

HYPERTENSION CASE FINDING SERVICE

Your health challenge

- Hypertension is the main risk factor for stroke and a major risk factor for heart attack, heart failure and kidney disease¹
- People with hypertension are three times more likely to develop heart disease and stroke, and twice as likely to die from these as people with a normal blood pressure¹

Fact: Approximately one third of people with hypertension do not know they have it¹



How can community pharmacies help?

Pharmacy teams can offer blood pressure testing to a wide range of patient and demographic groups.

Community pharmacy-based interventions to prevent, detect and manage hypertension are recommended in national guidance from Public Health England (PHE) and NHS England.²

Results from pharmacy services in the past have included:

- In a Liverpool service, 14.5% of 1,154 tested patients were found to have undiagnosed hypertension and nearly 30% of patients with a hypertension diagnoses had inadequate management and needed urgent referral,³ and
- In a West Yorkshire campaign involving 2,019 patients tested in pharmacy, 20% of patients were found to have hypertension.⁴

The use of ambulatory or home blood pressure monitoring will ensure that only patients who are consistently hypertensive will get referred to their GP, thus reducing the likelihood of unnecessary referrals to GP practices.

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What the experts say

“Community pharmacies are absolutely at the heart of the clinical response to this issue. They have a great opportunity, because they have such a footfall through the door, and they are often much more accessible to individuals to have their blood pressure tested.”⁵

Jamie Waterall, National Lead for Cardiovascular Disease Prevention, PHE

We cannot rely on general practice alone to get ahead of epidemic curve and make a step change. We know pharmacists are equipped and scaled in testing blood pressure and communicating results and community pharmacist can help support adherence.”⁶

Kevin Fenton, Director of Health and Wellbeing, PHE

1. Blood Pressure UK website – Facts and stats (accessed 11th June 2019)

2. Pharmacy Voice, Tackling high blood pressure through community pharmacy (2016)

3. Liverpool City Council, Liverpool Know Your Numbers evaluation (2018)

4. PHE, Wakefield Blood Pressure Pilot Evaluation (2014)

5. PHE, Public health matters blog, Health Matters: your questions on combating high blood pressure (2017)

6. Royal Pharmaceutical Society congress speech (2014)

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Potential benefits of a community pharmacy hypertension case finding service

1. Visited by patients more than any other healthcare provider

The number of patient contacts each day through community pharmacies exceeds those elsewhere in primary care. Often, they are visited by people even when they are in good health – including ‘apparently well’ people. An estimated 95% of people visit a pharmacy at least once a year.⁷ Community pharmacy teams are ideally placed to offer public health advice and support, and to ‘make every contact count’.

2. Location and convenience

Community pharmacy has a greater density in the most deprived areas. Community pharmacies are highly accessible locations; research has shown that 89.2% of the overall population and 99.8% of people from the most deprived areas live within just a 20-minute walk of a community pharmacy.⁸ This is consistently higher when compared with the population living within a 20-minute walk of a GP practice.⁹ Many community pharmacies are also open for extended hours in the evenings and weekends, again ensuring accessibility for patients.

3. Opportunistic testing can target hard-to-reach groups at greater risk

Patients do not need to make an appointment for a hypertension case finding service test in a community pharmacy. Patients can just present, at a time which is convenient for them, and have their blood pressure tested, again making it a convenient option.

Fact: As many as 5 million adults in the UK have undiagnosed hypertension, so will not know that they are at risk.¹⁰

4. Save NHS money and resources

Early detection means the patient can be initiated on treatment as soon as possible. For every 5mm/Hg reduction in blood pressure, the NHS could save £850 million over 10 years on related health and social care costs.¹⁰

How might your local service work?

A locally commissioned hypertension case finding service would allow patients with, or at-risk of, elevated blood pressure appropriate management to prevent many life-threatening conditions.

The pharmacy would offer eligible patients digital blood pressure monitoring, healthy living advice, support and signposting, including the offering of materials and where necessary, follow-up appointments.

The service could predominantly target specific demographic groups who are at highest risk, for example, males, manual workers and those who do not regularly engage with GPs or other healthcare professionals.

Where blood pressure is elevated, pharmacies can loan the patient a digital blood pressure monitor (ambulatory blood pressure monitor or home blood pressure monitor).

⁷ Royal Society of Public Health, *Reducing premature mortality: the role of community pharmacists* (2015)

⁸ Todd et al. *The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England*, (2014)

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The patient could then monitor their blood pressure at home for seven days, as recommended by the National Institute for Health and Clinical Excellence. This will ensure more consistent readings, before referring the patient to their GP practice.

Commissioners may also decide to incorporate extra elements to this service to further reduce the risk of major cardiovascular events. Patients could also receive a quick check for atrial fibrillation using a hand-held mobile device, making the result available within a few minutes. This service could be commissioned alongside a hypertension case finding service.

Pharmacy teams could have access to a secure, web-based recording system to check the patient’s eligibility and use this platform to send the results of the service consultation and results to their GP practice.

⁹ Todd A et al, *Access all areas? An area-level analysis of accessibility to general practice and community pharmacy services in England by urbanity and social deprivation*, (2015)

¹⁰ PHE, *Health matters: combating high blood pressure* (2017)

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