

Newcastle Gateshead
Let's Tackle High Blood Pressure
Service Specification 2019/20

Service	The Provision of the Newcastle Gateshead Blood Pressure Programme 'Let's Tackle High Blood Pressure' Service (Community Pharmacy)
Commissioner Lead	Newcastle Gateshead Clinical Commissioning Group
Provider	PSNE Limited
Period	24 months
Date of Review	Quarterly
Key Service Contacts	SEE SECTION 12

1. National context

4.1 The Global Burden of Disease (2015) report highlights that high blood pressure is the second biggest known global risk factor for disease after poor diet. In the UK, high blood pressure is the third biggest risk factor for disease after tobacco smoking and poor diet. High blood pressure is, however, the largest single known risk factor for cardiovascular disease and related disability. High blood pressure increases the risk of heart failure, coronary artery disease and stroke. It can also increase the risk of chronic kidney disease, peripheral arterial disease, and vascular dementia. The Public Health England report 'Tackling high blood pressure: From evidence into action' (2014) highlights the vision and action plan, developed from the best evidence and practical experiences across the country. The plan supports wider strategies including the NHS Five Year Forward View and Public Health England's priorities to protect and improve the nation's health. The British Heart Foundation (BHF) estimates that if England matched Canada's rates for diagnosis and treatment of high blood pressure over the next decade, then an extra 11,500 heart attacks, strokes and other cases of heart and circulatory disease could be prevented each year. People with high blood pressure are up to three times more likely to develop heart disease or have a stroke (Turning back the tide on heart and circulatory diseases, 2018).

2. Local context

- 2.1. Newcastle Gateshead has a resident population of 480,000 (Newcastle 280,000, Gateshead 200,000). With 26% of the population (Newcastle 75,532, Gateshead 64,891) living with a long-term condition (LTC) and it is estimated we have approximately 16% of the population living with hypertension that has not yet been diagnosed.
- 2.2. In Newcastle Gateshead, the main bulk of blood pressure testing is currently undertaken by GP Practices. Some Community Pharmacies in Newcastle Gateshead are currently taking ad hoc measurements of blood pressure (BP) as part of their day to day practice. But there is not a formalised programme linking to primary care, except as part of NHS Health Checks.
- 2.3. Newcastle upon Tyne life expectancy is 12.1 years lower for men and 10.1 years lower for women in the most deprived areas than in the least deprived areas. In Gateshead life expectancy is 9.2 years lower for men and 7.3 years lower for women in the most deprived areas than in the least deprived areas. Overall, Gateshead is the 73rd most deprived local authority in England and Newcastle the 40th, out of 326 local

authorities. Nearly 49,800 (25%) live in the 20% most deprived areas in Gateshead and 72,000 (25%) in Newcastle.

- 2.4. The number of people diagnosed with an LTC in Newcastle Gateshead is lower than expected numbers, suggesting that not everyone has been identified. Unknown patients imply unmet need, increased use of local health services and increased chance of people suffering unnecessarily and dying early, compared to England averages.
- 2.5. For example, it's estimated that there are around 32,000 people with undiagnosed hypertension in Gateshead meaning they are unaware of their high risk and are not receiving the lifestyle advice and the medical treatment that we know can prevent heart attacks and strokes.
- 2.6. We know that CVD risk factors such as smoking, physical inactivity and obesity are more common in deprived areas of England. These increase the risk of hypertension, atrial fibrillation (AF) and high cholesterol. CVD risk factors tend to cluster together, which has a disproportionate effect on people who are disadvantaged, further increasing inequalities.

3. Service Aims

3.1. Aims of Newcastle Gateshead 'Lets Tackle High Blood Pressure' service:

- To deliver 5000 high blood pressure tests per year
- Increase the detection of high blood pressure in community pharmacies.
- Encourage self-management and healthy lifestyles to reduce risks of developing hypertension through the provision of lifestyle advice and brief interventions in Community Pharmacy.
- To provide easy access to the project through selected community pharmacies.
- Develop and implement method of data collection and sharing using PharmOutcomes to support robust evaluation.
- Increase accessibility in hard to reach groups in the most deprived areas of Newcastle and Gateshead.
- Build skills, capacity and relationships that last beyond the 2-year funded period.

3.2. The Newcastle Gateshead Blood Pressure project, 'Let's Tackle High Blood Pressure' is part of the BHF award programme and will create an innovative new testing and 'identification of hypertension' pharmacy service in Newcastle Gateshead. The service is a partnership between Newcastle and Gateshead Local Authorities, Newcastle Gateshead CCG and PSNE Limited. The project will reach into local communities with a combined population of over 480,000 people to deliver FREE blood pressure monitoring (BPM), healthy living advice, brief interventions and 'identification of hypertension' of hypertension using Home Blood Pressure Monitoring (HBPM) to the communities that need it most.

3.3. The project has 5000 blood pressure tests per year target. We will deliver this target in partnership with circa 40 pharmacies selected from the 114 available across the Newcastle Gateshead footprint. The project will ensure that sufficient skills, capacity and resource is in place to engage pharmacies and assure delivery and the service will be performance monitored and evaluated by both local authorities.

5 Service Description

5.1 The service is for sub-contracted pharmacies to provide blood pressure measurement for people in Newcastle or Gateshead.

5.2 Eligibility criteria:

- a) Patients must be over 18.
- b) Patients must have a GP in either Newcastle or Gateshead.
- c) Patients must not already have been diagnosed with hypertension.

5.3 Pharmacies will initially be selected using a number of criteria based on local needs and to address health inequalities.

5.4 Payments will be made to pharmacies for two main outputs: a) for each patient detected with a clinic high reading and with completed Home Blood Pressure Monitoring (HBPM) and b) for each patient referred with

suspected hypertension. Pharmacies are therefore advised to target individuals who are likely to be at higher risk of undetected hypertension when testing.

- 5.5 The service will be delivered by nominated pharmacy blood pressure champion(s) from each pharmacy whose role will be to provide a high quality and efficient blood pressure screening.
- 5.6 Training (provided by PSNE Ltd and Local Authorities) of pharmacy BP Champions will focus on 3 key areas:
 - a) the Service specification requirements,
 - b) how to promote the service using Very Brief Advice (VBA/MECC) and
 - c) consultation and counselling methods.BP Champions will be the key point of contact and carry out all tests at each pharmacy over the two years of service provision.
- 5.7 Each pharmacy will be provided with a blood pressure monitor for use within the pharmacy.
- 5.8 Each pharmacy will be provided with three home blood pressure monitors (and rechargeable batteries) that they can loan out to any patients who require further readings.
- 5.9 Validation, maintenance and recalibration of blood pressure monitors should be carried out periodically (approximately every 2 years) according to manufacturers' instructions – teams are advised to contact the project manager if this is required.
- 5.10 All pharmacies will be required to provide approximately 125 blood pressure tests per annum (2.5 per week) which will take the project to the target of 5000 tests per year set by the BHF.
- 5.11 Consent – patients must consent to having a blood pressure check and to the pharmacy making the patients GP aware of the outcome of the screening should this be required. Patients will also consent to sharing this data anonymously with the British Heart Foundation for evaluation purposes. People who do not consent cannot access the service but should be provided with information/advice about blood pressure.
- 5.12 The consultation must be conducted by staff who have undertaken the 'Let's Tackle High Blood Pressure Newcastle Gateshead' programme training prior to the delivery of the service.
- 5.13 It will be the responsibility of each pharmacy to ensure that they have a nominated blood pressure champion(s) available so that the service is provided aligned with overarching delivery requirements.
- 5.14 The service is free of charge to all and people do not require a referral to access the service.
- 5.15 All blood pressure checks will take place in a private consultation room.
- 5.16 All elements of the programme will be recorded on PharmOutcomes (i.e. all test data irrespective of outcome) whilst the patient is present in the consultation room. Data fields that will be captured include: name of patient, DOB, date of test, address, GP, time of test, consent, clinic blood pressure readings, basic demographics, whether BP meter loaned for HBPM, HBPM readings and whether referred.
- 5.17 All people tested will be given verbal and written lifestyle advice to all people accessing the service, irrespective of their blood pressure reading e.g. healthy eating, smoking, salt intake, alcohol etc. Leaflets for this purpose can be obtained free of charge from the BHF as part of this project. People with limited literacy skills in English should be supplied with an easy read version. Verbal prompts will be given within the PharmOutcomes module to ensure that this advice is accurate and easy to follow.
- 5.18 The blood pressure champion will signpost to other health care professionals/services (for e.g. GP, Stop Smoking Advisor, NHS Health Checks) where appropriate.
- 5.19 All blood pressure checks will be taken in accordance with Let's Tackle High Blood Pressure Newcastle Gateshead Programme pathway (See Fig. 1). At each clinic reading 2 separate measurements will be made (automatically by the A&D AU1020-W monitor).
- 5.20 If the blood pressure monitor indicates an irregular pulse then wait for 5 minutes then test again. If pulse is still irregular (and patient was not known to have AF or another arrhythmia) then advise patient to contact their GP surgery for further advice and tests as required (within 4 weeks).
- 5.21 For those with high clinic reading (equal to or over 140/90mmHg), home blood pressure monitoring (HBPM) kits will be loaned out and a follow up appointment made to interpret the results using the PharmOutcomes module (this is aligned with NICE guidance).
- 5.22 People that record a clinic blood pressure of <140/90 mmHg should exit the service with lifestyle advice.

- 5.23 When loaning a BP monitor the blood pressure monitor loans form must be completed and importantly the meters must be re-set for each patient (by removing the batteries) so that only readings for that patient will be measured during HBPM.
- 5.24 The blood pressure advisor will demonstrate to the person how to take an accurate blood pressure measurement and provide the person with relevant home blood pressure guidance documents when loaning the monitor.
- 5.25 The BP Champion will manage and coordinate the return of digital blood pressure monitors to eligible people for the completion of 4-7-days home blood pressure monitoring.
- 5.26 Patients who are loaned meters will be asked to take measurements with them in a seated position and with the cuff on the left arm at heart level with the arm supported. They will record their blood pressure twice daily (morning and evening) for at least 4 days but ideally 7 days.
- 5.27 The A&D monitor will record all HBPM readings in the internal memory and will calculate an average value.
- 5.28 When recording these readings in PharmOutcomes BP Champions will input the average HBPM reading calculated by the A&D monitor. The HBPM readings can be checked using the monitor memory function on return of the meter (PLEASE ENSURE THE DATES MATCH THE LOAN PERIOD FOR THIS PATIENT).
- 5.29 HBPM data will support identification of hypertension. If HBPM average reading suggest the patient is hypertensive (average of all results excluding day 1 HBPM $\geq 135/\geq 85$ BUT $<180/<110$ mmHg) then the patient will be referred as suspected Stage 2 Hypertension.
- 5.30 Patient with suspected hypertension will be counselled briefly and appropriately by the pharmacist and a referral will be made to the GP for possible initiation of treatment.
- 5.31 Referrals (including the details/results of the consultation) will be sent electronically via PharmOutcomes and the patient will also be given a letter to take to their appointment.
- 5.32 Where HBPM readings support suspected hypertension, the patient should be encouraged to secure an appointment with their GP within a 4-week period.
- 5.33 A first payment will be made to pharmacies for each patient who is supplied HBPM after high clinic readings and second payment for those patients recorded as 'referred with high HBPM' i.e. those patients who have 4-7 days of readings inputted into PharmOutcomes and who have an average reading in excess of 135/85mmHg. See section 12 of this spec for more info.
- 5.34 Primary Care - GP Practices will be informed by Pharmacies via PharmOutcomes as per the service specification of patients identified with high BP. The aim is to extract data from Primary Care records to identify the numbers of diagnosed hypertension following BP testing in Pharmacy. The service will require good communication between Pharmacy and GP Practice
- 5.35 CordisBright are the external evaluators for the BHF Blood Pressure Award Programme, and Pharmacies will be required to take part in the evaluation.
- 5.36 British Heart Foundation (BHF) are the funders for this blood pressure project.
- 5.37 Newcastle Gateshead CCG are the lead organisation and are providing a contribution funding in Year 2 of the project.
- 5.38 Newcastle Council Public Health and Gateshead Council Public Health are the Project leads and provide this as their contribution to resourcing the project

6 Referral notes

- 6.1 A key project learning will be, with open exclusion criteria, how many tests will pharmacies need to undertake to find and diagnose a patient with undiagnosed hypertension. This will enable a full evaluation of commissioning and feed into ongoing CVD prevention discussions.
- 6.2 When a person's GP cannot be identified they should be provided with a letter outlining their clinic and HBPM blood pressure readings and be signposted to register with a GP as soon as possible.
- 6.3 If the person presents with symptoms of accelerated hypertension ($\geq 180/110$ mmHg) indicating the need for an immediate consultation with the GP, the Blood Pressure Advisor should signpost the person to their GP

practice and support them to obtain an appointment on the same day (i.e. Pharmacist to call the GP on their behalf). This process should only be used when the referral is deemed urgent, e.g. accelerated hypertension and blood pressure monitoring carried out at least three times within the initial appointment.

6.4 Unregistered people that present with symptoms of accelerated hypertension ($\geq 180/110$ mmHg) should be provided with a letter, outlining the result of their appointment and supported to register with a local GP for a same day follow up appointment. The pharmacist should support this process.

6.5 Patients may be sent a text message about their appointments (see PharmOutcomes module).

7 Business continuity

7.1 If the Pharmacy is unable to meet this level of service delivery or unable to access a specific service they must inform PSNE Ltd who will inform the service commissioner within Newcastle Gateshead CCG/or project managers as soon as possible (i.e. within 5 working days).

7.2 If due to unforeseen circumstances the Pharmacy is unable to continue providing the service, the pharmacy must inform the service commissioner immediately and arrange for equipment to be returned if this is required.

8 Quality assurance

8.1 The Pharmacy has a duty to ensure that staff involved in the provision of the service are competent to deliver the service, have relevant knowledge and are appropriately trained in the delivery of the service.

8.2 The Pharmacy has a duty to ensure that staff involved in the provision of the service are aware of and operate within local protocols.

8.3 The Pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

8.4 The Pharmacy shall ensure that all equipment is appropriately tested, calibrated where necessary, and maintained in good working order. All meters should be cleaned on a regular basis (e.g. after return to pharmacy by the patient).

8.5 The Pharmacy shall, if required, provide the Commissioner with evidence of any of the above within 5 (five) business days of the request being made. Whilst the Commissioner may discuss improvements that may be

made to them, the Commissioner does not accept any liability in respect of deficiencies within the policies and procedures adopted by the Pharmacy.

9 Commissioner responsibilities

9.1 The Commissioner will

- work with PSNE Limited to develop a PharmOutcomes template for the recording of the clinical service information.
- support the marketing and promotion of the service.
- be responsible for the purchase and loan of blood pressure monitors and home blood pressure monitors.
- provide details of relevant referral and signposting information which the blood pressure champion can use to signpost service users to.

9.2 All blood pressure equipment is on loan to the contractor and sub-contracted pharmacies for the duration of the contract however at the conclusion of the contract this will be left with those pharmacies who have successfully delivered the service (i.e. have delivered more than 200 successful tests).

10 Supply of Equipment

10.1 Equipment supplied for the project will be validated and approved in line with best practice

10.2 If any device becomes damaged (e.g. dropped hard) then recalibration will be required – inform commissioners if this is the case.

10.3 All blood pressure measuring equipment should be regularly checked and calibrated in accordance with the manufacturer's instructions (usually not required within the 2-year period for this project)

10.4 Cuffs and their hoses should be regularly inspected and replaced as necessary. Excessive air leakage from damaged cuffs, hoses and tubing connectors may reduce the accuracy of the readings. Cuffs should be cleaned in accordance with the manufacturer's instructions, ensuring that cleaning fluid does not enter the cuff bladder or hoses.

11 Training

11.1 A brief training programme will be developed under the oversight of the service project managers.

11.2 To ensure that standards of service delivery are maintained, each pharmacy will have a Standard Operating Procedure (SOP) in place to support the delivery of the service. SOPs will detail the operational delivery of the hypertension screening service in accordance with the Service Specification.

11.3 The professional standards within each pharmacy will ensure that all staff are appropriately trained and competent to carry out the blood pressure measurements.

11.4 Refresher video training will be made available so that we can maintain a healthy network of pharmacy Blood Pressure Champions for the 2-year service period.

12 Performance Monitoring

12.1 PSNE have been commissioned to manage delivery of this project in Pharmacies in Newcastle and Gateshead. Once per quarter, the Let's Tackle High Blood Pressure Project Managers will review the pharmacy performance. This will involve reference to Key Performance Indicators, training logs, device maintenance logs etc. and any corrective actions will be discussed with PSNE Limited and Pharmacies.

12.2 For any service related issues please contact either **Angela Hannant (0191 433 3055 / angelahannant@gateshead.gov.uk)** for Gateshead or **Andre Yeung (07476228778 / andre.yeung@newcastle.gov.uk)** for Newcastle.

12.3 For any queries to do with PharmOutcomes please contact Pinnacle.

12.4 For any payment queries then please contact PSNE via your LPC contact.

12.5 Periodic performance reports produced on PharmOutcomes for PSNE, CCG, Public Health

- 12.6 Periodic feedback to participating Pharmacies on performance activity and any key messages important for service delivery - by Public Health
- 12.7 Periodic contact and support visits as required with participating pharmacies by Public Health/PSNE
- 12.8 Quarterly monitoring reports produced by the Public Health Project Leads/Steering Group for the BHF (funding requirement).

13 Payment Schedule and Terms

- 13.1 A fee will be paid for each patient appropriately commenced with HBPM - £10
- 13.2 A fee will be paid for each appropriately referred patient (i.e. with high HBPM reading) - £10
- 13.3 Any of the total project pharmacy budget that remains unpaid at the end of the service (i.e. when the service achieves 10,000 tests) will be apportioned across the participating pharmacies based on their number of appropriately referred patients. This is an additional fee.
- 13.4 A review of fees may be undertaken in months 3 and 6 and 12 to ensure that the project brings in the number of tests and spends the budget according to the service.
- 13.5 The number of tests and performance data will be monitored by commissioners on a monthly basis. Commissioners reserve the right to review activity as the project progresses and to adjust the service accordingly.

BHF Blood Pressure Service Pathway

Let's Tackle High Blood Pressure in Newcastle and Gateshead

