

## **Service Level Agreement for Community Pharmacy Blood Pressure Screening in Warwickshire.**

**This agreement is between  
Central Health Solutions Ltd of  
40 Beacon Buildings, Leighswood Road, Aldridge, Walsall WS9 1AA  
(the commissioner) and  
(The provider referred to as the pharmacy) .....Pharmacy  
Address.....  
.....  
Contractor ODS code: F.....**

### **1. Purpose.**

The purpose of the screening programme is to assist with the early detection of high blood pressure. The programme will encourage individuals to have their blood pressure tested and they will be given lifestyle advice and where necessary referred to their GP. The details of the service are covered in Schedule 1.

### **2. Period of Agreement.**

This agreement will run from July 1st 2019 - 30th September 2019

### **3. Termination.**

One month's notice must be given if the pharmacy wishes to terminate this agreement before the given end date.

The commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern, including, but not limited to , malpractice, negligence, or fraud on the part of the pharmacy.

### **4. Obligations.**

The pharmacy will provide the service in accordance with the specification (Schedule 1). The commissioner will manage the service in accordance with the specification (Schedule 1).

### **5. Payments.**

Warwickshire Public Health Department working with Warwickshire Local Pharmaceutical Committee have put in place funding for 30 pharmacies to deliver a total of 50 Blood Pressure Screens each.

Central Health Solutions Ltd will pay each pharmacy £120 for the first 25 screens and then an additional £80 for a further 25 screens. Funding is limited to a total of £200 per pharmacy selected to take part.

The payments are conditions on meeting the requirements of the service (Schedule 1).

### **6. Standards.**

The service will be provided in accordance with the standards details in the specification (Schedule 1).

### **7. Confidentiality.**

Both parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2016/679 and the Freedom of Information Act 2000.

## **8. Indemnity.**

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to the commissioner.

## **Schedule 1.**

### **1. Service description.**

The purpose of the Blood Pressure Screening programme is the early detection of high blood pressure (hypertension). The programme supported by Warwickshire Public Health will encourage individuals to have their blood pressure monitored through the community pharmacy network and community pharmacy teams will support actions to improve their lifestyle.

### **2. Context.**

Undiagnosed high blood pressure is a significant risk factor in both Cardiovascular Disease and Stroke.

Utilising community pharmacy teams presents an opportunity to screen individuals who are present with no symptoms and yet may still be at risk.

It is estimated that there are over 5 million adults in England living with undiagnosed high blood pressure so early detection is key.

(Suggested Pharmacy Actions

Involve the whole team

Think about your local signposting opportunities

Inform your local GP services about the screening campaign

Decide who will do the screening.

Use the resources provided.)

Lets make a difference to your local community and address some of the significant health and well being issues facing your patients.

### **3. Aims and Outcomes.**

To identify people with high blood pressure

To provide appropriate lifestyle advice

To refer patients with suspected blood pressure to their GP

To refer patients with low blood pressure to their practice nurse.

To raise awareness of blood pressure as a risk factor in cardiovascular disease and stroke.

#### **4. Exclusions from service.**

The team must identify individuals that are not on hypertensive therapy and exclude people that have received a blood pressure screen in the last 6 months from a healthcare professional.

#### **5. Service Outline.**

Community pharmacy teams must equip themselves with BIHPs approved monitors. If unsure about the list then please have a look on web at

<https://bihsoc.org/bp-monitors/for-home-use/>

The only exclusion criteria are

1. The individual must be over 18yrs of age.
2. The individual must not be on anti hypertensive therapy.
3. The individual must not have had a Blood Pressure measurement taken by a health professional in the last six months.

#### **6. Supporting Patients with screening.**

Consider phrases to encourage a screen

“Have you seen that we are part of the Blood Pressure screening programme in Warwickshire?”

“Did you Know? One in nine adults have high blood pressure and don’t even know it. Would you like to find out what your current blood pressure is?”

#### **7. Screening**

Once a conversation has started , check their eligibility, and make sure they are not excluded from the service.

“Are you on medicines for blood pressure?”

“Has your surgery taken your blood pressure in the last six months?”

Ensure that the pharmacy team member is able to deliver the screening service and has watched the webinar about measuring blood pressure accurately.

The webinar can be found here.

<http://www.hwlpc.co.uk/2019/04/16/on-demand-version-of-blood-pressure-training-webinar-now-available/>

We recommend following the SOP at Appendix 1 to deliver the service . We do however recognise that you may already have well developed pathways that assure both the training needs and the procedure required to deliver the service.

If you choose to deliver your own Standard operating procedure we require you adopt all the elements and referral mechanism within the appendix 1.

You may wish to discuss what blood pressure is and why high blood pressure is harmful.

**Key Facts to help you:**

A. What is blood pressure?

Blood pressure is the pressure of the blood in your arteries. You need a certain amount of pressure in your arteries to keep the blood flowing around your body. Your heart pumps blood around the body through the arteries, by contracting and relaxing. The pressure of blood flowing through the arteries varies at different times in the heartbeat cycle.

B. What is high blood pressure?

High blood pressure develops if the walls of the larger arteries lose their natural elasticity and become rigid, and if the smaller blood vessels become narrower. The higher your blood pressure, the higher your risk of developing health problems is. A normal blood pressure reading is less than 140/90mmHg, if your blood pressure is higher than that during today's reading we will suggest that you go to your doctors surgery and make an appointment to see the nurse.

C. Why is high blood pressure harmful?

Having high blood pressure greatly increases your risk of having a heart attack or stroke. It can also put strain on the heart so that it becomes less efficient at pumping blood around the body. If high blood pressure is left untreated for a long time, it can lead to a strain on your heart and other health problems, for example kidney problems and even damage to your sight.

**Patient communication.**

In communicating the result it is important to give enough information, to encourage the person being tested to take appropriate action and to avoid causing inappropriate alarm. Explain what blood pressure readings mean to all patients and then give the information specific for their blood pressure reading.

The following information may be useful when explaining blood pressure readings as would the British Heart Foundation Blood Pressure information booklet.

**Blood pressure readings.**

Blood pressure is the pressure of the blood in your arteries. Blood pressure is written as two numbers – for example, 120/80mmHg. ('mmHg' is the unit used for measuring blood pressure. It stands for millimeter of mercury.)

The first number is the systolic pressure and the second is the diastolic pressure.

Systolic blood pressure is the highest level your blood pressure reaches. This is when your heart contracts and blood is forced through the arteries.

Diastolic blood pressure is the lowest level your blood pressure reaches. This is when your heart relaxes between each beat.

Understanding how to manage your blood pressure allows you to take more control of your condition and also helps prevent complications.

The specific action to take depends on the blood pressure measurements and is outlined below;

**A. Low Blood Pressure - Systolic (upper reading) below 90**

**Low blood pressure = Reading has a systolic (upper) reading below 90**

**If the BP is low, advise the person being tested that low BP is often normal but that they should see their practice nurse within 2-3 days for a check. Complete a referral letter and give this to the patient.**

**B. Normal Blood Pressure - BP is below 140/90mmHg**

**Normal BP= all readings below 140/90mmHg**

**If the BP is below 140/90mmHg explain to the person being tested that their blood pressure is normal.**

**Give lifestyle advice on how to maintain a healthy blood pressure.**

**C. Raised / High Blood Pressure - BP is between 140/90 and 179/100mmHg**

**D. Raised / High BP= reading was between 140/90mmHg and 179/100mmHg**

**If either the systolic (upper) reading or diastolic (lower) reading was in this range (with the other reading being within the normal range) the blood pressure still falls into this raised / high blood pressure category.**

**If the blood pressure is between 140/90mmHg and 179/100mmHg explain that this reading is raised, however this does not mean that they have a diagnosis of high blood pressure – the patient will need further tests to establish this.**

**Recall the patient and explain the risks.**

**Explain the risks associated with raised blood pressure (why is high BP harmful), reassure the person being tested that there is no cause for alarm but that is important not to ignore the reading and to repeat the test in the near future.**

**Why is high blood pressure harmful?**

Having high blood pressure greatly increases your risk of having a heart attack or stroke. It can also put strain on the heart so that it becomes less efficient at pumping blood around the body. If high blood pressure is left untreated for a long time, it can lead to a strain on your heart and other health problems, for example kidney problems and even damage to your sight.

**What happens next if my blood pressure is high?**

Your nurse may suggest that you have a 24 hour blood pressure monitor fitted to take home, or home blood pressure monitoring, before confirming that you have raised blood pressure. If you then need treatment for high blood pressure, sometimes lifestyle changes are enough (e.g. salt and alcohol intake, weight loss and exercise), and sometimes you need to take medicines as well.

The important thing is not to ignore a blood pressure reading that is raised because if you do have high blood pressure, treatment with lifestyle change or medicines can dramatically reduce the risks to your health.

Explain that they will need further BP tests to help decide whether they have high blood pressure and whether they will need medicines to treat it.

### **Raised / Very High Blood Pressure - BP is above 180/110mmHg**

#### **Raised / Very High Blood Pressure= first reading was above 180/110mmHg.**

If either the systolic (upper) reading or diastolic (lower) reading was in this range (with the other reading being within the normal/ high range) the blood pressure still falls into this very high blood pressure category.

If the blood pressure is above 180/110 explain that this reading is raised, however this does not mean that they have a diagnosis of high blood pressure – the patient will need further tests to establish this.

Tell them that their blood pressure is high and that they may need treatment to lower it. Explain that they will need further BP tests to help decide if they have hypertension and whether treatment will be needed.

Explain the risks associated with raised blood pressure (below), reassure the person being tested that there is no cause for alarm but that is important not to ignore the reading and that they make an appointment to see their practice nurse or GP within 2-3 days.

### **Why is high blood pressure harmful?**

Having high blood pressure greatly increases your risk of having a heart attack or stroke. It can also put strain on the heart so that it becomes less efficient at pumping blood around the body. If high blood pressure is left untreated for a long time, it can lead to a strain on your heart and other health problems, for example kidney problems and even damage to your sight.

### **What happens next if my blood pressure is high?**

Your nurse may suggest that you have a 24 hour blood pressure monitor fitted to take home, or home blood pressure monitoring, before confirming that you have raised blood pressure. If you then need treatment for high blood pressure, sometimes lifestyle changes are enough (e.g. salt and alcohol intake, weight loss and exercise), and sometimes you need to take medicines as well. The important thing is not to ignore a blood pressure reading that is raised because if you do have high blood pressure, treatment with lifestyle change or medicines can dramatically reduce the risks to your health.

### **Lifestyle advice on retaining a healthy blood pressure.**

#### **Key steps**

Engage in a brief discussion about their current lifestyle habits (diet, smoking, physical activity, alcohol, weight).

Provide general advice on improving lifestyle, reducing risk factors and signpost on to relevant services

. This will be as you already carry out for the essential service, public health. You can use either the leaflets already available in the pharmacy or you could use the leaflets sent to you as part of the campaign to back up the verbal advice given.

The advice can be reinforced with written information and/or links to online resources.

**The following information may assist you in the information to provide and the relevant signposting information.**

### **The effect of diet.**

Salt raises your blood pressure. The more salt you eat, the higher your blood pressure. Aim to eat less than 6g of salt a day. A lot of foods we buy in supermarkets have added salt – check the labels.

Eating a low-fat diet that includes lots of fibre (for example, wholegrain rice, bread and pasta) and plenty of fruit and vegetables has been proven to help lower blood pressure. Aim to eat five portions of fruit and vegetables every day,

Caffeine: drinking more than four cups of caffeine-rich drinks a day may increase your blood pressure. If you are a big fan of coffee, tea, cola and some energy drinks, consider cutting down.

### **Smoking.**

Smoking doesn't directly cause high blood pressure but it puts you at much higher risk of a heart attack and stroke. Smoking, like high blood pressure, will cause your arteries to narrow. If you smoke and have high blood pressure, your arteries will narrow much more quickly and your risk of heart or lung disease in the future is dramatically increased. Get help to stop smoking as you are more likely to quit.

### **Exercise.**

Being active and taking regular exercise lowers blood pressure by keeping your heart and blood vessels in good condition. Regular exercise can also help you lose weight, which will also help lower your blood pressure.

Adults should do at least 150 minutes of moderate-intensity aerobic activity (e.g. cycling or fast walking) every week. For it to count, the activity should make you feel warm and slightly out of breath. Physical activity can include anything from walking to gardening, housework to sport.

Get more ideas on being active from <https://www.nhs.uk/oneyou/>

### **Alcohol.**

Regularly drinking alcohol above what the NHS recommends will raise your blood pressure over time.

Men should not regularly drink more than three units a day. Women should not regularly drink more than two units a day.

Find out how many units are in your favorite tippie, track your drinking over time and get tips on cutting down at

[www.nhs.uk/livewell/alcohol/pages/alcohol-units.aspx](http://www.nhs.uk/livewell/alcohol/pages/alcohol-units.aspx) .

Alcohol is also high in calories, which will make you gain weight. This will also increase your blood pressure.

### **Weight**

Being overweight forces your heart to work harder to pump blood around your body, which can raise your blood pressure.

Find out if you need to lose weight with the BMI healthy weight calculator.

If you do need to lose some weight, it is worth remembering that just losing a few pounds can make a big difference to your blood pressure and overall health.

Get tips on losing weight safely from Public Health England via the One You website [www.nhs.uk/oneyou/be-healthier/weight-loss/](http://www.nhs.uk/oneyou/be-healthier/weight-loss/)

## **Recording your results and claiming payment.**

Record your results on appendix 3 and submit the data via

<https://www.1centralhealth.co.uk/databpm>

The patient identifiable data is retained in the pharmacy. You can choose a paper version or electronic as long as the data can be inspected up to 12 months after delivering the service or data presented to the commissioner within that period to verify activity.

### Appendix 1.

## Model Procedure for taking Blood Pressure (BP) readings using an electronic BIHS approved BP monitor.

### Standard Operating Procedure .

#### Purpose

To ensure a safe and efficient service for taking blood pressure readings.

To identify people who have either never had or not recently had a BP reading.

To provide guidance on taking accurate blood pressure readings using a validated meter.

To identify when to refer patients to their GP for further intervention in accordance with BP thresholds.

#### Scope

This SOP applies to delivering a blood pressure measuring service for the general public by members of the pharmacy team.

#### Checklist

	Procedure	Responsibility
1	Individual has requested to have their blood pressure reading taken or they have been identified by a member of the pharmacy team.	
2	Check patient has not already had a recent (6mths ) read at GP or is taking antihypertensive medication	
3	Try to ensure a relaxed, quiet and warm environment, such as a consultation room. If possible advise patients to avoid caffeine, strenuous exercise and having a full bladder prior to the appointment.	
4	Seat the patient and allow them to relax for 5 minutes.	
	Explain the procedure and reassure them. Explain the service does not provide a definite diagnosis but will highlight if there is a concern over their BP which could result in a referral to their GP.	
5	Record the patient's informed consent. form, if applicable, Ensure the consent involves sharing details with their GP and advise of length of time data will be stored. Advise patient that they can see their record at any time.	
6	Ask the individual to roll up their sleeve, ensure there is no tight clothing to constrict the upper arm. Ask them to rest their arm on a flat surface and keep their feet flat on the floor.	
7	Where possible measure blood pressure on left arm. If this is not possible then record use of right arm to ensure consistent future readings.	



8	Using the approved and validated meter . Place the cuff around the upper arm. Ensure it is not too tight and the correct size cuff is used. The cuff should be positioned at heart level. Check there are no kinks in the air pipe.	
9	Advise the patient to remain quiet and still whilst their blood pressure reading is taken.	
10	Switch the machine on. The cuff will inflate and the measurement will be taken and reading displayed on the monitor.	
11	Record the systolic and diastolic values on the data collection sheet. ( Appendix 3). Keep a manual record for validation, and submit data on <a href="http://www.1centralhealth.co.uk/databpm">www.1centralhealth.co.uk/databpm</a>	
12	Repeat the measurement after 1-2 minutes. Disregard the first measurement if there is a large discrepancy (>10mmHg) between the two and make a further measurement.	
13	Exclude “White Coat” hypertension where BP can be artificially raised due to the clinical environment. If you suspect this may be the case allow the patient to relax for a further 5-10 minutes before taking another reading.	
14	If the patient shows signs of postural hypotension (dizziness/fainting upon rising or falls) measure the blood pressure whilst the patient is standing.	
15	Once confirmed readings- lowest of three readings, are obtained assess the patient’s blood pressure according to the monitoring guidelines (see appendix 2). Follow the actions advised in the guidelines.	
16	Upon confirmed readings of 140/90mmHg or above advise the patient to attend another appointment. If the readings on the second visit (within a week) are confirmed over 140/90mmHg then advise patients to make an appointment with their GP. Give them appropriate lifestyle advice and advise them to contact their GP with their readings. Readings can be recorded on the cards distributed for this purpose	
17	If the patient’s blood pressure reading is 180/110mmHg or above their GP should be contacted straight away by telephone. Above this level patients should be referred to A&E if three readings over a 20 minute period indicate very high blood pressure	
18	Thank the patient for their participation in the service.	

### **Review procedure**

This SOP will be reviewed annually or when there are any changes in guidance from NICE, Public Health England, or the British and Irish Hypertensive Society (BIHS).

It will also be reviewed in the event of incidents.

In the absence of any of these events, it will be reviewed on or before the date shown below.

### **Known risks**

New or untrained staff.

Increasing detection of Hypertension could lead to some short term budgetary or capacity issues in Primary Care.

Distractions or interruptions whilst undertaking the process

Lack of training on use of the electronic meter

Loss of competence due to low usage of meters

“White Coat” hypertension

Locums that maybe unfamiliar with this SOP

## Appendix 2: Blood Pressure Monitoring Guidelines

	Systolic BP (mmHg)	Diastolic BP (mmHg)	Action necessary
<b>Optimal</b> blood pressure	<120	<80	None
<b>Normal</b> blood pressure	<130	<85	None
<b>High-normal</b> blood pressure	130-139	85-89	Lifestyle advice
Mild hypertension (Grade 1)	140-159	90-99	Lifestyle advice and refer to GP
Moderate hypertension (Grade 2)	160-179	100-109	Refer to GP
Severe hypertension (Grade 3)	≥180	≥110	Same day referral to GP
Isolated systolic hypertension	>140	<90	Refer to GP

### Identifying hypertension

1. Defined as persistent raised blood pressure of 140/90 mmHg or above.
2. If systolic and diastolic readings are within different categories use the higher category to determine the grade e.g. 135/95 mmHg = Grade 1.
3. Take two measurements 1-2 minutes apart. Discount the first measurement if there is a large discrepancy (>10 mmHg) between the two and make a further measurement.
4. It is important to exclude “White coat” hypertension where blood pressure is temporarily raised due to anxiety in the clinical setting.
5. Upon confirmed readings of 140/90 mmHg or above ask the patient to return for at least one more appointment and encourage them to make an appointment with their GP.

### Referral criteria:

1. Readings consistently at 140/90 mmHg or higher.
2. Patients with additional cardiovascular risk factors such as diabetes or those with a family history of CVD.
3. Pregnant women.
4. Patients with consistently low BP <90 mmHg systolic and/or <60 mmHg diastolic
5. Patients with postural hypotension.







Agreement signed

Commissioner . Central Health Solutions Ltd  
Name TJJ Dalton

Date

Signature

For provider  
Name

Date

Signature