy as part of post-payment verification.

This will potentially allow service roll out throughout the region to:

- Improve detection of people aged 45 years and over with potential undiagnosed hypertension.
- Improve accessibility to Blood Pressure testing in the community setting, using NICE validated processes.
- Improve condition self-management by the client and responsibility for their own health and wellbeing.

How long do you keep my personal data?

This record will be retained in the pharmacy for a period of eight years.

What rights do I have?

- You have the right to obtain confirmation that your data is being processed, and access to your personal data
- You are entitled to have personal data rectified if it is inaccurate or incomplete
- You have a right to have personal data erased and to prevent processing, in specific circumstances
- You have the right to 'block' or suppress processing of personal data, in specific circumstances
- You have the right to data portability, in specific circumstances
- You have the right to object to the processing, in specific circumstances
- You have rights in relation to automated decision making and profiling

Further information on your rights is available at: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr>

How do I complain if I am not happy?

If you have any questions or concerns regarding how we use your personal information you can contact:

(insert name/contact details of relevant pharmacy staff member)

If we cannot resolve your concerns you have the right to lodge a complaint with

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire SK9 5AF

Tel: 0303 123 1113

Email: casework@ico.org.uk

Website: <https://ico.org.uk/global/contact-us/>

Review of this document This document will be kept under review and updated as required; we reserve the right to make any changes and updates to this privacy policy without giving you notice as and when we need to. Our most up to date privacy policy is always available upon request.

Appendix 3

BRIEF INTERVENTION FORM

SOUTH EASTERN HYPERTENSION DETECTION SERVICE FORM A

The **Hypertension Detection Service** seeks to identify clients aged 45 years and over within the South Eastern LCG with undiagnosed hypertension. The service uses Home Blood Pressure Monitoring (HBPM) to detect potential hypertension following a one-off blood pressure reading $\geq 140/90$ mmHg in community pharmacy and subsequent recheck of this reading after one week. Lifestyle advice will be offered initially in community pharmacy with signposting to community programs for further lifestyle advice and support as appropriate.

In order to access the service please confirm the following (please tick all boxes that apply):

- I am aged 45 years and over
- I am registered with a GP in the South Eastern LCG
<http://www.hscbusiness.hscni.net/services/1816.htm>
- I have not had a blood pressure check carried out in the past 6 months by a primary or secondary care professional
- I have not been screened by another pharmacy for hypertension through this service
- I have not been previously diagnosed with hypertension and am not on the cardiovascular register
- I do not have atrial fibrillation/heart failure/angina/stroke/transient ischaemic attack/heart failure
- I do not have a long term condition such as diabetes or chronic kidney disease
- I am not pregnant

For completion by pharmacist:

- This client is eligible for the service
- This client is not eligible for the service

Appendix 4

CLIENT CONSULTATION FORM SOUTH EASTERN HYPERTENSION DETECTION SERVICE FORM B

CONSENT

CLIENT IDENTIFICATION NUMBER:.....

- I consent to the pharmacy:
- Screening me for High Blood Pressure (Hypertension) and storing my information securely in the pharmacy.
 - Providing me with lifestyle advice/leaflets to improve my health.
- I have read and understood the privacy notice provided for clients.
- I understand that anonymised details of this consultation will be shared with the Health and Social Care Board (HSCB), Public Health Agency (PHA) and South Eastern Integrated Care Partnerships (ICPs) for the purpose of evaluation and audit.

Client Name

Client Telephone Number:

Date.....

Signature

INITIAL CONSULTATION – COMPLETED BY DATE.....

Blood pressure measurement:

Arm (left/right)..... Clinic BP

Follow up actions:

- BP normal (both systolic BP 90-139 and diastolic BP 60-89mmHg)-Leaflets/
Lifestyle advice given as appropriate.
- BP raised (either systolic BP 140-179 or diastolic BP 90-109mmHg) –
Lifestyle advice given/signposting to community services by pharmacist as
appropriate. Appointment made to recheck Blood Pressure at pharmacy in
one week.
- BP very low with symptoms (either systolic BP <90 or diastolic BP <60mmHg)
- GP Practice Self Referral Form C given and advised to make appointment
with GP Practice for further investigation.
- BP very high (either systolic BP ≥180 or diastolic BP ≥110mmHg) – GP
Practice Self Referral Form C given and advised to make appointment with
GP Practice for further investigation.
- Atrial fibrillation detected – GP Practice Self Referral Form C given and
advised to make appointment with GP Practice for further investigation.

CLIENT CONSULTATION FORM
SOUTH EASTERN HYPERTENSION DETECTION SERVICE
FORM B

FOLLOW UP CONSULTATION - COMPLETED BY..... DATE.....

Blood pressure measurement:

Arm same as previous (left/right) Clinic BP.....

Follow up actions:

- BP normal (both systolic BP 90-139 and diastolic BP 60-89mmHg) - Leaflets given.
- BP raised (either systolic BP 140-179 or diastolic BP 90-109mmHg) – Home Blood Pressure Monitoring offered.
- BP very low with symptoms (either systolic BP <90 or diastolic BP <60mmHg) – GP practice Self Referral Form C given and advised to make appointment with GP practice for further investigation.
- BP very high (either systolic BP ≥ 180 or diastolic BP ≥ 110 mmHg) – GP practice Self Referral Form C given and advised to make appointment with GP practice for further investigation.

HBPM RESULTS CONSULTATION - COMPLETED BY.....DATE.....

Average blood pressure reading:

Follow up actions:

- BP normal after HBPM (both systolic average ≤ 134 and diastolic average ≤ 84 mmHg) - Leaflets given.
- BP raised (either systolic BP ≥ 135 or diastolic BP ≥ 85 mmHg) – GP practice Self Referral Form C given and advised to make appointment with GP practice for further investigation.

Appendix 5

GP PRACTICE SELF REFERRAL FORM

SOUTH EASTERN HYPERTENSION DETECTION SERVICE

FORM C

Client details

Mr/Mrs/Ms/Miss

Forename(s):.....Surname:.....

Address:.....Postcode.....

Daytime Contact number:.....

D.O.B:.....

GP Practice name and Address:.....

Client identification number:.....

Dear Dr

- The above Client attended the pharmacy on after carrying out Home Blood Pressure Monitoring for one week. The results of this monitoring show an average blood pressure reading of As this is above the threshold level, I would be grateful if you could review the attached results with the Client for diagnosis and management as appropriate.

- The above Client attended the pharmacy on for a one off blood pressure reading. The results of this monitoring show a systolic/diastolic blood pressure reading of I would be grateful if you could review these results with the Client for diagnosis and management as appropriate.

- The above Client attended the pharmacy on for a one off blood pressure reading. The blood pressure monitor detected the potential presence of *Atrial Fibrillation/Low Blood Pressure with symptoms (*delete as appropriate). I would be grateful if you could review these results with the Client for diagnosis and management as appropriate.

Many thanks for your help in this matter.

Pharmacist name.....

Pharmacy address.....

Pharmacy contact number.....

Pharmacy stamp.....

Appendix 6

MONTHLY PAYMENT CLAIM FORM

SOUTH EASTERN HYPERTENSION DETECTION SERVICE

FORM D

Pharmacy Claim Form

Contractor Number:

Contractor Name/Address:

.....

.....

MONTH YEAR

Unique Patient Reference Number	Date of first consultation	Date of second consultation (if applicable)	Date of HBPM follow up (if applicable)

Number of first consultations (payable at £10)

Number of second consultations (payable at £5)

Number of claims for HBPM (payable at £15)
(Includes patient training & analysis of results)

One off Training fee (payable at £100)
on review of 5 or more patients by trained
pharmacist.

Total Claim amount this month

Signed :

Date:

Appendix 7

MONTHLY DATA SUBMISSION FORM	FORM E
SOUTH EASTERN HYPERTENSION DETECTION SERVICE	

Month Submitted _____

COMPLETE			FIRST CONSULTATION			DECLINED 2ND	SECOND CONSULTATION			DECLINED HBPM	HPBM		ACTIONS TAKEN		
Patient ID	Gender (M/F)	Age (YRS)	CLINIC BP RECORDED				CLINIC BP RECORDED				AVERAGE BP		GP practice Self-Referral Letter C Given (Y/N)	Lifestyle Advice/ Leaflets Given (Y/N)	Community / Pharmacy Services Recommended (Y/N)
			SYSTOLIC (mmHg)	DIASTOLIC (mmHg)	AF DETECTED (Y/N)		SYSTOLIC (mmHg)	DIASTOLIC (mmHg)	AF DETECTED (Y/N)		SYSTOLIC (mmHg)	DIASTOLIC (mmHg)			

Please return on a monthly basis to your Practice Support Manager, Integrated Care Dept, HSCB

PHARMACY NAME :
 PHARMACY CONTRACTOR NUMBER:
 PHARMACY ADDRESS

