

Hypertension Connect Event 15th February 2022

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Ruth Buchan & Alison Hemsworth
Community Pharmacy West Yorkshire



Introductions



Thank you to our sponsors

Karen Wade – Regional Market Access Manager – Aspire Pharma



Webinar Housekeeping: Using Zoom

If you have a question, click on the chat icon in the tool bar and a window opens on the screen. Type in your message and the presenter will either respond during the webinar or your question will be answered during the Q&A at the end.



We will be recording this meeting and making available on our website.



NHS Community Pharmacy Hypertension Case-finding Advanced Service (NHS Community Pharmacy Blood Pressure Check Service)

Welcome

• Thank you for joining this Connect Event at such a busy and stressful time.

Aims for the event

- Ensuring the pharmacy team know how to recognise a patient/ customer who may have undiagnosed hypertension.
- Making clinical handovers back to GP practices.
- Patient safety and the importance of a positive patient experience.
- Completing referrals and service funding.
- Question and answer session.



Before we get going.....

- ❖ How are you getting on with this service?
- ❖ What help/resources do you need from CPWY?
- ❖ Please type your responses in the chat bar.



Background soundbites

- Cardiovascular disease (CVD) is one of the leading causes of premature death in England, affecting seven million people and accounting for 1.6 million disability adjusted life years.
- Financial burden on the NHS of approximately £9 billion per year.
- 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.
- An estimated 5.5 million people have undiagnosed hypertension across the country.
- Residents of the most deprived areas in England are 30% more likely to have high blood pressure (BP) compared to those in the least deprived areas

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Contribution towards important targets

- In February 2019, as part of the Cardiovascular Disease Prevention System Leadership Forum, NHSE&I published new national ambitions for the detection and management of the high-risk conditions.
- The ambition for hypertension is that:
 - **80% of the expected number of people with high BP are detected by 2029, AND**
 - **80% of the population diagnosed with hypertension are treated to target.**
- At the time of publication of the NHS Long Term Plan, NHSE&I and Public Health England (PHE) estimated **less than 60% of people with hypertension had been diagnosed.**

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Aims of the service

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements; and
- Provide another opportunity to promote healthy behaviours to patients.

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Patient eligibility

Inclusion criteria

- Adults ≥ 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

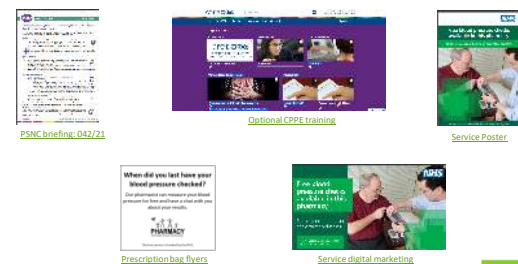
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Recognition of undiagnosed hypertension

- All adults over 40 are advised to have their blood pressure checked at least every 5 years.
- In addition the [NHS website](#) advises members of the public to get a blood pressure check if they:
 - Are overweight
 - Have a diet high in salt
 - Have little to no exercise
 - Have a high alcohol or caffeine intake
 - Smoke
 - Have little or disturbed sleep
 - Are over 65
 - Have a relative with high blood pressure
 - Are of black African or black Caribbean descent
 - Live in a deprived area
- Many of these things can also be used by members of the pharmacy team as verbal or visual clues that someone may be eligible for the hypertension case-finding service.

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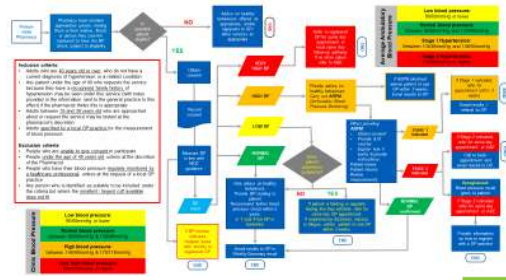
Resources to help find undiagnosed patients



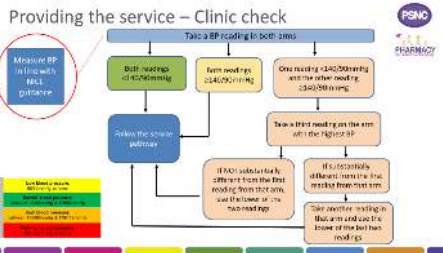
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Patient Pathway

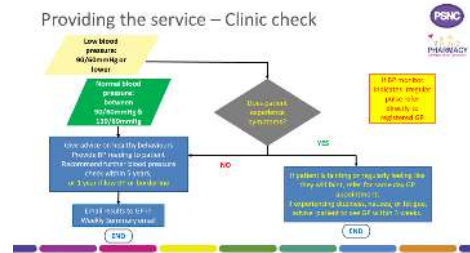
Full Hypertension Service Pathway



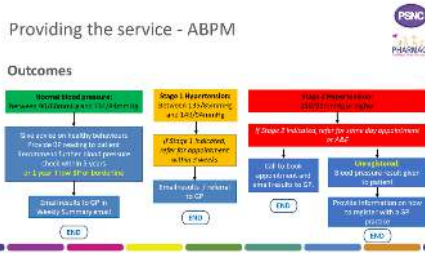
Clinic Check Pathway



Clinic Check Pathway (2)



APBM Pathway



Resources to support provision of the service

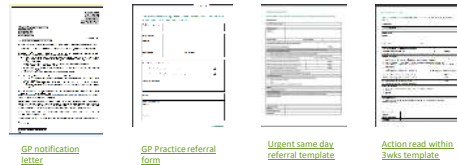


Good Clinical Handover

- Make sure that your local GP practices know that you are providing the service and therefore will be making referrals (see also PSNC [FAQs](#))
- Engagement also allows conversations to take place about which patient groups they will refer to the pharmacy.
- What the route of referral will be e.g. NHSmail
- Ensure your referral is clear and that notes are contemporaneous
- Ensure the minimum data set as set out in Appendix B of the service spec is shared with GPs
- Don't leave the GP guessing the purpose of your communication
- Be clear about the urgency of the referral
- Be available for further conversation about the patient including what other services you could provide if the patient is prescribed medication e.g. NMS

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Resources to aid good clinical handover (also see slide [24](#))



GP notification letter

GP Practice referral form

Urgent same day referral template

Action read within 24hrs template

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Patient Safety and Positive Experience

- Ensure that the equipment being used to take BP meets the standards set out in the [service spec](#) (see also PSNC [FAQs](#))
- Ensure all staff are appropriately trained and have read the SOP
- Be clear in your SOP about the use of flexibilities (pharmacist's discretion) around which patients are eligible for this service.
- Ensure correct agreements are in place for off-site provision of the service
- Have a range of patient information literature on hand so that the patient can assure themselves that you are offering a safe and integrated service
- Ensure the patient understands the consenting process

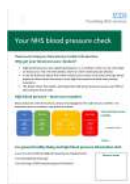
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Patient Safety and Positive Experience (2)

- Don't forget to build in healthy lifestyle advice as part of the consultation
- Offer the patient additional services that you provide if appropriate (e.g. NMS if they are subsequently started on medication)
- Always send the patient's results to their GP even if they are normal
- Know what to do if the patient can't tolerate an ABPM machine
- Know the required process if a patient doesn't return for their ABPM results
- Be aware of contractor's responsibilities to help a patient make an appointment if the referral is urgent
- Be aware of any local adaptation requested by the PCN e.g. refer to a UTC instead of a GP if patient needs urgent referral
- Be aware of NICE guidance in terms of how frequently patients should have their BP checked and are therefore eligible for a repeat service.
- Keep a record of any incidents in line with Terms of Service

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Resources to support good patient experience



Patient leaflet to support understanding of readings



Patient leaflet to promote the service

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Completing referrals

- ❖ There are no specific requirements set for referrals from general practice to allow contractors to work with general practices to agree a local process which will work for both parties. Different practices may require different levels of support, so an open approach allows flexibility for contractors to support each practice as needed at a local level.
- ❖ Pharmacies can use the NHS Service Finder to look-up non-public email and non-public telephone numbers (where available) for general practices. Pharmacies should then confirm with the practice that the identified email address is suitable as a secure email that they can be used to send notifications or referrals to.
- ❖ Referrals from GPs can be for any age group
- ❖ The service specification does not accommodate referrals to community pharmacy from secondary care
- ❖ Separate referral forms for GPs and CPs to use (see [slide 20](#))

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Service Funding

- ❖ Set up fee = £440
- ❖ Clinic check = £15/patient
- ❖ ABPM check = £45/patient
- ❖ If clinic blood pressure measurements or ABPM are provided at the request of a general practice, the service fees set out above will be paid to the contractor.

Incentive Payments

- ❖ An incentive fee of £1,000 will be available in the first year of service provision, followed by a payment of £400 in subsequent years if the pharmacy reaches the specified thresholds for those years.
- ❖ Thresholds
 - ❖ 5 ABPM checks in 2021/22
 - ❖ 15 ABPM checks in 2022/23
 - ❖ 20 ABPM checks in 2023/24
- ❖ Thresholds must be reached by 31st March in relevant year.
- ❖ Contractors who sign up after 2021/22 must achieve the ABPM activity thresholds specified for the given financial year and will receive £1,000 as a first payment.
- ❖ If a contractor signs up in 2021/22 and fails to do five ABPM checks, they can earn £1,000 by doing 15 ABPM checks in 2022/23.

Making Claims

- ❖ Submit via Manage Your Service (MYS) portal
- ❖ Ensure minimum data set as set out at Appendix C of the service spec is provided to NHSBSA
- ❖ Make claims on a monthly basis
- ❖ If elements of the service straddle more than a month claim once all necessary elements have been provided.
- ❖ Eventually an application programming interface (API) will be available for this service. We anticipate this being on a provider pays basis akin to CPCS.

Questions

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