Community Pharmacy Greater Manchester

Hypertension Case-Finding Service (HCFS)

Supporting information for general practice

What happens at the pharmacy?

Opportunistic (clinic) Blood Pressure check

- Pharmacy teams identify those patients aged 40 or over who have not had their BP checked in the last 5 years
- The service is explained to the patient, including the possibility of them being offered an ABPM, and consent is obtained
- A member of the pharmacy team conducts a face-to-face consultation and takes blood pressure measurements following best practice as described in NICE Guideline NG136
- The member of the pharmacy team provides the patient with the details of their blood pressure checks, discusses the results and completes the appropriate next steps (see below)
- The test results are sent electronically to the patient's general practice, if a urgent escalation is required the pharmacy will also phone the GP practice

Ambulatory Blood Pressure Check (ABPM) – referral by HCP or patient had a clinic check ≥140/90 mmHg

- The ABPM device is reset for the patient and set to record two measurements per hour during the patient's usual waking hours
- A member of the pharmacy team fits the patient with the ABPM device and gives a brief description of how the device works
- The patient returns to the pharmacy and the results are downloaded
- The average ABPM measurement taken during the normal waking hours is calculated (using a minimum of 14 measurements)
- The results are discussed with the patient and a referral is made to their general practice (if appropriate)
- The average ABPM during waking hours, nighttime, and average readings are sent to the patient's general practice via the NHS IT system and a copy of the ABPM transcript is attached or sent via NHSMail

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When will the pharmacy refer patients to their general practice?

Result	Action
Very high reading (BP ≥ 180/120mmHg) **with acute symptoms**	Immediate referral to A+E. Pharmacist to call the practice to relay results
Very high reading (BP ≥ 180/120mmHg) **with no acute symptoms**	During practice opening hours - referral to general practice for **same day** appointment (pharmacy should call practice) Outside practice opening hours – signpost to Urgent Care
High clinic reading (BP ≥ 140/90mmHg) and Very High (BP ≥ 170/115mmHg) ABPM If acute symptoms present urgent referral to A+E)	During practice opening hours – referral to general practice for **same day** appointment (pharmacy should call practice) Outside practice opening hours – signpost to Urgent Care
High clinic reading (BP ≥ 140/90mmHg) and High (stage 2 hypertension BP ≥ 150/95mmHg to 169/114mmHg) ABPM	Referral to general practice for appointment within **seven days** (pharmacy should communicate results to the practice on the same day)
High clinic reading (BP ≥ 140/90mmHg) and High (stage 1 hypertension BP ≥ 135/55mmHg to 149/94mmHg) ABPM	Referral to general practice for appointment within **three weeks** (pharmacy should communicate results to the practice on the same day)
High clinic reading (BP ≥ 140/90mmHg) and patient declines ABPM or fails to attend agreed ABPM appointment	Referral to general practice for appointment within **three weeks** (pharmacy should communicate results to the practice on the same day)
Irregular pulse detected on BP machine NB patients with AF or known irregular pulse are excluded from the service	Repeat test after 5 minutes. If the second reading still indicates an irregular pulse, the patient is asked to contact their general practice (pharmacy should communicate results to the practice on the same day)
A pulse rate < 50 bpm or >115bpm	During practice opening hours - referral to general practice for **same day** appointment (pharmacy should call practice) Outside practice opening hours – signpost to Urgent Care