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To:
All Healthy Living Pharmacies (HLPs),
within Cheshire and Merseyside.

Applications invited for Expressions of Interest (EOI) in a new healthcare initiative to participate in the British Heart Foundation (BHF) Blood Pressure Innovation Award.

Dear colleagues,

May I firstly congratulate you on completing the local HLP programme and achieving HLP status. Launching HLP locally in January 2016 I stated that the initiative would shine the light on community pharmacies and HLPs would become more attractive to our local commissioners. To that end we, along with your LPCs and public health colleagues, successfully submitted a bid to the BHF so that our HLPs could become key partners in the local blood pressure screening programme.

The LPN has engaged with the C&M Blood Pressure Board to ensure that HLPs are embedded in the 5 year C&M BP strategy “*Saving Lives: Reducing the Pressure*”. It sets out the case and direction of travel for Cheshire and Merseyside to take a system wide approach for the prevention, detection and treatment of high blood pressure. It is estimated that there are almost 275,000 people with high blood pressure that are unknown to primary care.

Tackling hypertension is a priority for the Prevention elements within the Sustainability and Transformation Plan (STP), which has specifically been developed to improve health and care in the C&M area. The local blood pressure screening programme aims to screen a minimum of 3,000 recorded BP screening measurements across 120 HLPs recruited in C&M by end of March 2019.

We are pleased to announce that we are **seeking applications for Expressions of Interest from you and all other interested C&M HLPs** to participate in this evaluated project. Your successful participation in the screening programme will provide evidence of the role HLPs can play on improving the health outcome of the local population.

Project aims:

- To screen a minimum of 3,000 recorded BP screening measurements across 120 HLPs recruited in C&M by end of March 2019.
- To evaluate the contribution HLPs have made to the screening programme.

Project key points:

- The project will run until the end of March 2019.
- Members of the public who are eligible for the pilot;
 - People aged 18 and above who are not already being treated for raised BP.
 - People directed / referred by another project partner; Fire & Rescue service (FRS), Warrington BP kiosks, and Halton health trainers.
- People identified as having either high blood pressure or very high blood pressure and or as having irregular heartbeat will be advised by pharmacy staff according to the newly developed Cheshire and Merseyside Guidelines for Blood Pressure Testing in the community -see appendix 1.

Project selection criteria for HLPs in C&M:

- The HLP has completed the C&M training pathway and has declared their status.
- The maximum number of HLPs for the project will be set at 120 HLPs.
- In the event of a surplus the LPN will work with the local PH teams to ensure adequate geographical coverage can be maintained during the selection process.

Project equipment, training and promotional material:

- All HLPs will be able to send up to 3 staff to be trained by accredited trainers
- The HLP staff attending the training will receive an approved BP machine that is also capable of detecting irregular heartbeat.
- The training will involve correct use of equipment, the C&M BP pathway, criterion for referral if irregular heartbeat is detected, demonstration of the recording module on PharmOutcomes (PO).
- All promotional, and informational material will be provided to the HLPs.
- Pharmacies should have sufficient indemnity insurance to provide this service.

Project funding:

- The HLPs will receive a payment of £75.00 at the end of project subject to;
 - Completing a minimum of 1 BP screening per month.
 - Completing a minimum total of 25 BP screening during the project lifetime.
 - All completed BP screenings being recorded and submitted on the PO module.
 - Each HLP having signed the EOI, and accepting this Memorandum of Understanding (MOU) will qualify to receive the payment in April 2019.

Project EOI and MOU:

- Please ensure you have authority to sign up on behalf of your HLP.
- If you have authority, then please log into PO and select the EOI for BHF project and complete the declaration.
- If your company requires action via the area manager/head office, and you wish to be part of the project, please forward the information to your head office indicating that you are keen to participate.
- Your area manager/head office can then contact us to indicate your EOI or submit via PO.
- **You will have until 22nd of September 2017 to submit your EOI.**
- Once selected, we will contact you and details of training arrangements will be provided.
- The content on this letter forms the MOU for this project.

If you have any queries, please do not hesitate to contact me via e-mail as provided.

Yours sincerely,



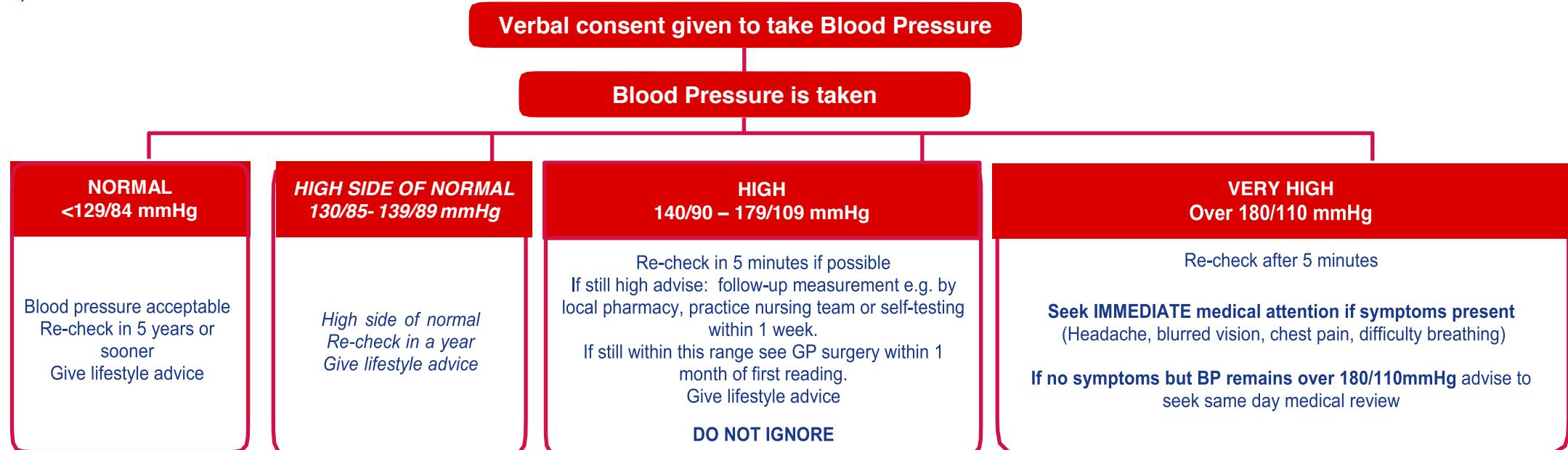
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Appendix 1: Cheshire and Merseyside Guidelines for Blood Pressure Testing in the community

Cheshire and Merseyside Guideline for Blood Pressure Testing (For use outside of General Practice)

This guideline has been developed for BHF-funded projects and is subject to review. It is intended to support the identification of adults aged 18 and over with possible high blood pressure, who are not pregnant and do not have a known irregular heartbeat.

Follow the flow chart to see what information should be given, and what action needs to be taken depending on the person's blood pressure level. The reverse of this card contains information on accurate blood pressure measurement and accurate blood pressure monitors, as well as some common issues that may arise when taking blood pressure.



Special Situations

- In almost everyone, **low reading** (less than 90/60 mmHg) are normal, healthy and cause no problems. A few people with a blood pressure at these levels will have an underlying cause for their low blood pressure. If the person has a low blood pressure reading and symptoms, such as fainting and dizziness, they should see their doctor.
- People with **known irregular pulse** (arrhythmia) should go to their GP surgery to have their blood pressure checked manually, as it can be difficult to get an accurate reading using digital devices.
- If **irregular pulse is newly identified**, seek IMMEDIATE medical attention if displaying symptoms (chest pain, breathless, palpitations). If no symptoms seek medical review within 48 hours.
- If a person you test is **already being treated for high blood pressure but their levels remain high**, (above the audit standard of 150/90 mmHg) suggest that they talk to their doctor or practice nurse about their treatment.

Error Reading Appears (Digital Monitor)

- Check that the reading is being taken properly
- For upper arm monitors check that the cuff is the right size and applied correctly
- Retake the reading
- If still unable to obtain a blood pressure reading, ask person to be checked at alternative community setting e.g. local pharmacy/practice nurse team

People using this pathway must have received relevant training and take blood pressure measurements as part of their role.

Medico-legal liability for all people and organisations undertaking blood pressure measurement remains with the individual and/or their organisation.

Using an accurate monitor or sphygmomanometer:

Blood Pressure UK strongly encourages the use of a monitor validated by the British Hypertension Society (BHS) which has been independently tested and shown to be accurate. A list of monitors, for clinic and home use, can be found on the BHS's website at www.bhsoc.org. The BHS website also has information on accurate blood pressure measurement. Check to make sure your skills are up-to-date. Other validated manual blood pressure monitors can be used.

Aneroid devices can be inaccurate. The mechanism inside an aneroid device is delicate and this can mean that they lose accuracy over time, possibly giving falsely low readings. They should be checked and recalibrated at least once a year.

How to take an accurate reading on the upper arm

The person being tested should:

- Be seated in a quiet place if possible
- Be still and silent whilst the reading is taken – talking and moving both affect accuracy
- Ideally not have a full bladder (this means they will be less relaxed), not have exercised or had caffeine, nicotine or a large meal recently, as these can temporarily raise blood pressure
- Wear loose clothing on their upper arm. It does not matter which arm you use.

The equipment:

- Should be in good working order and calibrated/checked ideally within the last year
- Monitors/sphygmomanometers should have a selection of cuff sizes if possible. Most people can use a standard size cuff (12x35cms). The bladder inside the cuff should encircle 80% of the top of the arm. If the cuff is too big the reading will be falsely low, if it is too small the reading will be falsely high. Ask people with very large or very thin arms to go to their doctor or nurse for measurement if you do not have the right-sized cuff.

The technique:

- The cuff should be placed two to three centimetres above the elbow joint. Place it directly next to the skin if possible
- The centre of the bladder in the cuff should be positioned over the line of the artery. Most cuffs have this marked on them
- The arm should be supported at the level of the mid sternum (heart level). If the arm is below heart level it can lead to an overestimation of the systolic and diastolic pressure by about 10 mmHg. Having the arm above heart level can lead to underestimation.

Wrist monitors:

A number of wrist monitors have recently received a clinical validation. However, in general wrist monitors tend to be less accurate than machines that measure from the top of the arm and can be difficult to position accurately. The BHS states that validated upper arm devices are recommended in preference to wrist devices.

Giving information to people being tested

- Please make sure that the person being tested takes away the completed **record card**. Please also ensure that they receive a copy of the relevant **leaflet/information** on blood pressure and refer them to www.bloodpressureuk.org for more information.
- Testing in very busy or **noisy environments**, like shopping centres, gyms etc, can affect readings, usually increasing them. Make sure that the person being tested knows this.
- It is possible to have a **one-off high reading**, so if you ask someone to go and get re-tested, reassure them that this sometimes happens.
- Everyone should be following the guidelines for a **healthy lifestyle**, not just those with high blood pressure or those at risk. People with a blood pressure over 120/80 mmHg are at risk of developing high blood pressure in the future. Taking action now could **prevent** this, so please use the testing as an opportunity to get this message across.
- High blood pressure can be a **systolic** reading of 140 or above, a **diastolic** reading of 90 or above, or both. For example, a reading of 150/85 mmHg is high because the systolic is above 140; a reading of 139/95 mmHg is high because the diastolic is above 90. A reading of 150/95 mmHg is also high as both the systolic and the diastolic number are raised.

Notes for Primary Care

Please use the following Read codes for blood pressure measured in a community settings:-

- Blood pressure recorded by **pharmacy: EMISNQBL39**
- Blood pressure recorded in **community** (e.g. health trainer, fire and rescue services): **EMISNQBL40**