

**Public Health Agreement  
For  
Surrey Community Pharmacy BP Plus Programme**

**Commissioner:** Surrey County Council Public Health

**Provider:** Participating Community Pharmacies

**Time Period:** 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2025

**BETWEEN** Surrey County Council **AND** the Pharmacy

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## **1. Scope of the Service**

The service aims to increase the number of opportunities for Surrey citizens to have their Blood Pressure and Pulse Rhythm checked in community settings to prevent stroke and CVD related illnesses.

The BP+ service will be used to identify those patients who are most at risk of CVD and only those will be offered a full NHS Health Check.

Refer to Appendix: 1 to highlight the population need, causes of CVD and the opportunity for improvement.

## **2. Outcome of the Service**

Surrey is committed to the prevention of stroke and CVD through improved detection and management of Hypertension and AF. The objectives of the BP+ service are:

- 1) To reduce the burden of ill-health and deaths caused by hypertension and AF (i.e. reduce stroke and CHD events and deaths).
- 2) To increase the awareness amongst citizens of the link between the conditions and serious cardiac events such as stroke.
- 3) To increase the number of people who “know their numbers” i.e. have opportunity to check their blood pressure and pulse.
- 4) To increase citizens capacity (in terms of knowledge and skills) to manage/prevent high blood pressure through lifestyle modifications.
- 5) To increase the number of diagnosed citizens who have hypertension or AF.
- 6) To ensure that these aims are equitable across Surrey in relation to CVD need in order to reduce CVD-related health inequalities (i.e. the interventions are targeted)
- 7) To refer patients identified as being at risk to the appropriate services to support their needs and reduce their risk of CVD (i.e. One You Surrey stop smoking service).

The BP+ service is seen as key to helping to achieve (but not be held wholly accountable for) these outcomes.

## **3. Service Description**

The BP+ check will include blood pressure measurements, a pulse rhythm check and BMI. These checks will be carried out according to the relevant clinical guidelines/protocols.

Following the BP+ check, those patients identified as being at increased risk of CVD (based on their demographics and/or clinical results) should be offered a full NHS Health Check. This will enable pharmacies to identify the priority patients who are most in need of an NHS Health check.

The healthcare professional delivering the check should also have the necessary skills to support customer’s queries around healthy lifestyle and signpost on to relevant services

(i.e. One You Surrey stop smoking). **It is expected that participating pharmacies will already be accredited to Level 1 Healthy Living Pharmacy.**

### **The BP+ check patient pathway is shown in Appendix: 2**

There are a range of scenarios where the participating Community Pharmacies can offer the BP+ service and below are some examples:

- The patient has come to collect prescription medicines which present an opportunity for brief advice and offer of the check.
- The patient has sought advice from the Pharmacist about stroke or CVD risk.
- Identified during Medicine Use Reviews or any other patient consultations.
- Promotional information displayed that prompts the customer to have a BP+ check.
- The customer has been advised to have their blood pressure checked as a result of earlier blood pressure test.

The above list is not exhaustive and participating pharmacies are responsible for recruitment of patients for the service.

### **Onward referral/signposting protocols**

Participating Community Pharmacies offering BP+ will be testing Blood Pressure and Pulse Rhythm as a core component under this service. Depending on the results of the BP+, the healthcare professional/pharmacist will advise the appropriate action(s) from the following options:

- Referral/signposting or advice about healthy lifestyle management
- Offered a full NHS Health Check
- Referral to primary care for follow up tests

It is envisaged that those pharmacies who wish to offer BP+ will also be in the position to offer NHS Health Checks as they are seen as complimentary to one another.

### **Results communication, brief advice and data transfer**

The pharmacy professional will verbally explain the results of the check and the customer will receive a simple handout of their results. This information may also be accompanied by very brief verbal advice about healthy lifestyle management around smoking, alcohol, healthy weight (including relevant dietary advice such as salt intake) and physical activity.

Any onward referrals required will also be explained.

## **4. Eligibility Criteria**

The service will screen any Surrey Heartlands **residents aged 35 years and over** that have not already been diagnosed or receiving treatment for Hypertension, Atrial Fibrillation or any other CVD disease.

### **Inclusion criteria:**

- Any one who is aged 35 years and over
- Without known cardiovascular disease including: High blood pressure (or are on treatment for high blood pressure), Atrial Fibrillation, Diabetes, Chronic Kidney Disease, Angina, Stroke, Transient ischaemic attack, Heart failure and Myocardial infarction.

### **Exclusion Criteria**

- Anyone under the age of 35 years of age
- Has diagnosed CVD
- Currently taking medication for, cholesterol, hypertension or AF.

### **NHS Health Check Eligibility Criteria**

- The national NHS Health Check eligibility criteria will be followed as detailed in the Surrey NHS Health Check Public Health Agreement (ages 40-74, no pre-existing CVD etc).
- In addition, only those patients who meet the following criteria following their BP+ check will be eligible for an NHS Health check:
  - o Those with blood pressure >140/90
  - o Those with irregular pulse
  - o Those with BMI>30
  - o Those identified as smokers
  - o Those from non-white ethnic groups
  - o Those identified as carers
  - o Those living in IMD deciles 1-4.
- The BP+ Pharmoutcomes template will provide a prompt if a patient is eligible for an NHS Health Check. The template will also prevent an NHS Health Check from being completed on a patient who does not meet these criteria.

## **5. Service Delivery**

The service may be delivered by an appropriately trained pharmacist or an appropriately trained pharmacy staff member who has declared the competency mentioned in Appendix: 3 and whom the responsible pharmacist deems competent to deliver the service.

### **Blood Pressure**

Hypertension (high blood pressure) is a systolic blood pressure above 140mmHg, or a diastolic blood pressure above 90mmHg.

High blood pressure rarely makes people feel ill and there are usually no symptoms. It greatly increases the risk of cardiovascular disease, heart attack, stroke and heart failure, and unfortunately often goes undetected until an acute event occurs, so early detection is key.

### **Measuring of Blood Pressure:**

It is essential that the blood pressure measurement taken is accurate so that the measured blood pressure is quality-assured and can be relied on by the person being tested and their GP. Ensure the individual has had at least 5 minutes to sit and relax before commencing testing (can include calm waiting time as well as the introduction discussion) before carrying out the blood pressure test.

All individuals who attends a BP+ session will receive a blood pressure test to identify those with hypertension. The following will be a method of testing:

- Patient will be asked to sit 5 minutes prior to testing
- 3 readings are to be taken, with 1 minute between each reading
- The lowest reading is to be recorded as the 'recorded' blood pressure
- Automated upper arm blood pressure monitors will be used to measure the blood pressure, with correct cuffs size used as per patient need.

It is Pharmacy's responsibility to use a clinically validated Upper Arm Blood Pressure Monitor and to ensure that it is maintained and accurately calibrated in accordance to the manufacturer's guidelines.

After the blood pressure has been tested in community pharmacy, the following pathway will be adhered to:

- If the Recorded Blood Pressure is less than 140/90 mmHg, then no further action required relating to BP and proceed to the Pulse Check.
- If the Recorded Blood Pressure is greater than 140/90 mmHg, the pharmacist should advise the individual to book an appointment at their GP practice within the next 7 days.
- If the Recorded Blood Pressure is greater than 180/110 mmHg, the pharmacist should advise the individual to book an appointment at their GP practice within 72 hours.

### **Atrial Fibrillation:**

Atrial fibrillation is an arrhythmia (abnormal heart rhythm) that results from irregular, disorganized electrical activity in the atria, leading to an irregular ventricular rhythm. AF can make an individual feel, dizzy or short of breath, but there can also be no symptoms. The most common causes of AF are ischaemic heart disease, hypertension, valvular heart disease, and hyperthyroidism. Since the heart does not fully contract during AF, blood can pool and clot within the heart. If a blood clot leaves the heart and blocks an artery in the brain it may cause a stroke. AF related strokes are often the most severe.

### **Measuring of Atrial Fibrillation:**

A manual pulse check will be completed to screen patients for irregular pulse rhythm. If the manual pulse check indicates any abnormal rhythm, then the AliveCor will be used to determine the presence of Atrial Fibrillation. How to measure manual pulse check can be found in Appendix 4.

- If the AliveCor result is negative then no further action is required relating to AF.
- If the AliveCor result is positive or unclassified then the pharmacist should advise the individual to book a GP appointment within 72 hours.

The AliveCor will be provided to the participating pharmacy by Surrey Heartlands ICS on loan basis. It is the responsibility of the participating pharmacy to ensure suitable security and storage arrangement for the device to ensure that it is not damaged or lost. AliveCor works with most common smartphones and tablets, Apple and Android. It does not require Wi-Fi or Bluetooth (except initial download of the app or to email traces. It is the pharmacies responsibility to ensure that Alive Cor is used in conjunction with pharmacy approved device and not on any personal device. It should also be used in line with any Organisational IT Security Policy.

Please find the Manual and Protocols for use of Alive Cor in **Appendix: 5**

### **Measuring of BMI:**

Height and weight should be measured using clinically validated equipment. BMI will be calculated by the pharmoutcomes template based on the height and weight measurements.

## **Training:**

Face to face training will be available to all participating pharmacies as a part of this service. Declaration of Competence will need to be completed on PharmOutcomes after successful completion of the training.

If you require more members of staff trained on the service, please contact Jason Ralphs (Jason.ralphs@nhs.net).

## **6. Quality Assurance**

### **Clinical Guidelines**

All Participating pharmacies are required to follow the NICE Clinical guidelines (CG127) Hypertension in Adults: diagnosis and management when delivering the BP+ service. NICE Guidance: Hypertension in Adults- Diagnosis and Management <https://www.nice.org.uk/guidance/CG127/chapter/1-Guidance#diagnosing-hypertension-2>

### **Data collection requirements**

Data collected as part of the BP + check will be entered by the participating pharmacies on to Pharmoutcomes ideally on the same day. This will then enable safe transfer of data to the patients registered GP practice.

### **Equipment**

Quality Assurance/ calibration of the Blood Pressure monitor should be performed as per manufactures guidance. For reference MHRA guideline for Blood Pressure Management devices can be found on [MHRA Blood Pressure Management devices](#).

### **Declaration of Competency:**

Any pharmacist or pharmacy staff member providing the service should have received face to face training from Surrey Heartlands ICS team and declare their Competence on Pharmoutcomes as per Appendix: 3.

## **7. Monitoring Arrangements**

BP+ service will be monitored by Surrey County Council through the Pharmoutcomes system.

As part of signing up to this service specification, community pharmacies accept that they will be part of an evaluation of the service. The evaluation will take in wider elements of effectiveness that community pharmacies would not be held wholly responsible for (e.g. how many people go on to be diagnosed with hypertension in primary care). However, there are certain activities that will need to be monitored and compared to expected levels.

All the information from the service should be transferred via Pharm Outcomes to the patients registered GP (except where consent not given).

## **8. Remuneration for the service**

For every BP+ delivered the community pharmacy will be paid **£14 per patient**. This service will be delivered as a part of Public Health agreement with Surrey County Council. Pharmacies will record activity via Pharmoutcomes template and payment will be made as

per current Public Health payment terms and cycle of pharmacy payments for commissioned services.

Pharmacies will also be paid an additional **£28 per patient** for each NHS health check that is completed on those identified as being at increased risk of CVD.

Therefore, it is possible for practices to earn **£42 per patient** receiving the BP+ and NHS Health Checks.

## **Appendix: 1**

### **Population Needs**

#### **National and Local Context: System Priorities and Strategic alignment**

Using the NHS Right Care approach, Cardiovascular Disease (CVD) has been highlighted as an area with opportunities to improve quality and outcomes across the Surrey Heartlands Integrated Care Partnership (ICS).

In September 2017 a multi-stakeholder event was held to review the opportunities relating to cardiovascular disease across the whole system. One of the main discussions was around prevention and four priorities were identified:

- 1. Community awareness raising and testing opportunities**
2. Improved case finding and management in primary care
3. Support for healthcare professionals and patients around lifestyle modification
4. Support for patients to manage their condition

Stroke reduction has been specified as a system wide priority.

As well as contributing to the first priority above, this service will be aligned with related programmes such as the NHS Health Check program and the Healthier You diabetes prevention programme. It would also strengthen prevention and early detection of long-term conditions whilst encouraging buy-in for personal responsibility for health and self-care.

The [General Practice 5 year forward view](#) stated an ambition to transform how pharmacists, their teams and community pharmacy work as part of wider NHS services in their area. This service represents an opportunity to build further relationships with this sector and learn more about professional and system integration, particularly between primary care and community pharmacy.

In the 2017 guidance [Health matters: combating high blood pressure](#), Public Health England recommend the use of community pharmacy for helping to detecting CVD risk factors:

*“With 1.2 million people visiting a community pharmacy every day, pharmacy teams have an enormous opportunity to promote health at a local level. For some people, the local pharmacy will be their first point of contact, or their only contact, with a health care professional. Healthy living pharmacy teams can increase opportunistic testing in pharmacies and the prevention, early detection and management of high blood pressure.”*

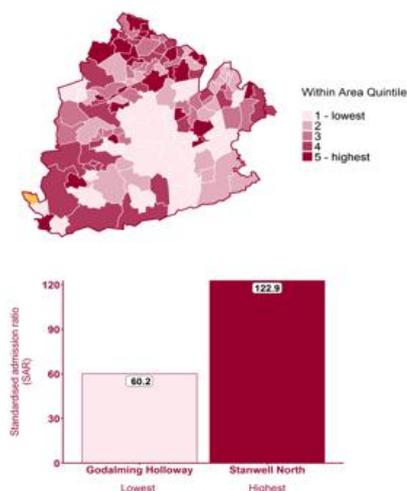
#### **Population needs assessment: The impact of CVD**

CVD remains a leading cause of morbidity and mortality and a significant burden to health services, social care and the economy at large.

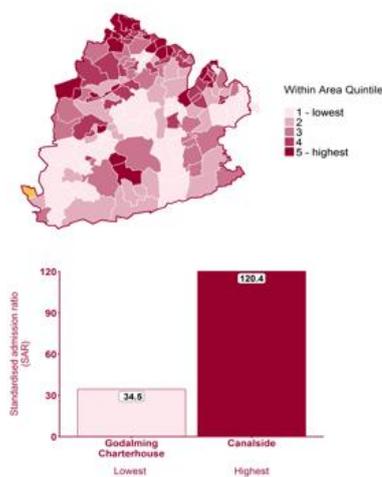
In the South East, heart disease and cerebrovascular disease combined account for the largest proportion of life years lost (both in terms of premature death and effect on quality of life through disability)<sup>1</sup>.

In Surrey, CVD is the leading cause of the gap in life expectancy between the most and least socio-economically deprived areas. The impact of these social inequalities on CVD related hospital admissions is shown in the maps below - the difference between small areas within Heartlands is stroke.

### Emergency hospital admissions for stroke (2011/12-2015/16)



### Emergency hospital admissions for CHD (2011/12-2015/16)



### The causes of CVD

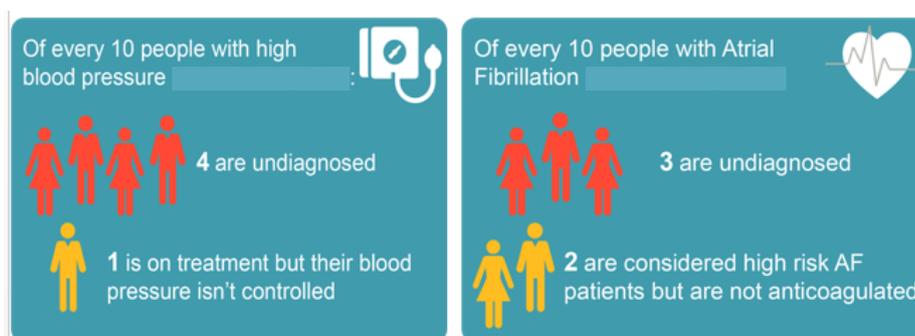
- Hypertension (HTN) is the main cause of 45% of all coronary heart disease, 50% of strokes, 25% of chronic kidney disease and 8% of all dementia.
- Atrial Fibrillation (AF) is the most powerful single risk factor for suffering a deadly or debilitating stroke.

CVD is of course strongly related to lifestyle factors such as smoking, weight and inactivity. Please note that the **primary prevention** of these conditions and subsequent CVD is an important part of the Surrey Heartlands Prevention mandate (through action on improving health-related lifestyles and the wider determinants of health). The Heartlands CVD Prevention Core group has a focus on **secondary prevention** (improved detection and management of CVD risk conditions such as HTN and AF).

### The opportunity for improvement

Only around 6 out of every 10 people who have hypertension in Heartlands have been diagnosed, leaving more the **80 thousand** people potentially unaware they have a condition that significantly raises their chances of a heart attack or stroke. At GP practice level, diagnosis rates can fall to as low as 46% for some practices.

Atrial Fibrillation is also under-diagnosed across the Heartlands, with around one third of people suffering from the condition unaware and undiagnosed.



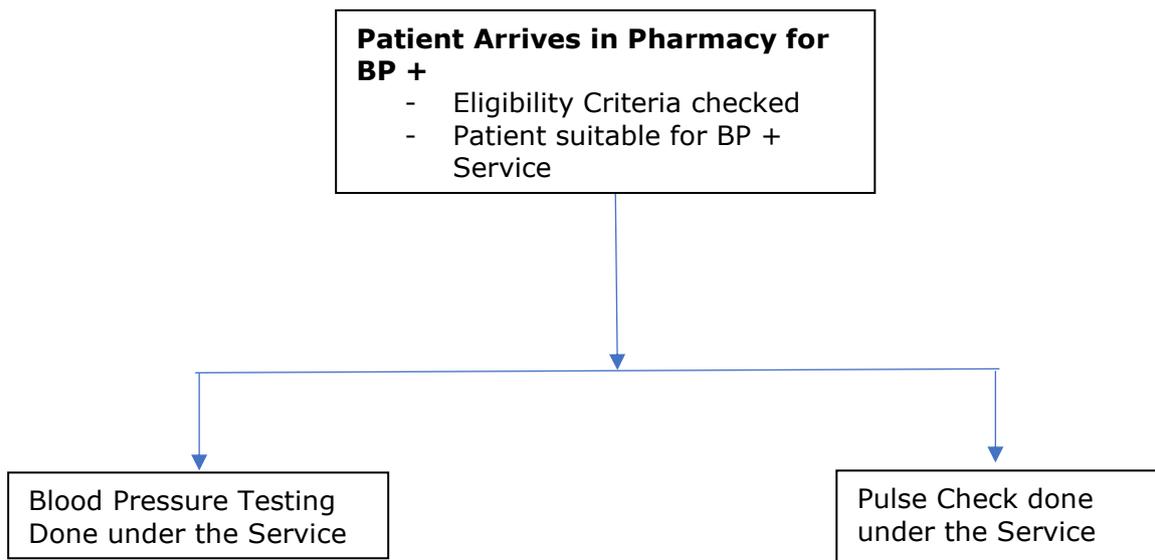
According to NHS Rightcare if CCGs within the Heartlands achieved the average diagnosis rates of the best performing 5 of their most similar areas, an extra **10 thousand people** could be diagnosed with hypertension and **one thousand** with AF.

The potential health and financial benefits of increasing detection and improving management of hypertension and AF are well documented. The "[Size of the Prize](#)" data released by NHS England represented the huge potential of optimal treatment of these conditions within Surrey Heartlands.

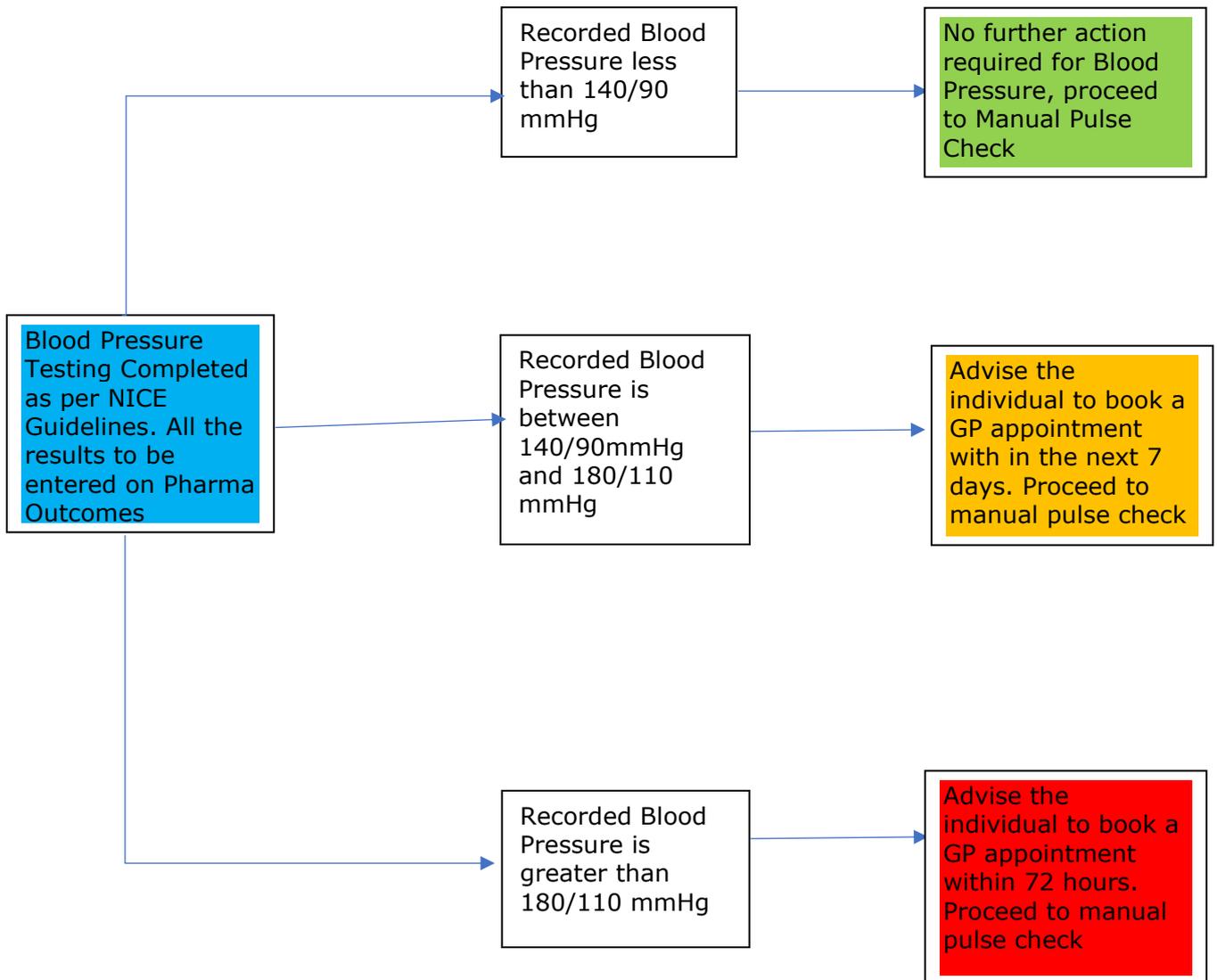
3. The opportunity: potential events averted and savings over 3 years by optimising treatment in AF and hypertension, 2015/16		
Optimal anti-hypertensive treatment of diagnosed hypertensives averts within 3 years:	160 heart attacks	Up to £1.10 million saved <sup>2</sup>
	230 strokes	Up to £3.40 million saved <sup>1</sup>
Optimally treating high risk AF patients averts within 3 years:	220 strokes	Up to £3.60 million saved <sup>1</sup>

**Appendix: 2**

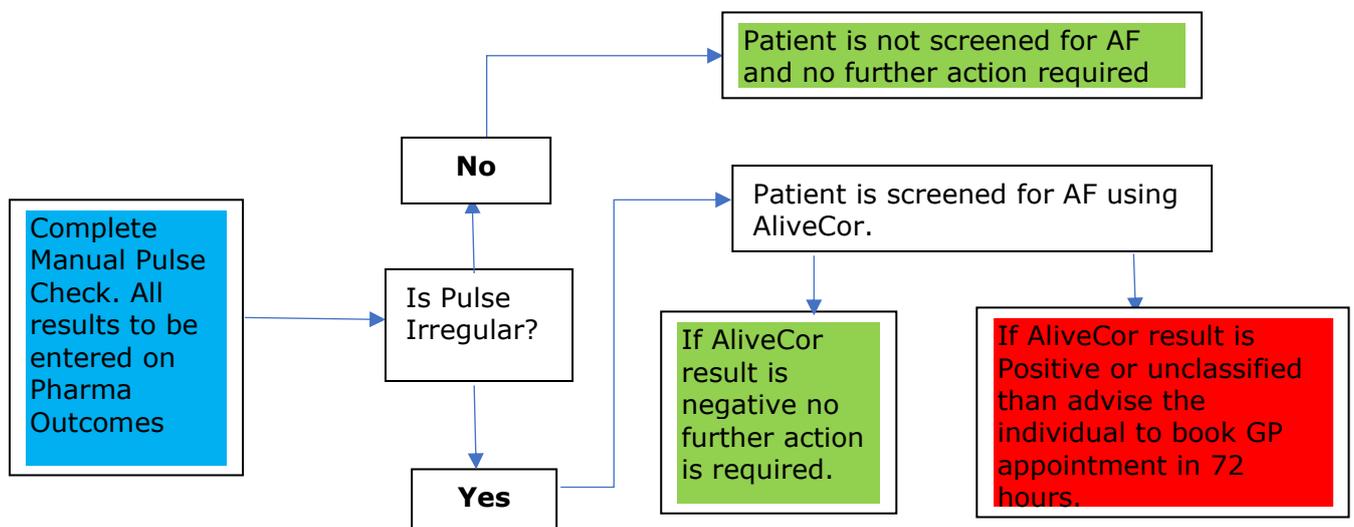
**BP+ check patient pathway**



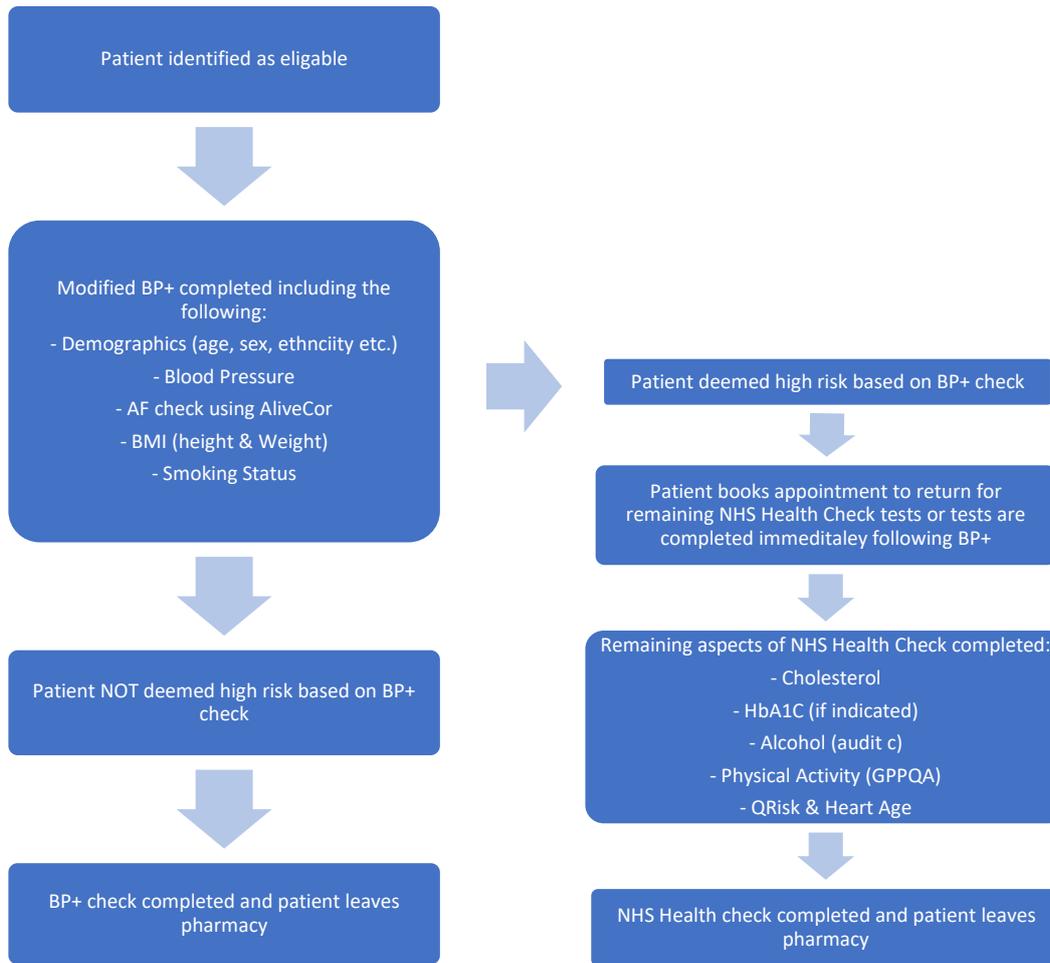
### Blood Pressure Pathway



### Atrial Fibrillation Pathway



**Appendix : 3 BP+ & NHS Health Check Workflow**



**Appendix : 4 Training Requirements**

**Measuring Atrial Fibrillation using AliveCor:**

Atrial Fibrillation		
Activity	Resources	Date signed off
Manual Pulse check	 KYP - Pulse Sheet.pdf	
Setting up of Alive Cor	Explained and done during site visit  AHSN version How to set up Kardia Mol  The following actions should be completed: <ul style="list-style-type: none"> <li>• Download the Kardia App</li> <li>• Download NHS Mail App</li> <li>• Register the AliveCor with KSS AHSN <a href="https://ahsn.ecgod.co.uk">https://ahsn.ecgod.co.uk</a></li> </ul>	

Using Alive Cor	Can the individual measure AF by using Alive Cor device?	
	 1 Lead ECG Device Project set-up guidar	

### AliveCor Training Checklist

Training Requirement	Date Completed
Ensure patient has read the Privacy Notice  Privacy Notice.pdf	
Ensure Contra-indications are reviewed	
Ensure fingers are clean and dry	
Ensure AliveCor is placed on a stable surface and close to the tablet/phone	
Ensure noise is kept to a minimum during the 30 second reading	
Understand the actions that should be taken once the AliveCor reading is complete and the result is displayed	
Ensure no personal information is recorded within the Kardia/AliveCor App	
Ensure the ECG is recorded as a guest	
Understand how to send the ECG via email	
Understand that the ECG is not saved and must be emailed at the time of reading to ensure the record can be saved	
Agree a folder and naming convention for the ECG's on the Pharmacy computer/drive	
Understand how the ECG will be attached to Pharmoutcomes	
Understand what advice/guidance will be given to the patient	

### Measuring Blood Pressure

#### Key steps:

- Ensure client has had 5 minutes to relax before commencing testing.
- Measure the blood pressure in both arms and take a total of three readings.
- Use the arm with the highest reading if further BP measurements are needed.
- Complete the recorded measurements on Pharmoutcomes,
- Advice given to patient and appropriate referral made according to the guidelines.

Ensure patient has had 5 minutes to relax before commencing testing (can include calm waiting time as well as the introduction discussion) before carrying out the blood pressure test.

#### **The patient should:**

When measuring blood pressure in the clinic or in the home, standardise the environment and provide a relaxed, temperate setting, with the person quiet and seated, and their arm outstretched and supported

#### **Cuff size:**

Ensure the correct cuff size is used (this is determined by the arm circumference). 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. Please ensure a correct cuff size is used.

**The technique:**

- Ensure your hands are clean.
- Ask the person being tested if they would prefer either of their arms not to be used – for example because of previous trauma or surgery
- The cuff should be placed two to three centimetres above the elbow joint. The whole cuff should be placed directly next to the skin and clothing above the cuff should be loose – remove arm from sleeve if necessary
- The centre of the bladder in the cuff should be positioned over the line of the artery. The 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.

Blood Pressure		
Activity	Resources	Date signed off
Nice Guidelines : Hypertension in Adults – Diagnosis and Management	<a href="https://www.nice.org.uk/guidance/CG127/chapter/1-Guidance#diagnosing-hypertension-2">https://www.nice.org.uk/guidance/CG127/chapter/1-Guidance#diagnosing-hypertension-2</a>	
MHRA Guideline for Blood Pressure Management devices	<ul style="list-style-type: none"> <li>• Manufactures Guidance on use of Upper Arm Automated Blood Pressure monitor</li> <li>• <a href="#">MHRA Blood Pressure Management devices</a></li> </ul>	
Completed the Blood Pressure Training Assessment	 Blood_Pressure_Training_Assessment_W	

**Appendix : 5 How to measure Manual Pulse Check**

1. To assess your resting Pulse rate in your wrist , sit down for 5 minutes beforehand. Remember that any stimulants taken before reading will affect the rate (such as caffeine or nicotine). You will need a watch or clock with a second hand.
2. Take off you watch and hold your left or right hand with your palm facing up and your elbow slightly bent.
3. With your other hand, place your index and middle fingers on your wrist, at the base of your thumb. Your fingers should sit between the bone on the edge of your wrist and the stringy tendon attached to your thumb ( as shown in the image). You may need to move your fingers around a little to find the pulse. Keep firm pressure on your wrist with your fingers in order to feel your pulse.



4. Count for 30 seconds and multiply by 2 to get your heart rate in beats per minute. If your heart rhythm is irregular, you should count for 1 minute and do not multiply.

**Appendix: 6 User Manual and Protocols for use of Alive Cor**

Should an Alive Cor device develop a fault it is the responsibility of the recipient to contact the manufacturer directly, however the supplying AHSN may assist if required.

	<b>User Manual</b>	<b>Further technical support</b>
Kardia ECG	<a href="https://www.alivecor.com/user-manuals/kardia-mobile-en.pdf">https://www.alivecor.com/user-manuals/kardia-mobile-en.pdf</a> FAQ: <a href="https://www.alivecor.com/faq/">https://www.alivecor.com/faq/</a>	<a href="https://www.alivecor.com/">https://www.alivecor.com/</a> Tel: 0333 3010433 Email: <a href="mailto:uksupport@alivecor.com">uksupport@alivecor.com</a>

**Protocols for use of Alive Cor Devices:**

**When to use the AliveCor device**

The chosen staff member assigned to the device will only use it if they either have their smart phone or the pharmacy tablet with the appropriate app at hand during their appointments.

The member of staff should aim to use device as often as possible to increase the detection of atrial fibrillation.

Patients with known atrial fibrillation should be excluded from using the AliveCor device.

Patients must provide informed consent to use the device and this should be documented clearly on Pharmoutcomes. Privacy notice should be made available for patient information before asking for consent.

Clean the device with alcohol spray / wipe between every patient.

## **How to use the AliveCor device**

1. Open the Kardia app on the smart phone or tablet device and tap record now
2. Place the device near the microphone on the phone or tablet
3. Lightly put the first two fingers on the pad of the device, one for each hand
4. A result will be generated after 30 seconds.
5. Once trace is complete a pop-up message will appear to confirm whether the trace was your own EKG. **CLICK NO TO REGISTER THE TRACE AS A GUEST EKG.**
6. Do not exit the app until you have emailed the results from your secure nhs.net email to nhs.net

## **Result showing normal ECG**

1. Inform the patient that the result was normal.
2. Email the ECG which appears as an attachment to your Nhs.net registered address for your device remembering to include the patients name and date of birth.
3. The results will then be attached to Pharmoutcomes template for the patient.

## **Result showing possible atrial fibrillation**

1. Inform the patient that the result showed they need further investigation and do book a GP appointment in next 72 hours.
2. Email the ECG which appears as an attachment to your Nhs.net registered address for your device remembering to include the patients name and date of birth.

## **Result showing Unclassified / Unreadable**

1. Repeat trace once. Ensuring the following:
2. Limit background noise.
3. Apply gentle pressure to AliveCor, do not squeeze.
4. If heart rate (HR) is  $>100$  or  $<50$ , traces will be unclassified so allow time for HR to stabilise.
5. Use an alcohol spray/wipe on the device and ensure there is enough moisture on fingers.

## **If 2nd trace is unclassified or unreadable**

Inform the patient that the result showed they need further investigation and do book a GP appointment in next 72 hours. Email the ECG which appears as an attachment to your Nhs.net registered address for your device remembering to include the patients name and date of birth.

**\*Remember to Log out of the Kardia app at the end of each session to ensure that the last trace taken is not stored locally.**