

Hypertension Case-Finding Service update and changes

Farhan Moulana, Deputy Chief Officer

info@hertsipc.org.uk

www.hertsipc.org.uk



Hypertension case-finding Service

From **1 December 2023**, there are a number of changes or updates to the service.

Service description

Two stages:

- Stage 1 - identify people at risk of hypertension – ‘Clinic check’
 - Stage 2 - ambulatory blood pressure monitoring (ABPM)
- Verbal consent
- No additional declarations to confirm adoption of the changes
- Need greater focus on proactive case-finding
- **Need greater focus uptake of ABPM when $\geq 140/90$ mmHg**

Hypertension case-finding Service

Patient eligibility Inclusion criteria

- Adults \geq 40 years with no diagnosis of hypertension
- By exception, $<$ 40 years with family history of hypertension*
- Approached or self-requested 35-39 years old*
- Adults with or without a prior diagnosis of hypertension specified by a general practice (clinic and ambulatory blood pressure checks)

* Previously only at the discretion of the pharmacist or pharmacy technician

Hypertension case-finding Service

Patient eligibility exclusion criteria

- Under 40 years old unless at the discretion or specified by a general practice
- People who have their blood pressure regularly monitored by a healthcare professional
- People requiring daily blood pressure monitoring for any period of time e.g. 7-day clinic BP checks as an alternative to ABPM.
- People with a diagnosis of atrial fibrillation or history of irregular heartbeat

Hypertension case-finding Service - Key changes

Greater use of pharmacy staff:

- The service can be provided by suitably trained and competent pharmacy staff; Delegated by RP
- Previously, only pharmacists and pharmacy technicians could provide the service.
- Trained staff can be involved in the selection of patients, measurement of BP, can discuss results and can contact practice to refer.

Safety netting:

- Staff need to highlight any patients with symptoms to pharmacist
- Staff need to highlight same day referral to pharmacist

Ambulatory Blood Pressure Monitoring (ABPM)

- Pharmacies **MUST** have an **ABPM & normal BP meter**
- If clinic BP $\geq 140/90$ mmHg but less than 180/120mmHg patients should be offered an ABPM.
- Community pharmacies are delivering high numbers of Clinic BP Vs. ABPM follow up.
- There is an increasing trend in identifying raised clinic BP.
- As of August 2023, 34% of all case finding clinic BP checks were suitable for ABPM follow up.
- However, Only 3.5% of those with raised BP are being followed up with ABPM by community pharmacies.

Ambulatory Blood Pressure Monitoring (ABPM)

Equipment:

- Normal BP meter AND an ABPM ✓ must be validated by the British and Irish Hypertension Society.
- The clinic blood pressure monitor and ABPM devices used must be listed on one of the following lists:
 - <https://bihsoc.org/bp-monitors/for-home-use/>
 - <https://bihsoc.org/bp-monitors/for-specialist-use/>
 - [Validated-BP-Monitors-For-Specialist-Use-British-and-Irish-Hypertension-Society-2.pdf \(bihsoc.org\)](#)
- ABPM manufacturers provide support and videos on ABPM devices.
- The pharmacy staff should be able to fit the ABPM device and briefly describe how the machine works.

Hypertension case-finding Service

GP referrals:

- Can refer patients for both normal BP checks and ABPM
- May need a locally agreed process
- No specific requirements for the process
- ABPM referrals best done electronically, template referral form available

Sending results to the general practice:

- GP notification on the day of provision or on the following working day
- Structured message in real-time via the NHS-assured IT system
- All test result must be sent

Hypertension case-finding Service

Collaboration with General practice teams could also involve referral for clinic BP for:

Those on hypertension register who have not had a recent BP reading.

People from certain ethnic groups. Data highlights some groups have an increased risk of hypertensive disease, worse outcomes and more likely to have raised BP at a younger age.

Those without a diagnosis of hypertension who meet the eligibility criteria for the service, e.g aged 40 years or over but no recording of BP in records

Engage with your Community Pharmacy PCN integration lead.

Hypertension case finding Service

HWE ICB have developed a clinical pathway to support optimal hypertension diagnosis and management reflecting current best practice and guidance, the community pharmacy offer and the thresholds for home and ambulatory blood pressure monitoring:

- [Hypertension in Adults: Investigation and Initial Management in GP and community pharmacy settings pathway.](#)
[\(hweclinicalguidance.nhs.uk\)](http://hweclinicalguidance.nhs.uk)

Funding

- No changes to the funding structure
 - Set-up fee of £440 - only one setup payment per pharmacy
 - Fee for each BP clinic check of £15
 - Fee for each ambulatory monitoring of £45
- Final year of incentive fees for achieving ABPM targets:
 - Either, £1,000 as a first payment or £400 as a subsequent payment for 20 ABPM in 2023/24
- GP practice referrals paid at the same rates
- Claim payment via the NHSBSA Manage Your Service (MYS) application on a monthly basis

Hypertension case-finding Service

Final Points for consideration

Raise awareness with GP practices

Have **both clinic and ABPM** machines

Ensure **profile manager** reflects current registration status

Ensure the whole team understand the whole service & pathway from those who screen as normal to those that are highlighted with high BP

Use marketing materials to raise awareness

- Posters in pharmacies
- Translated materials (in due course)
- Social media

Hypertension case-finding Service

Further information and resources can be found via:

- [Advanced service specification: NHS community pharmacy hypertension case-finding advanced service \(NHS community pharmacy blood pressure check service\) \(england.nhs.uk\)](#)
- [Community Pharmacy England](#)
- [Community Pharmacy Hertfordshire](#)