Campaign Guide

The Blood Pressure Drop In

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This guide has collated all the information sent to the pharmacy regarding the Blood Pressure Drop In into one resource. The Guide is a practical manual on how to offer the campaign, including a step-by-step guide on how to engage with clients, measure blood pressure, record outcomes and receive payments.

Once you are familiar with this guide, the data collection form also contains a quick reminder of the procedure, for ease of reference whilst testing.

Disclaimer
This Guide has been developed to assist pharmacies in delivering the Blood Pressure Drop-in campaign. Community Pharmacy West Yorkshire does not accept any responsibility for any errors or omissions.
The Campaign

The Blood Pressure Drop In is a pilot campaign focusing on the early detection of high blood pressure (hypertension). The campaign will encourage individuals to have a blood pressure test and take action to improve their lifestyle. All Blood Pressure Drop In sites will follow an agreed pathway and testing protocol. People with high blood pressure readings will be encouraged to visit their GP practice. It will be delivered from both pharmacy and temporary testing points throughout the Wakefield area in March 2014.

Public Health England has developed the Blood Pressure Drop In campaign in partnership with clinical advisors, the Wakefield Council public health team, South West Yorkshire Partnership NHS Foundation Trust, representatives of local primary care clinical networks, and Community Pharmacy West Yorkshire. The campaign is also working in association with the British Heart Foundation, Blood Pressure UK and the Stroke Association. The campaign will support the Government’s Cardiovascular Disease Outcomes Strategy1, which aims to help improve outcomes for people with, or at risk of, cardiovascular disease (CVD).

Pharmacies which participate in as Blood Pressure Drop In sites will be paid a £3.00 fee per client Blood Pressure Drop In data recorded on PharmOutcomes to aid the evaluation during the 1 month pilot. This is not a commissioned service. The payment being made is for the pharmacy to record the results and outputs of any blood pressure monitoring that the pharmacy has undertaken, to be used in evaluation of the pilot.

The Blood Pressure Drop In is a pilot campaign, and activity will be evaluated to determine how it should proceed in 2014/15. Evaluation will use a variety of methods, including data analysis, campaign awareness surveys with the general public, and interviews with participants, GP practices and pharmacy teams.

The pilot is looking to explore the potential for a larger role for pharmacy in public health, specifically around early detection of high blood pressure and supporting lifestyle improvement (i.e. giving practical tips to members of the public around key risk factors for high blood pressure).

Find out more about the campaign by visiting www.wakefield.gov.uk/bloodpressuredropin

<table>
<thead>
<tr>
<th>Campaign Timetable</th>
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<tbody>
<tr>
<td>1st March 2014</td>
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<tr>
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<td>1st March 2014</td>
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<td>4th March 2014</td>
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<td>10th March 2014</td>
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<td>6th April 2014</td>
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The Blood Pressure Drop In
March 2014
**Key messages**

Public Health England wants Wakefield community pharmacy to play a central role in testing this campaign and help develop the evidence base of the effective role community pharmacy can play in targeting people with undiagnosed high blood pressure.

For the campaign to be a success the whole pharmacy team will need to proactively promote campaign and offer tests from 10th March.

<table>
<thead>
<tr>
<th>We need your pharmacy to make this campaign a success.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer, measure and record the data from the Blood Pressure Drop In to help build the evidence of the effectiveness of pharmacy.</td>
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</table>

This campaign is a great opportunity for the pharmacy to increase the number of blood pressure screens it offers to customers AND to capture the outcome of this pharmacy intervention.

The Blood Pressure Drop in campaign is aimed at people over the age of 40 with **no pre-existing diagnosis of high blood pressure**.

Those outside this criteria can still be checked if insistent, but should not be pro-actively targeted.

It is hoped the pilot will pick up more deprived populations, people who don’t often engage with health services, and people with risk factors for high blood pressure (which include smoking, excessive alcohol, obesity, physical inactivity and poor diet).

**Actions required by the pharmacy**

- Discuss the Blood Pressure Drop In campaign with the pharmacy team
- Explain the aim and target patients for the campaign
- Agree how pharmacy staff will signpost suitable customers into the campaign
- Decide how the pharmacy staff who will carry out the blood pressure checks will leave /handover what they are currently doing (eg dispensing/ serving on the counter) to another member of staff so that they can provide a blood pressure check
- Check 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 campaign with customers.
- Display the campaign posters

Remember, high blood pressure rarely makes people feel ill and there are usually no symptoms. It greatly increases the risk of cardiovascular disease, in particular heart attack, stroke and heart failure, and unfortunately often goes undetected until an acute event occurs. There are over 5 million adults in England living with undiagnosed high blood pressure, so early detection is key.

This campaign is a fantastic opportunity to demonstrate the key role community pharmacy can play in addressing the health and wellbeing of your patients.

The Blood Pressure Drop In
March 2014
High Blood Pressure

Why focus on high blood pressure?
High blood pressure rarely makes people feel ill and there are usually no symptoms. It greatly increases the risk of cardiovascular disease, in particular heart attack, stroke and heart failure, and unfortunately often goes undetected until an acute event occurs. There are over 5 million adults in England living with undiagnosed high blood pressure, so early detection is key.

- High blood pressure is a systolic blood pressure above 140mmHg, or a diastolic blood pressure above 90mmHg.
- High blood pressure affects over a quarter of all adults in England.
- One in every nine adults – over 5 million people in England – has high blood pressure without knowing about it.
- Prevalence increases with age in both men and women.
- In around 90% of cases there is no obvious, identifiable cause.
- High blood pressure is the second biggest risk factor for disease leading to early death in the UK.
- High blood pressure is estimated to cause over 20% of heart attacks and 50% of strokes.
- The risk of a cardiovascular event doubles for approximately every 20/10mmHg rise in blood pressure.

Current guidelines
In 2011 the National Institute for Health and Clinical Excellence (NICE) updated its [clinical guidelines for hypertension](https://www.nice.org.uk), based on the best available research evidence to promote high-quality care and clinical practice. One of the key recommendations of the NICE is that blood pressure can be lowered through a range of lifestyle changes – such as cutting down on salt, and reducing alcohol consumption – and options for treatment with medicines. Find out more by visiting [www.nice.org.uk](http://www.nice.org.uk) and search “hypertension”.

The campaign
To find out more visit [wakefield.gov.uk/bloodpressuredropin](http://wakefield.gov.uk/bloodpressuredropin)

Case Study
The case study about how [Ann is fighting to control her blood pressure](https://www.youtube.com/watch?v=UuKnpFrFVR4#t=20) provides a useful reminder of why monitoring blood pressure is important and the positive impact it can have on a person’s life. The case study can also be watched in British Sign Language [here](https://www.youtube.com/watch?v=YdxSAcnElM8#t=22)

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Flowchart of Service

OPENING QUESTIONS & 5 MIN SAT CALMLY

1ST BLOOD PRESSURE CHECK

HIGH BP 140/90 mmHg and above

NORMAL BP 91/61 mmHg to 139/89 mmHg

2ND AND 3RD BLOOD PRESSURE CHECK AT LEAST ONE MINUTE APART

USE HIGHER OF 2ND OR 3RD READING AS GUIDE FOR REFERRAL

VERY HIGH BP 180/110 mmHg and above

SEE GENERAL PRACTICE (within 2-3 days)

HIGH BP 140/90 mmHg – 179/109 mmHg

SEE GENERAL PRACTICE (within 2 weeks)

NORMAL BP 91/61 mmHg to 139/89 mmHg

EXPLAIN WHAT BLOOD PRESSURE IS AND IMPLICATIONS OF READING

LIFESTYLE ADVICE ON HOW TO MAINTAIN A HEALTHY BLOOD PRESSURE (DIET, ALCOHOL, WEIGHT, EXERCISE, SMOKING)

NB Decisions to re-measure or refer should be based on systolic BP above the threshold or diastolic BP above the threshold or both - so 150/80 mmHg would require action as would 135/95 mmHg
Preparing to take part in the campaign

At the beginning of March pharmacies acting as a Blood Pressure Drop In sites must prepare for the 10th March start date for blood pressure monitoring.

BP machine
Pharmacies must use a monitor which is:
• validated by the British Hypertension Society (BHS) www.bhsoc.org/index.php?cID=247
• in good working order
• independently calibrated/checked (ideally within the last year) and shown to be accurate

Ensure that you also have both standard adult and large adult cuffs.
Full information on which monitors are suitable and validation is available at www.bhsoc.org.

Consultation room / suitable area
The pharmacy must be able to provide a suitable area in which to undertake blood pressure measurements and advice.

This area should:
• have two chairs and table/desk
• allow sufficient privacy (an area can be screened if necessary with chairs)
• if possible, be a quiet area

It is likely that for many pharmacies this will be the consultation room. However, if space allows, you may want to create a temporary area within the pharmacy and clearly signpost this as the Blood Pressure Drop In.

Tip: Consider what your consultation room looks like from the clients’ perspective. Does it look like a clean, professional and safe environment? If you store excess stock etc. in the consultation room you may need to consider storing this elsewhere.

Materials
See the resources listed on p22. These resources will be sent to each pharmacy at the beginning of the campaign. The quantity of resources should be sufficient to cover the full campaign period. Alcohol gel is required to use on hands between each client and is to be provided by the pharmacy.

Procedure for Blood Pressure Drop In
To ensure that the mechanism used for the blood pressure drop in is consistent between sites (both pharmacy and Pressure Station sites) it is important that the procedure outlined in this guide is followed.

It is likely that you will already have a process in the pharmacy for offering customers a blood pressure check and this process will probably be very similar to what you are already offering. This guide has collated all the campaign information sent to the pharmacy into one resource.

PharmOutcomes
Ensure that you have the log in details for PharmOutcomes as this is being used to capture the Blood Pressure Drop In data. It may be a good idea to familiarise yourself with the service on PharmOutcomes and the information that is required to complete a record before you need to use the system (please do not add a test patient as this will trigger a false claim). See p20.
A Engagement and Screening

Key steps
1. Proactively offer a free blood pressure test to all customers who appear to be over 40
2. Ask the client if they:
   • Have been told they have high blood pressure or are on treatment for high blood pressure
   • Have had a blood pressure test within the last 6 months
   • Are aged under 40
3. If the answer to all of the above is ‘no’, proceed to next stage.
   If the answer to any of the above is ‘yes’, the campaign is not intended for the client. Explain to the client that they don’t meet the criteria for a check. However, if the client wants to be tested, it is reasonable to do so as per the procedure below.

Engagement
In order for the campaign to be a success, the whole pharmacy team will need to be pro-active in offering blood pressure measurement to all customers and patients who appear to fall into the over 40 age group. This should include:

   • Proactively initiating discussions with customers
   • Displaying posters and leaflets within the pharmacy and highlighting these to people visiting the pharmacy
   • Targeting those collecting a prescription (you’ll know if they are over 40 and can exclude those on an antihypertensive)
   • During another service – MUR, NMS, Stop Smoking Service etc.

The key facts about high blood pressure (p5) can be used when introducing the topic with customers. The following phrases may be useful when introducing the topic.

   “Have you seen that we are part of the Blood Pressure Drop In – would you like a free blood pressure check?”

   “We are offering all customers over 40 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?”

   “High blood pressure is estimated to cause over 20% of heart attacks and 50% of strokes. Those with high blood pressure rarely have symptoms. Would you like a free blood pressure check today?”

Screening
Once a conversation has been started about blood pressure you need to screen the client to establish that they are eligible as the Blood Pressure Drop In should not be offered to those who:

   • Have been told they have high blood pressure or is on treatment for high blood pressure
   • Have had a blood pressure test within the last 6 months
   • Are aged under 40 years old

Tools
The Blood Pressure Drop In poster
**B Introduction and client information**

**Key steps**

1. Move into the area where the blood pressure measurements are to be taken.

2. Welcome discussion – take a moment to help the person relax and explain what they can expect in the next few minutes (some opening questions, BP measurement, explanation of their reading, and a discussion around lifestyle).

3. Ask questions 1 to 8 from the Data Collection Form and record the initial information from the individual (reassure this is completely anonymous).

If the member of the pharmacy team who initiated the conversation is not trained to be able to take blood pressures they should transfer the client to a suitably trained member of staff.

If you didn’t undertake the initial engagement and screening with the client introduce yourself and explain that you will be taking the blood pressure.

Move to either consultation room or suitable area of pharmacy 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 of minutes before the readings are taken. The introduction and client information section allows for this to happen.

Explain that the information recorded is anonymous.

Explain what the Blood Pressure Drop In will entail:

- some opening questions
- measurement of the blood pressure
- explanation of their reading
- a discussion around lifestyle

You may wish to discuss what blood pressure is and why high blood pressure is harmful. You may wish to use the British Heart Foundation Blood Pressure information booklet (sent to all pharmacies at the start of the campaign) to help with this discussion.

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**What is blood pressure?**

Blood pressure is the pressure of the blood in your arteries. You need a certain amount of pressure in your arteries to keep the blood flowing around your body. Your heart pumps blood around the body through the arteries, by contracting and relaxing. 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 that during today’s reading we will suggest that you go to your doctors surgery and make an appointment to see the nurse.
**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.

Work through the section B of the Data Collection form (questions 1 through 8) recording the clients responses as you go along.

The Age and Ethnic group show card may be useful when asking Q4 and Q8.

**Tools**
- Data Collection form
- Age and Ethnic group show card
C Measure and interpret blood pressure

Key steps

1. Ensure client has had 5 minutes to relax by this point before commencing testing.

2. Measure the blood pressure in both arms and record the highest reading. Use the arm with the highest reading if further BP measurements are needed.

3. Follow the flow chart to decide if the BP measurement should be repeated:

   - If the first reading is below 140/90, the blood pressure is normal and no further readings are required
   - If the first reading is above 140/90 take two further measurements at least one minute apart
   - If the first reading is above 140/90 and either the second or the third reading is above 140/90, the blood pressure can be said to be high on this occasion

4. Complete section C (questions 9-10) on the Data Collection Form.

It is essential that the blood pressure taken is accurate 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 Blood Pressure UK and British Hypertension Society guidance.

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

The person being tested 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
- Wear loose clothing on their upper arm or remove arm from sleeve. It does not matter which arm you use.
Cuff size:
- Ensure the correct cuff size is used – this is determined by the arm circumference as in table below. 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.

<table>
<thead>
<tr>
<th>Cuff Sizes</th>
<th>Indication</th>
<th>Width (cm)*</th>
<th>Length (cm)*</th>
<th>BHS Guidelines Bladder width &amp; length (cms)*</th>
<th>Arm circ. (cm)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Adult/Child</td>
<td>10 - 12</td>
<td>18 - 24</td>
<td>12 x 18</td>
<td></td>
<td>&lt; 23</td>
</tr>
<tr>
<td>Standard Adult</td>
<td>12 - 13</td>
<td>23 - 35</td>
<td>12 x 26</td>
<td></td>
<td>&lt; 33</td>
</tr>
<tr>
<td>Large Adult</td>
<td>12 - 16</td>
<td>35 - 40</td>
<td>12 x 40</td>
<td></td>
<td>&lt; 50</td>
</tr>
</tbody>
</table>

The technique:
- Clean your hands using alcohol gel and ensure you are bare below the elbow
- 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
- 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 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. Most cuffs have this marked on them
- 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.

The measurement:
- Measure the BP in both arms (unless person has requested one arm not to be used) and record the highest reading
- If the recorded reading is below 140/90mmHg, the blood pressure is normal and no further readings are required
- If the recorded reading has a systolic (upper reading) of below 90mmHg take two further measurements
- If the recorded reading is above 140/90mmHg (or either the systolic alone is above 140mmHg or the diastolic alone is above 90mmHg) take two further measurements
- Take subsequent measurements at least one minute apart. Use the arm with the highest reading for further BP measurements
- If either the second or the third reading is above 140/90mmHg, the blood pressure can be said to be high on this occasion
- Record the blood pressure readings on both the Data Collection Form (Q9-10)

Tools
- Data Collection Form
- BP monitor and cuff
- British Heart Foundation Blood Pressure information booklet
D  Explain the blood pressure results and next steps

Key steps

1. 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.
2. Be clear that if a client’s BP is raised it does not mean that they have a diagnosis of high blood pressure – they will need further tests to establish this.
3. Explain what the client’s blood pressure readings mean.
4. Take action as below:

<table>
<thead>
<tr>
<th>If the BP is low (the systolic or upper reading below 90)</th>
<th>If the BP is below 140/90</th>
<th>If the blood pressure is between 140/90 and 179/100</th>
<th>If the BP is above 180/110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise the person being tested that low BP is often normal but that they should see their practice nurse within 2-3 days for a check (with referral letter).</td>
<td>Explain to the person being tested that their blood pressure is normal. Give lifestyle advice on how to maintain a healthy BP (see lifestyle section)</td>
<td>Explain the risks associated with raised blood pressure. Reassure the person being tested that there is no cause for alarm but that is important not to ignore the reading and to repeat the test in the near future. Explain that they will need further BP tests to help decide whether they have high blood pressure and whether they will need medicines to treat it. Recommend that they make an appointment to see their practice nurse within 2 weeks (with referral letter) and reassure them that they do not need to be seen more urgently than that.</td>
<td>Explain the risks associated with raised blood pressure. Tell them that their blood pressure is high and that they may need treatment to lower it. Explain that they will need further BP tests to help decide if they have hypertension and whether treatment will be needed. Recommend that they make an appointment to see their practice nurse or GP within 2-3 days (with referral letter).</td>
</tr>
</tbody>
</table>

Issue record card to all participants and offer BHF blood pressure leaflet

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 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 booklet (sent to all pharmacies at the start of the campaign) to help with this discussion.
Blood pressure readings

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.

Understanding how to manage your blood pressure allows you to take more control of your condition, and also helps prevent complications.

The specific action to take depends on the blood pressure measurements and is outlined below.

**Low Blood Pressure - Systolic (upper reading) below 90**

Low blood pressure = First reading has a systolic (upper) reading below 90 and a reading of below 90 was seen either on the second or third measurement.

If the BP is low advise the person being tested that low BP is often normal but that they should see their practice nurse within 2-3 days for a check.

Complete a referral letter and give this to the client.

Complete and issue a Record Card to the client.

**Normal Blood Pressure - BP is below 140/90mmHg**

Normal BP= all readings below 140/90mmHg or first reading was above 140/90mmHg but the subsequent two readings were both below 140/90mmHg.

If the BP is below 140/90mmHg explain to the person being tested that their blood pressure is normal.

Give lifestyle advice on how to maintain a healthy blood pressure (outlined in next section).

Complete and issue a Record Card to the client.

**Raised / High Blood Pressure - BP is between 140/90 and 179/100mmHg**

Raised / High BP= first reading was between 40/90mmHg and 179/100mmHg and either both or one subsequent reading was between 40/90mmHg and 179/100mmHg. If either the systolic (upper) reading or diastolic (lower) reading was in this range (with the other reading being within the normal range) the blood pressure still falls into this raised / high blood pressure category.

If the blood pressure is between 140/90mmHg and 179/100mmHg explain that this reading is raised, however this does not mean that they have a diagnosis of high blood pressure – the client will need further tests to establish this.
Explain the risks associated with raised blood pressure (why is high BP harmful), reassure the person being tested that there is no cause for alarm but that is important not to ignore the reading and to repeat the test in the near future.

**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.

**What happens next if my blood pressure is high?**
Your nurse may suggest that you have a 24 hour blood pressure monitor fitted to take home, or home blood pressure monitoring, before confirming that you have raised blood pressure. If you then need treatment for high blood pressure, sometimes lifestyle changes are enough (eg salt and alcohol intake, weight loss and exercise), and sometimes you need to take medicines as well. The important thing is not to ignore a blood pressure reading that is raised because if you do have high blood pressure, treatment with lifestyle change or medicines can dramatically reduce the risks to your health.

Explain that they will need further BP tests to help decide whether they have high blood pressure and whether they will need medicines to treat it.

Complete a referral letter and recommend that they make an appointment to see their practice nurse within 2 weeks (with the referral letter) and reassure them that they do not need to be seen more urgently than that.

Complete and issue a Record Card to the client.

**Raised / Very High Blood Pressure - BP is above 180/110mmHg**
Raised / Very High Blood Pressure= first reading was above 180/110mmHg and either both or one subsequent reading was above 180/110mmHg. If either the systolic (upper) reading or diastolic (lower) reading was in this range (with the other reading being within the normal/ high range) the blood pressure still falls into this very high blood pressure category.

If the blood pressure is above 180/110 explain that this reading is raised, however this does not mean that they have a diagnosis of high blood pressure – the client will need further tests to establish this.

Tell them that their blood pressure is high and that they may need treatment to lower it. Explain that they will need further BP tests to help decide if they have hypertension and whether treatment will be needed.

Explain the risks associated with raised blood pressure (below), reassure the person being tested that there is no cause for alarm but that is important not to ignore the reading and that they make an appointment to see their practice nurse or GP within 2-3 days.
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.

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Your nurse may suggest that you have a 24 hour blood pressure monitor fitted to take home, or home blood pressure monitoring, before confirming that you have raised blood pressure. If you then need treatment for high blood pressure, sometimes lifestyle changes are enough (eg salt and alcohol intake, weight loss and exercise), and sometimes you need to take medicines as well.
The important thing is not to ignore a blood pressure reading that is raised because if you do have high blood pressure, treatment with lifestyle change or medicines can dramatically reduce the risks to your health.

Complete a referral letter and recommend that they make an appointment to see their practice nurse or GP within 2-3 days (with the referral letter).

Complete and issue a Record Card to the client.

Further information for certain clients being referred:

- **If the person being referred is not GP registered**, please check that the client knows the location of their local GP and advise that they should head in (if possible) with photo ID and proof of address to get registered. Emphasise the importance of acting on their reading to protect their future health.
- **If client needs help finding a GP share your local knowledge** – if you don’t have relevant information, you can suggest they contact Wakefield Citizens Advice on 0844 499 4138 / Wakefield Clinical Commissioning Group on 01924 213050 / Wakefield Council on 0845 8 506 506, or consult the NHS online database if they can access the internet [http://www.nhs.uk/Service-Search](http://www.nhs.uk/Service-Search)
- **If client is reluctant or may struggle to register**, consider what additional support you can offer (e.g. ringing ahead to a surgery, offering to call them in a day or two to check they are making progress)
- **In the cases of an urgent referral (to be seen in 2-3 days)**, unregistered clients can visit Wakefield’s walk-in centre open 8am-8pm every day (King Street Equitable Access Centre, Coronation House, 47 King Street, Wakefield, WF1 2SN)
- **If the person being referred is already diagnosed as having high blood pressure**, please mark ‘known hypertensive’ by hand on the letter

Tools
Results card
Referral letter
BHF Blood Pressure information booklet
**E Lifestyle discussion on maintaining a healthy blood pressure**

**Key steps**

1. Engage in a brief discussion about their current lifestyle habits (diet, smoking, physical activity, alcohol, weight).

2. Provide general advice on improving lifestyle and reducing risk factors in line with the usual advice and information provided.

3. Reinforce this advice where necessary with written information and/or links to online resources. Signpost to support services as required.

4. Record any advice and signposting provided on the Data Collection form Q11.

Engage in a brief discussion about their current lifestyle habits (diet, smoking, physical activity, alcohol, weight). This discussion should be in line with your normal practice and the information that you provide following a routine pharmacy blood pressure check.

Provide general advice on improving lifestyle, reducing risk factors and signpost on to relevant services. This will be as you already carry out for the essential service, public health. You can use either the leaflets already available in the pharmacy or you could use the leaflets sent to you as part of the campaign to back up the verbal advice given.

The advice can be reinforced with written information and/or links to online resources.

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

<table>
<thead>
<tr>
<th>The effect of diet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salt</strong> 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.</td>
</tr>
<tr>
<td><strong>Eating a low-fat diet</strong> 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.</td>
</tr>
<tr>
<td><strong>Caffeine</strong>: 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.</td>
</tr>
</tbody>
</table>

**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. Get help to stop smoking as you are more likely to quit.

**Help to stop smoking**

Free local support and advice; group or individual appointments; nicotine replacement therapy

**Contact:** Stop Smoking Service South West Yorkshire NHS Quit Shop, 21 Northgate, Wakefield WF1 3BJ, Tel 01977 465449

**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 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](http://www.nhs.uk/Livewell/fitness/Pages/Activelifestyle.aspx).

The ‘Get Healthy Get Active’ exercise referral

The ‘Get Healthy Get Active’ Scheme puts clients in touch with a dedicated team Health and Wellbeing Activators who will work with you to plan a programme activity suited to your needs. The Health and Wellbeing Activators will provide you with a professional, understanding and confidential service

**Contact:** your practice nurse to ask for a referral.

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**Alcohol**

Regularly drinking alcohol above what the NHS recommends will raise your blood pressure over time.

- Men should not regularly drink more than three-to-four units a day.
- Women should not regularly drink more than two-to-three units a day.

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](http://www.nhs.uk/livewell/alcohol/pages/alcohol-units.aspx). Alcohol is also high in calories, which will make you gain weight. This will also increase your blood pressure.

**Help to cut down on alcohol**

**Contact:** Spectrum Community Health – Wakefield Alcohol Team, White Rose House, West Parade, Wakefield, WF1 1LT, Tel: 01924 311425, [www.wisms.org.uk/spectrum-community-health-cic](http://www.wisms.org.uk/spectrum-community-health-cic)

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**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.

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](http://www.nhs.uk/LiveWell/Loseweight/Pages/Loseweighthome.aspx)

**Health trainers can help with:**

- Healthy eating
- Losing weight with programmes
- Physical activity
- Stopping smoking
- Reducing stress and anxiety
- Cutting down on alcohol
- Social isolation

**Contact:** Health trainers, South West Yorkshire Partnership NHS Trust, Castleford and Normanton District Hospital, Hightown, Lumley Street, WF10 5LT, Tel: 01977 665717 (24hr confidential answer machine available out of hours) [www.southwestyorkshire.nhs.uk/our-services/wakefield/health-trainers/](http://www.southwestyorkshire.nhs.uk/our-services/wakefield/health-trainers/)

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**Tools**

Lifestyle leaflets from pharmacy health promotion display (held as part of essential services)

Health trainer leaflet

Shape your Weigh leaflet

Smoking cessation leaflet
**F Closing**

**Key steps**

1. Remind client that all data on them is kept completely anonymously
2. Take this opportunity to advertise the NHS Health Check
3. FINAL CHECK: Have you given the client their record card, any necessary leaflets and (if needed) referral letter?
4. Thank the client for their taking part in the Blood Pressure Drop In

Thank the client and remind them that all data will be kept completely anonymously.

We ask that pharmacies take this opportunity to advertise the NHS Health Check so that people understand that there is a more comprehensive health check on offer and they should take up the offer of a health check if they are invited by their GP surgery.

**NHS Health Check**

“If you are between 40 and 74, every 5 years you will be invited to have an NHS Health Check. This is a different and more comprehensive check-up than our test today. This may be carried out at your GP practice or elsewhere. The health check helps you to measure your risk of developing diabetes, heart and kidney disease and stroke and to prevent or delay the onset of these conditions. Make sure you book your appointment when you receive the invitation.”
Records

The data from the Blood Pressure Drop In should be promptly recorded on PharmOutcomes, ideally on the same day and within 48 hours of the blood pressure measurement.

Entering data onto PharmOutcomes MUST NOT be left until the end of the campaign.

The Blood Pressure Drop In data collection forms should be retained in the pharmacy in a safe and secure manner and protected from unauthorised access (in line with the NHS guidance for record retention) for at least three months following the campaign after which time the paper records can be shredded / destroyed as confidential waste.

PharmOutcomes

Accessing PharmOutcomes
PharmOutcomes is accessed at: www.pharmoutcomes.org.uk

All pharmacies have previously been sent a user name and password details for the PharmOutcomes. PharmOutcomes was used to record the Community Pharmacy Contract Assurance assessment which was sent to the NHS England Area Team in October 2013.

If you have misplaced or lost your log on details please contact the PharmOutcomes helpdesk by either:
- Go to www.pharmoutcomes.org.uk and click the Help button
- Call the Helpdesk on 0330 660 0689 and leave a message clearly stating your location, your phone number and a brief description of the problem you are experiencing

User Guides
There are several guides to assist you with using the new PharmOutcomes. These can be accessed by clicking the help tab. Guides are available for various topics such as creating new users.

Recording Campaign Activity
Campaign activity can either be recorded during the consultation or input after the consultation. The Data Collection form captures all the information that is required. PharmOutcomes will not allow you to save the data unless all the information is recorded so please ensure that you fully complete all the 11 questions on the Data Collection form.

1. Log onto PharmOutcomes.
2. Click the Services Tab.
3. On the left-hand side find and click on Blood Pressure Drop In.
4. Enter the data.
5. Click Save. This will save the data onto the system and also trigger a claim.
6. Ensure you have a process set up in the pharmacy to prevent a client’s information being entered twice. You may wish to write ‘PharmOutcomes’ onto the front of the Data Collection form to show that the information has been entered onto PharmOutcomes. It may be a good idea to familiarise yourself with the service on PharmOutcomes and the information that is required to complete a record before you need to use the system (please do not add a test client as this will trigger a false claim).
Pharmacies who require further information on the use of PharmOutcomes should contact Ruth Buchan, ruth@cpwy.org

**Training and Person Requirements to Deliver the Service**

Each pharmacy should determine which staff are appropriately trained and competent to carry out the blood pressure measurements.

Community pharmacy West Yorkshire will also be offering training to your pharmacy in March 2014 on Cardiac Health and Blood Pressure.

Wakefield Council will also support your pharmacy with promotion materials, expert advice and support visits from a local health trainer to discuss the Blood Pressure Drop in.

**Promoting the campaign**

As this is one of the six public health campaigns all Wakefield pharmacies are required to participate in in 2014, we ask all pharmacy teams to try and promote the campaign. This involves looking out for chance moments to engage with your customers – especially if they appear to belong to one or more of the target audience groups – to help identify the large number of people who have high blood pressure but are not aware of it.

All pharmacies (even those who are not testing locations) have been provided with awareness flyers identifying where the temporary testing points are, and leaflets to support brief opportunistic lifestyle advice.

As a pharmacy who has been selected as a Blood Pressure Drop In site the pharmacy should be proactive in promoting both the campaign messages and offering blood pressure checks.

**Payment**

The pharmacy will be paid £3 per Blood Pressure Drop In client data recorded on PharmOutcomes. Payments will be made based on the information recorded on PharmOutcomes. Payments will be made to pharmacies at the end of April and the end of May. Payments will be made via BACS transfer with a remittance advice being sent to each pharmacy at the same time that the payments are made.

The campaign has allowed compensation for a significant level of participation in the campaign, but should performance exceed this we may need to give warning of a discontinuation of payment, after which point data collection would be optional. This is unlikely to occur, but if this is likely a message will be sent to all participating pharmacies informing them of this.

**Key Contacts**

**Blood Pressure Drop In team**

If you would like to know more about this pilot campaign, please do not hesitate to contact the team via bloodpressure@phe.gov.uk
Community Pharmacy West Yorkshire
Nigel Hughes
Public Health Specialist
E-Mail: nigel@cpwy.org
Mobile: 07702 506 376

Ruth Buchan
Service Development Manager
E-Mail: ruth@cpwy.org
Mobile: 07718 192 287

Health Trainer Team
Jill Poole
Health and Wellbeing Development Worker Manager
South West Yorkshire Partnership NHS Foundation Trust
Castleford Normanton and District Hospital
E-Mail: Jill.Poole@swyt.nhs.uk
Tel 01977 665705 or Mobile 07771677858
Fax 01977 705473

Resources to support delivery of the service

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Product Description</th>
<th>Order additional copies from</th>
</tr>
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<tbody>
<tr>
<td>Results card</td>
<td>Data collection form</td>
<td>Resources will be sent to each pharmacy at the beginning of the campaign. These resources should be sufficient to cover the full campaign period. If stocks are running low please contact <a href="mailto:ruth@cpwy.org">ruth@cpwy.org</a></td>
</tr>
<tr>
<td>Referral letters</td>
<td>Showcard (for Q4 and Q8)</td>
<td></td>
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<tr>
<td>Health Trainer leaflet</td>
<td>Poster</td>
<td>TBC</td>
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<tr>
<td>Shape Your Weight</td>
<td>Smoking Cessation leaflet</td>
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<tr>
<td></td>
<td>British Heart Foundation (BHF) Blood Pressure information booklet</td>
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