

Community Pharmacy Hypertension Detection Service Specification

1. 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

2. Service Description

The Hypertension Detection Service seeks to identify clients aged 45 and over within the South Eastern HSCT with undiagnosed hypertension. It will run as a pilot from 12th August 2019 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 HBPM following repeat BP measurements one week apart.

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 Ettehad 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

Lifestyle advice including signposting to community and pharmacy services for further advice and support will be offered where appropriate. Details can be found in the service guidance document in relation to NICE guidelines/recommendations for lifestyle advice.

See Appendix 1 for Service Pathway.

3. Aims of the Service

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

4. Service Specification

- 4.1 The pharmacist must be competent in providing the service.
- 4.2 The pharmacist must have completed the necessary HSCB training.
- 4.3 The pharmacy must be approved by the HSCB to provide the service. This is confirmed by a contract signed between the HSCB and the pharmacy.
- 4.4 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.

5. Provision of the Service

- 5.1 The service must be provided by a trained pharmacist (who has attended HSCB training and been accredited) during pharmacy opening hours.
- 5.2 The service must be provided in line with both the service specification and the accompanying service guidance document and relevant legislation.

⁵ <https://www.nice.org.uk/guidance/cg127/chapter/1-Guidance>

- 5.3 The pharmacy will be provided with information leaflets to support the delivery of the service.
- 5.4 The pharmacy must promote the availability of the service within the store using the service specific posters/leaflets and cards provided.
- 5.5 South Eastern GPs will receive notification of the community pharmacies providing this service.
- 5.6 Lifestyle advice will be offered to all clients where appropriate. Individuals may be referred to pharmacy services or signposted to community programs. See guidance notes for further detail.

5.7 Exclusion Criteria :

- Aged 44 years and under
- Registered with a GP outside the South Eastern HSCT area or not registered with a GP
<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 potential 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 can be signposted to their GP practice.

6. 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

7. Equipment

- 7.1 Each pharmacy contracted to provide the service will be required to purchase a clinically validated BP monitor for in-pharmacy use. This device should also be capable of detecting atrial fibrillation.
- 7.2 In addition, provision of the service will also require the purchase of four 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.
- 7.3 It is essential for both pharmacy and home use BP monitors that the blood pressure cuff is validated for use with the appropriate blood pressure monitor.
- A medium sized cuff that measures arm circumference (22-32cm) should be supplied with both the pharmacy and home use BP monitors when purchased.
- A large to extra large cuff that measures arm circumference (32-52cm) will need to be purchased for use with the pharmacy BP monitor.
- In addition four large cuffs (32-42cm) will need to be purchased for the home use monitors. **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.**
- 7.4 Each pharmacy must ensure the adequate cleaning of equipment between uses and ensure Infection Prevention and Control measures are in place as per the Service Guidance document.

8. Training

- 8.1 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

⁶ <https://bihsoc.org/bp-monitors/for-home-use/>

- 8.2 Training events will be facilitated by a registered Practice Educator from the Nursing and Midwifery Council.

9. Record Keeping

- 9.1 Clients enquiring about the service should be referred to the **Client Privacy Notice (Appendix 2- see guidance document)**. A copy can be offered to the client to take away if required. Client eligibility for the service should be checked using the **Brief Intervention Form A (Appendix 3 – see guidance document)** which should be completed and placed in the sealed ballot box provided.
- 9.2 Client consent for taking part in the service should be recorded on the Hypertension Service **Consultation Form B (Appendix 4- see guidance document)**.
- 9.3 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. Client record forms should be labelled with their unique client identification number and **Consultation Form B** should be stored securely in the pharmacy for a period of 8 years.
Example of a Unique ID standardisation - MYM ID.
The blood pressure reading should also be recorded on the client's appointment card.
- 9.4 Clients who need to be seen by their GP practice should be given the GP practice **Self Referral Form C (Appendix 5- see guidance document)** with appropriate advice to make an appointment with their GP practice, mentioning the self referral letter at the time of appointment booking.
- 9.5 Records should be kept in a manner that is compliant with GDPR.
- 9.6 The pharmacy will provide all records maintained as part of the service, to the HSCB, upon request.

10. Service Monitoring / Evaluation

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

11. Payment

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

- Initial blood pressure reading and provision of lifestyle advice and signposting to community services as appropriate - £10
- Repeat monitoring for clients with elevated blood pressure readings with additional lifestyle advice & signposting to community services/ GP practice as appropriate - £5
- HBPM set-up, follow-up and analysis of results with additional lifestyle advice and signposting to community services / GP practice as appropriate - £15

11.2 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 each trained pharmacist.

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

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

11.5 Payments will be based on the data received on the **Monthly Claim Form D**.

**Please return Monthly Claim Form D (Appendix 6 – see guidance document) with Monthly Evaluation Form E (appendix 7 – see guidance document) to:
Practice Support Manager, Integrated Care Department, HSCB Belfast.**

APPENDIX 1 – SERVICE PATHWAY

