

BHR PCN - Supporting Health Population Management: Cardiovascular disease

Cardiovascular disease (CVD) is one of the leading causes of premature death in England and accounts for 1.6 million disability adjusted life 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. An estimated 5.5 million people have undiagnosed hypertension across the country. Those in the most deprived 10% of the population are almost twice as likely to die as a result of CVD than those in the least deprived 10% of the population.

Early detection of hypertension is vital and there is evidence that community pharmacy has a key role in detection and subsequent treatment of hypertension and CVD, improving outcomes and reducing the burden on GPs.

The Community Pharmacy hypertension case-finding service is an advanced service to support population health management and its aims and objectives are:

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (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.
- Promote healthy behaviours to patients.

Prior to provision of the service, the pharmacy contractor must:

- engage with local general practices and/or PCN colleagues to make them aware the pharmacy is participating in this service.
- The pharmacy contractor must seek to ensure the service is available throughout the pharmacy's core and supplementary opening hours.
- The service will be provided by a pharmacist, and they must be familiar with and follow the NICE Guideline (NG136) Hypertension in adults: diagnosis and management.
- Pharmacies must have a consultation room that will be used for the provision of the service.
- The pharmacy contractor must have a standard operating procedure (SOP) for the service, which includes the process for maintenance and validation of the equipment used.
- This is an NHS funded service which is free of charge to patients.

Inclusion criteria:

- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension.
- Patients, by exception, under the age of 40 who request the service because they have a recognised family history of hypertension may be provided the service at the pharmacist's discretion.
- Patients between 35 and 39 years old who are approached about or request the service may be tested at the pharmacist's discretion.
- Adults specified by a general practice for the measurement of blood pressure (clinic and ambulatory blood pressure checks).

Exclusion criteria:

- People who are unable to give consent to participate.
- People under the age of 40 years old, unless at the discretion of the pharmacist or unless they have been specified by a general practice for the measurement of blood pressure.
- People who have their blood pressure regularly monitored by a healthcare professional, unless the general practice requests the service is provided for the patient. Requests should be sent via a process which is agreed locally with general practices.

General Practice referrals: Adults specified by a general practice for the measurement of blood pressure (clinic and ambulatory blood pressure checks).

Practices are to refer to a chosen community pharmacy with the consent of the patient. The referral is to be sent via NHSmail to the pharmacy with the following information:

- Pharmacy name, address and ODS code
- Patient name
- Patient date of birth
- Patient address
- Patient NHS number
- Patient contact number
- Reason for referral
 - ABPM (community pharmacies will have one machine so a waiting list may be in place)
 - Clinic BP reading – not already diagnosed with hypertension
 - Clinic BP reading – hard to reach patient (does not attend practice) with a hypertension diagnosis.

The community pharmacy will contact the patient and agree an appointment date.

Should a patient fail to attend a scheduled pharmacy appointment as part of this service to be fitted with equipment for ABPM or an invitation to attend for a clinic Blood Pressure, the pharmacy team should make at least two attempts, on separate occasions, to contact the patient to rearrange the appointment. In the event of a failure to attend, the pharmacist should inform the patient's general practice, providing the initial clinic blood pressure (if done) measurements and notify them of the failure to attend to be fitted with equipment for ABPM.

Test outcomes

All test results must be sent via NHSmail to the general practices email for entry into the patient record. Practices should locally agree management and the process of the information received from the community pharmacy service.

For all test outcomes, the following information should be sent:

- Pharmacy name, address and ODS code
- Patient name
- Patient date of birth
- Patient address

- Patient NHS number
- Date of clinic reading
- Clinic reading (systolic/diastolic)
- Date ABPM device fitted
- ABPM reading (average daytime systolic/diastolic)
- ABPM reading (average night-time systolic/diastolic)
- ABPM reading (average 24hr systolic/diastolic)

There are three instances in which the above information will be sent to general practices.

Urgent, same-day referrals.

- a 'very high' clinic reading - A blood pressure of 180/120mmHg or higher
- a 'high' clinic reading whose ABPM results indicate stage 2 hypertension
- a "lower" reading - 90/60mmHg and patient is experiencing regular fainting or falls or feel like they may faint on a daily/near daily basis
- Irregular pulse: if the blood pressure monitor indicates an irregular pulse. The test should be repeated after five minutes. If the second reading still indicates an irregular pulse, then the patient should be urgently referred to see their GP the same day.

These urgent/same-days referrals will be urgently referred to see their GP the same day. During general practice opening hours the pharmacist should call the general practice while the patient is still in the pharmacy. If the pharmacist is unable to contact the general practice or the general practice is closed, the pharmacist will advise the patient to take appropriate action. Which may include referral to A&E if their GP cannot see them that same day. Patients will be given a record of their results.

The pharmacist will also inform the general practice by NHSmail. Any same day, urgent referrals, patient results must be sent immediately to their general practice with a standardised title, eg 'ACTION REQ TODAY: CP HYPERTENSION CASE- FINDING'.

Appointments within three weeks.

- a "lower" clinic reading - 90/60mmHg and the patient experiences dizziness, nausea or fatigue will receive advice promoting healthy behaviours and be advised to see their GP within three weeks. The pharmacist may ask about any prescribed or non-prescribed drugs or herbal products the patient is taking that might reduce their blood pressure. If the pharmacist believes the patient is at risk (such as of falling) they should support the patient to arrange an urgent GP appointment the same day.
- a 'high' clinic reading who subsequently give a 'high' ABPM reading a blood pressure of 140/90mmHg or higher, but lower than 180/120mmHg.

If a patient requires an appointment with their GP within three weeks, their results should be sent immediately with a standardised title, eg 'ACTION REQ WITHIN 3 WEEKS: CP HYPERTENSION CASE-FINDING'

A weekly summary email. All other test results should be sent on a weekly basis to general practices for patients who complete the service that week and do not need a referral. These results should be sent at the end of each week with a standardised title, eg 'WEEKLY SUMMARY OF BP MEASUREMENTS FOR ENTRY INTO PATIENT RECORDS'.

If a clinic blood pressure check is completed for a patient who requires subsequent ABPM, both results should be sent to the general practice after ABPM is completed. Patients who should be entered on the weekly summary to general practice are those with:

- a 'normal' clinic reading
- a 'high' clinic reading who subsequently give a 'normal' ABPM reading
- a 'low' clinic reading with no symptoms.

The transcript of ABPM information (the output data/report from the ABPM device) should be sent to the GP for every patient who has had ABPM with clear patient details so practice teams can match them to patients.

Participating Community Pharmacies

Community Pharmacy	NHS email	Commencing service date
Roundhay Pharmacy 211 Roundhay Rd	0113 249 0557 pharmacy.fj572@nhs.net	April 2022
The Pharmacy Group 5-7 East Park Rd East End Park	0113 2480787 pharmacy.fj635@nhs.net	April 2022
The Pharmacy Group 3 Upper Accommodation Rd	0113 249 0158 pharmacy.fac00@nhs.net	April 2022
Imaan Pharmacy 262-266 Harehills Lane	0113 249 2311 pharmacy.fw811@nhs.net	April 2022
Superdrug Pharmacy 13 Kirkgate	0113 243 1589 pharmacy.fdn73@nhs.net	April 2022
Well Pharmacy 84/86 Lincoln Green Rd	0113 248 2400 pharmacy.fna71@nhs.net	April 2022