

Hypertension Case
Finding
Presentation for
General Practice



Greater Manchester
Community Pharmacy
Provider Board

Policy and Context

Cardiovascular disease (CVD) is one of the leading causes of premature death in England

- Affects 7 million people and accounts for 1.6 million disability adjusted life years
- Hypertension is the biggest risk factor for CVD
- Top five risk factors for all premature death and disability in England
- **~5.5 million people have undiagnosed hypertension in England**



CVD is a key driver of health inequalities and accounts for around 25% of the life expectancy gap

- Early detection of hypertension is vital
- Evidence that community pharmacy can provide a key role in detection and subsequent treatment of hypertension
- Community pharmacy engagement has the potential to improve outcomes and reduce the burden on general practices
- Levels of detection are expected to have fallen over the past year due to the impact of COVID-19 on routine blood pressure monitoring



Service Overview

Aims of the service

The service aims to:

- Identify people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the discretion of the pharmacist, people under the age of 40 may also be included in the service
- Where the person's blood pressure is high, they will be referred to their general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc normal and ambulatory blood pressure measurements.
- Provide another opportunity to promote healthy behaviours to patients.

The Hypertension Case Finding Service is a nationally commissioned advanced service for community pharmacy

Note that there is also ongoing GM and NW CVD prevention work ongoing across the system

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The case finding service has two stages:

- **Stage 1** – Identifying people at risk of hypertension and offering them the opportunity to have their blood pressure measured. (Clinic Check)
- **Stage 2** – This is offered if a person's blood pressure reading is high at Stage 1. A person will be offered 24-hour ambulatory blood pressure monitoring (ABPM). Patients who are then identified with high or very high blood pressure will be referred to their general practice

GP Referrals

- Additionally at the request of a general practice, a community pharmacy can undertake ad-hoc clinic checks (this can include individuals already diagnosed with hypertension) and ABPM
- A patient's GP will be notified of the blood pressure reading; the timescale for sending the notification to the practice will depend on the reading, with some notifications being sent weekly, while others are sent on the same day the monitoring occurs. (further detail provided later in the presentation)
- Contractors will have a standard operating procedure (SOP) in place for this service and all pharmacy staff involved in the provision of the service will be familiar with and adhere to the SOP.

Inclusion criteria – Case Finding

Inclusion criteria

- Adults \geq 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)

Exclusion criteria

- Unable to give consent
- Under 40 years old
- People who have their blood pressure regularly monitored by a healthcare professional

Additional consideration

- Unable to support due to cuff size

Inclusion Criteria for GP referrals

Agreed by **GM ICS clinical colleagues and PCB**

Inclusion

- Adults specified by a general practice (clinic or ambulatory blood pressure checks)
- To include Pill check, HRT checks, QOF - all indicators that require a BP reading
- Can be undiagnosed or already receiving treatment for hypertension

Exclusion

- Patients with known AF

Additional consideration

- Unable to support due to cuff size

Working with General Practice & PCNs

- Introduction of the Advanced service will support the work that general practices and wider Primary Care Network (PCN) teams will be undertaking on CVD prevention and management, under changes to the PCN Directed Enhanced Service
- As part of this, PCNs must work pro-actively with community pharmacies to improve access to blood pressure checks, via the hypertension case finding service
- In 2022/23, PCNs must ensure processes are in place to support the exchange of information with community pharmacies, including a process for accepting and documenting referrals between pharmacies and GP practices, in relation to the hypertension case finding service
- GP Practices and Community Pharmacies must have a conversation to understand the capacity available to accept referrals
- The service will support the work that both general practices and wider Primary Care Network (PCN) teams are undertaking on cardiovascular disease prevention and management, under the PCN Directed Enhanced Service

Working with General Practice & PCNs

- Pharmacies are currently in the process of signing up and getting ready to deliver the Service
- To date, over 300 pharmacies in GM have signed via the NHSBSA to deliver the service and some have already started delivering the service

Community Pharmacists and CP PCN leads will be making direct contact with Practices to:

- Inform the practice they have started delivering the service
- Inform the Practice they will be sending the results of clinical checks and ABPM results via Pharmoutcomes to an agreed NHSmail account in pre-agreed timeline
- Share the GM referral Protocol with the Practice (see next slide)
- Agree if the Practice and Pharmacy agree to work together linking the benefits outlined in the CVD DES
- Ask if they would like you to complete any BP measurements for patient/patient group and agree how they will let you know which patients
- **LPCs will support the process and integration by engaging with the GM system, CVD teams, the PCN Clinical Directors and PCN Clinical Pharmacist teams to promote integrated working.**

GM GP referral protocol

- The GMHSCP has signed off a local referral protocol agreed with GP colleagues to support local interfaces between General Practice and Pharmacy.
- Contractors are advised to print a copy and laminate this to keep in the Pharmacy

GM Community Pharmacy Hypertension Service: GP Referral Process

Inclusion

- Adults specified by a general practice (clinic or ambulatory blood pressure checks)
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Exclusion

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GP referral for clinic BP or ABPM using:

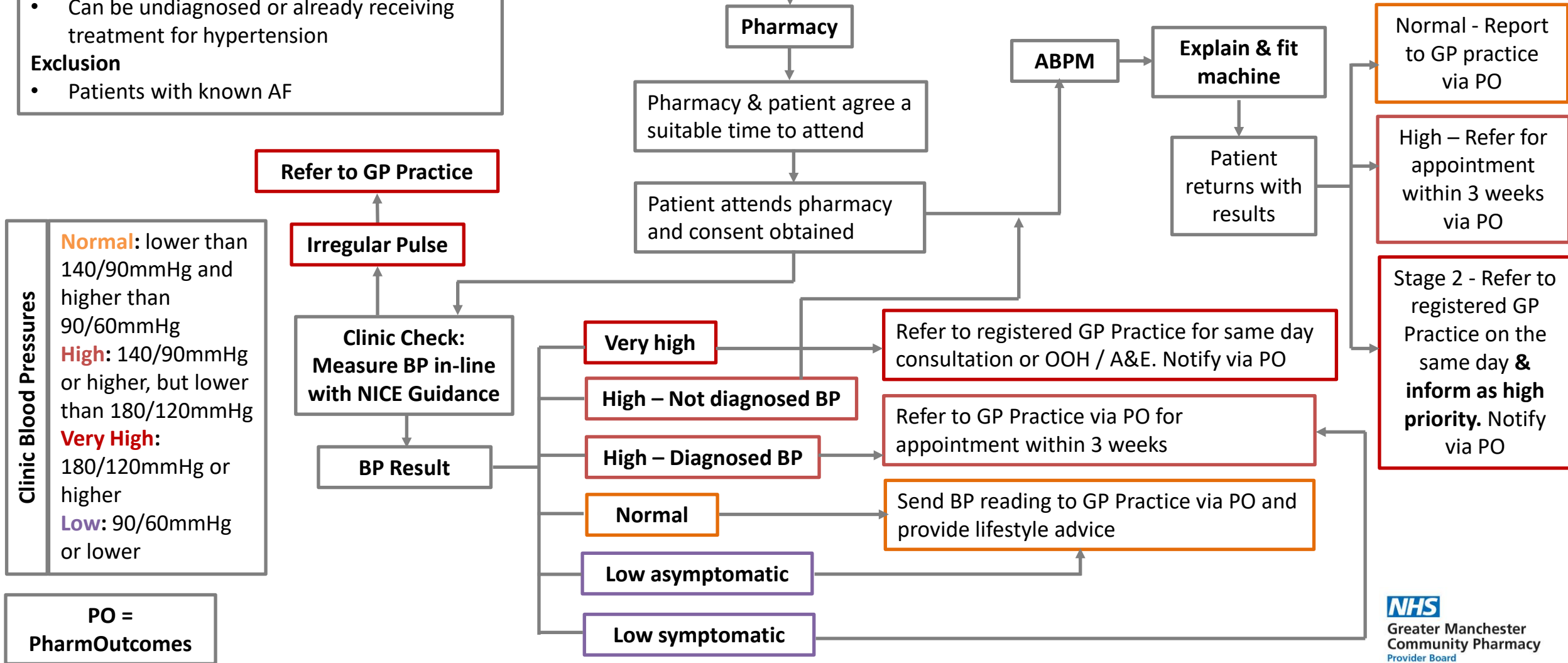
- Patient Access Connect – EMIS
- NHS Mail – System One / Vision

Ambulatory Blood Pressure

Normal: average of lower than 135/85mmHg and higher than 90/60mmHg

High: average of 135/85mmHg or higher but lower than 150/95mmHg

Stage 2: average of 150/95mmHg or higher



Clinic Blood Pressures

Normal: lower than 140/90mmHg and higher than 90/60mmHg
High: 140/90mmHg or higher, but lower than 180/120mmHg
Very High: 180/120mmHg or higher
Low: 90/60mmHg or lower

PO = PharmOutcomes

Digital Enablers to support exchange of information

- Community pharmacists will be able to send case-finding notifications directly to GP practice using PharmOutcomes
- From October 2022 , General Practice's using the EMIS Prescribing system will be able to make referrals to a pharmacy who is signed up to deliver the service using patient access connect
- General Practice's who do not use EMIS will be able to make referrals using NHSmail and later down the line PharmRefer once development is complete

The screenshot displays the 'Patient Access Connect' interface. At the top, the user is identified as 'Mickey Mouse' with a 'Date of Birth: 12 Dec, 1984'. The 'Patient Access' logo is visible on the left, and the patient's name 'ARGOMANDKHAH, Hassan (Mr)' is on the right. The main heading is 'Refer this patient to a service', with the instruction 'Select the appropriate service below'. There are four service cards:

- Pharmacy BP@Home referral:** Includes 'Create referral' and 'Referral report' buttons.
- Pharmacy BP clinic check:** Includes 'Create referral' and 'Referral report' buttons.
- Pharmacy Ambulatory BP check:** Includes 'Create referral' and 'Referral report' buttons.
- NHS Community Pharmacist Minor Illness Service:** Includes 'Create referral', 'Assess for referral', and 'Referral report' buttons.

Blood pressure monitoring outcome GP notification timescale & referral

<ul style="list-style-type: none"> • A normal clinic blood pressure (lower than 140/90mmHg and higher than 90/60mmHg); • A normal blood pressure following an ABPM (an average blood pressure lower than 135/85mmHg and higher than 90/60mmHg); or • A low clinic blood pressure (lower than 90/60mmHg) and the patient is asymptomatic. 	<ul style="list-style-type: none"> • BP reading will be sent via PharmOutcomes
<ul style="list-style-type: none"> • A high clinic blood pressure (140/90mmHg or higher, but lower than 180/120mmHg) and patient has declined or does not tolerate ABPM; • A high clinic blood pressure (an average blood pressure of 135/90mmHg or higher, but lower than 150/95mmHg) identified by ABPM; or • A low clinic blood pressure (lower than 90/60mmHg) and the patient is experiencing dizziness, nausea or fatigue. 	<ul style="list-style-type: none"> • BP reading will be sent in a referral the same day by PharmOutcomes informing the practice that the patient has been advised to make an appointment with the practice within three weeks
<ul style="list-style-type: none"> • A very high clinic blood pressure (180/120mmHg or higher); • A very high blood pressure (an average blood pressure of 150/95mmHg or higher) identified by ABPM; • A low clinic blood pressure (lower than 90/60mmHg) and the patient is experiencing dizziness, nausea or fatigue, but the pharmacist believes the patient is at risk (such as of falling); • A low clinic blood pressure (lower than 90/60mmHg) and the patient is experiencing regular fainting or falls, or feel like they may faint on a daily/near daily basis; and/or • An irregular pulse is detected. 	<ul style="list-style-type: none"> • BP reading will be sent in a referral the same day by PharmOutcomes informing the practice that an urgent same day appointment is needed. • During GP practice hours the pharmacist should call the practice whilst the patient is still in the pharmacy • If the pharmacist is unable to contact the GP practice or it is closed, the pharmacist should advise the patient to take appropriate action which may include referral to A&E

- [PSNC Briefing 044/21: Briefing for general practice teams – the Community Pharmacy Hypertension Case-Finding Advanced Service \(including FAQs\)](#)
- [PSNC-Briefing-041-21-Guidance-on-the-Community-Pharmacy-Hypertension-Case-Finding-Advanced-Service.pdf](#)
- [NHS England » NHS Community Pharmacy Blood Pressure Check Service Advanced Service Spec](#)
- [Hypertension-Case-Finding-service-implementation-checklist.pdf \(psnc.org.uk\)](#)
- [PSNC-Briefing-042-21-Briefing-for-pharmacy-teams-on-Hypertension-Case-Finding-Service.pdf](#)
- [PowerPoint Presentation \(psnc.org.uk\)](#) – clinic BP guide
- [Hypertension case-finding service : PSNC Main site](#) see resources for marketing materials and other templates which maybe useful