

**Welcome to the November 2021 CPWY Committee Blog!**

**Hypertension Case Finding Service – will this be our best opportunity to collaborate with our General Practice colleagues, forge strong relationships and increase engagement from practices with all other services within the Community Pharmacy Contractual Framework?**

Like me, currently your to do list will be massive and include delivering our biggest ever flu vaccination programme, staff training, undertaking quality audits through the Pharmacy Quality Scheme, collaborating with your community pharmacy PCN Leads on flu, supporting more patients with the New Medicine Service, dispensing significant increases in prescription volumes and we continue to support and help all our patients who are waiting or struggling to access and navigate other parts of the health system.

We are doing all this during a massive pharmacy workforce crisis impacting the community pharmacy network and not to mention the financial difficulties our contractors are facing. Despite these challenges, we continue to see some real progress with new and exciting clinical services being launched through Year 3 of the Community Pharmacy Contractual Framework (CPCF). **The community pharmacy network has shown remarkable resilience over the last 22 months and continues to positively embrace every new service introduced through our contractual framework.**

The Hypertension Case Finding Service was launched on 1st October 2021 and offers the sector massive opportunities to demonstrate our wider clinical role to our local and national leaders and commissioners.

I am guessing many of you, understandably will be hoping to start planning and implementing this new service probably after Christmas in the early new year. [PSNC has prepared lots of resources](#) that we can use to support the implementation and delivery of the service and I would recommend you [watch the PSNC / NHSE&I on-demand webinar](#) too.

### **Service Funding and Incentive Fees**

I think it is important to highlight and understand the incentive funding for the service, which will help cover the costs of the equipment that will need to be purchased before you start providing the service.

- A set-up fee of £440
- A fee for each clinic check of £15 and £45 for each ambulatory monitoring
- An incentive fee of £1,000 will be available if 5 Ambulatory Blood Pressure Monitoring (ABPM) interventions are provided in 2021/22
- Followed by a payment of £400 in the subsequent years if the pharmacy reaches the thresholds for those years (15 ABPM interventions will be required in 2022/23 and 20 in 2023/24).
- So, the total **maximum available incentive funding is £1,800 per contractor.**
- If a contractor signs up after Year 3 or fails to achieve the 5 ABPMs during 2021/2022, then you can earn £1,000 by doing 15 ABPM interventions during 2022/2023 and therefore the maximum funding available will be reduced to **£1,400.**
- These **incentive payments will be funded outside the pharmacy global sum** by NHSE&I.

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## Working Together with General Practice and Primary Care Networks

*Could a well-planned and successful local launch of the hypertension service act as a catalyst to increase practice and PCN engagement with GP CPCS and other new services being introduced through the community pharmacy contractual framework?*

Personally, I believe YES it could. It's a very simple service which all colleagues across general practice can understand and relate to and will help Clinical Directors and general practice colleagues think differently about community pharmacy. Through our discussions, we still need to continue to help general practice recognise the extra capacity we could generate if community pharmacy could support them with ad-hoc clinic checks and referrals for ABPM. The [PSNC briefing for GP teams](#) will help you in explaining the service.

### Planning and Top Tips

As you start to plan the service, here are some points you may wish to consider:

- How much capacity could be released within general practice if requests for ad-hoc clinic check/ambulatory monitoring were referred to a community pharmacy?
- Do practices within your PCN currently have a backlog /waiting list of patients needing 24-hour ambulatory blood pressure monitoring? Supporting with any waiting lists could help you achieve your incentive payment targets sooner.
- Is there a need for pharmacies within a PCN to collaborate and promote this new service in a coordinated and planned manner, similar to the PCN NHS Flu Vaccination Plan, instead of individual communications and meetings with practices? Without collaboration each pharmacy approaching the GPs will create unnecessary duplication and burden on practices as they try to manage this busiest winter.
- Do we need to engage with the wider General Practice team e.g. Practice Manager, Admin Manager, Practice Nurse etc?
- Have you considered availability of validated monitors and delivery times to ensure this does not reduce the time you have to achieve your ABPM targets during 2021/2022?
- Work through the [PSNC contractor checklist](#) to prepare to provide the hypertension case-finding Advanced service. Further information on the service and resources can be found at [psnc.org.uk/hypertension](https://psnc.org.uk/hypertension).

Being busy with the service implementation, we must not forget our long-term ambition and service outcomes to help identify the estimated 5.5 million people who have undiagnosed hypertension and help save 2,000 lives in 5 years. Hypertension is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England.

**I wish you and your team great success with launching the Hypertension Service.**

**Abbas Bashir**

**[Committee Member of Community Pharmacy West Yorkshire](#)**

