

AccuRx initiative to increase collaborative working and identification of undiagnosed hypertension by utilising the NHS Community Pharmacy Blood Pressure Check Service

Introduction

The NHS Community Pharmacy Blood Pressure Check Service (hypertensive case finding service) was commissioned as a Community Pharmacy Advanced Service in October 2021, contractors signed up to the service once they were ready to start service implementation. Community Pharmacy Surrey and Sussex worked with NHS Sussex to develop a pathway to maximise the use of the service and increase the detection rate of undiagnosed hypertension for the benefit of patients. Marie Hockley and Dr Suneeta Kochhar are co-authors of this pathway, the pathway was developed using AccuRx, a digital enabler which can send Floreys and bespoke secure messages to patients. Using Ardens searches, patients are invited to record a blood pressure result, this message includes a link to enter the result either using a home blood pressure monitor or visiting a participating pharmacy.

The aims of the advanced service are to:

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), if clinically indicated offer an Ambulatory Blood Pressure Measurement and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc BP clinic and ambulatory blood pressure measurements. The GP can refer any patient verbally or formally.
- Promote healthy behaviours to patients.

The service has two stages:

- The first is to identify people at risk of hypertension and offer them a blood pressure measurement (referred to as a 'clinic check').
- The second stage, where clinically indicated, is to offer 24-hour ambulatory blood pressure monitoring (ABPM). The test results are shared with the patient's GP to inform a potential diagnosis of hypertension.

Ambition

To support the delivery of the Community Pharmacy Hypertensive Case Finding Service, Marie Hockley Pharmacy Technician and Deputy Chief Officer at Community Pharmacy Surrey, and Sussex (CPSS) and Dr Suneeta Kochhar GP and CVD Clinical lead for NHS Sussex developed an AccuRx initiative to increase collaborative working and identification of undiagnosed hypertension. A co-designed referral pathway enabled cohort identification, promoted patient choice, Primary Care Network collaboration, and the utilisation of the advanced service.

In May 2022 an AccuRx pathway was developed in Sussex to link the Community Pharmacy Hypertensive Case finding service and bp@home as well as ambulatory blood pressure monitoring. There was collaboration across Primary Care between Primary Care Networks and community pharmacy colleagues. Our first pilot site was Bexhill PCN in East Sussex, initially starting with Collington Surgery as this is Dr Suneeta Kochhar's practice, this supported testing of the pathway to assess workload for primary care clinicians and the administrative support required. This also allowed capacity both in GP Practices and in community pharmacies to be matched and any unforeseen challenges to be recognised.

The cohort of patients were defined as those who did not have a blood pressure check in the last 5 years or identified as having a raised blood pressure reading but not on a Hypertension register. The

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PCN CVD administrator invited these eligible patients via AccuRx to either complete a blood pressure check at home or visit a participating pharmacy.

The pathway (page 9) was implemented to shape the direction of the national service to align with cardiovascular disease prevention and Core20Plus5 population health management priorities. This pathway has provided the building blocks for the most successful collaborative approach established to date that is focused on developing relationships at scale across PCNs and demonstrates how we can work together.

The benefits of this pathway include:

Prioritised recall

For those on the register who had no BP recorded pre-pandemic (in last five years) even if they have previously failed to respond and those patients who at their last reading had a high BP reading but are not on a hypertension register.

Utilisation of digital tools

Ensures a robust system for action on AccuRx 'responses' including correct coding and clinical action where required, and encourages patients to make decisions about the treatment and care that is right for them at that time. Practices may contact those patients that are unable to engage with this pathway due to digital exclusion or mobility issues, for example. Furthermore, practices may consider review of those who are non-responders in the pathway.

Aligned with other workstreams

Increases the use of home BP measuring, by recording results in the patient notes in a timely manner, embedding and increasing the uptake of bp@home

The pathway has been developed as a guide for using AccuRx messaging in a targeted approach and can be adapted locally as required. It has been designed to enable a collaborative approach between GP surgeries and Community Pharmacies, targeting specific patient cohorts to increase detection rate. This pathway may facilitate workstreams such as Quality and Outcomes Framework (QoF) and Impact and Investment Fund (IIF) indicators including tackling neighbourhood health inequalities outlined in the Directed Enhanced Service.

There are pilot sites in Surrey and Sussex with the ambition to rollout across Sussex and Surrey Heartlands offering viable options to aid capacity in GP practice by reducing some demand on nursing and health care assistant appointments.

Sussex is our flagship area with the highest uptake of GP practice/PCNs taking part. This has yielded fantastic results thus far and improved relationships within the PCN. It has been an essential component of the success of this initiative to have support from the wider network Julia Powell Chief Executive Officer CPSS, Michaela Cassar Business Administrator CPSS, Lisa Douglas Head of Long-Term Conditions NHS Sussex and Darren Lee Project Manager for CVD Prevention NHS Sussex, as this provided us with the visibility required to connect with stakeholders.

We have received invaluable support from the PCN CVD Coordinators, Practice Managers, PCN Operation Managers, PCN Pharmacists, Community Pharmacists, GP's and other key stakeholders that have worked together to implement this pathway and continued to focus on working together to improve patient care.

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Cohort identification is determined by the GP Practice, we have initially focused on those who have not had their blood pressure check within the last 5 years and those patients who were recorded as high at their last reading but are not on a hypertension register. The cohort to be invited may be individualised for GP surgeries.

CVD Prevention- Sussex Clinical Leadership and implementation of the pathway to support outcomes.

We focused our alignment of the community pharmacy advanced service with the CVD prevention agenda to ensure the implementation of the pathway has the maximum benefits enabling a cohesive foundation to build upon.

The information outlined in the tables below provided us with the basis of designing the pathway and strengthened the support offer to our GP practices as a priority focus area.

This table below is a summary of Quality Outcomes Framework data 2019-2022 and indicates the percentage of hypertension patients aged 79 years and under in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (Sussex and Place level). Sussex had a low attainment of this indicator in 20/21 (ranking Sussex 39 out of 42 ICSs), with over 60% of practices achieving less than 40% of patients treated to target. In 21/22 Sussex improved on this metric but is still ranked 38/42 ICSs.

	HYP003 19-20	HYP003 20-21	HYP003 21-22
Brighton & Hove	63.2	42.0	52.6
East Sussex	64.4	37.0	50.6
West Sussex	65.1	41.0	55.0
Sussex	64.6	39.7	53.1
England	67.3	46.1	57.2

This table below is a summary of QoF 2021/22 data, & CVDPrevent 2021/22 and Q1 2022/23 data - Percentage of hypertension patients aged 79 years and under in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (Sussex and Place level).

England HYP003 CVDPrevent attainment has fallen by 0.3% in Q1 22-23, while in Sussex it has fallen by 0.7%; attainment at place level across Sussex shows that B&H has remained the same, while East Sussex dropped by 0.5% and West Sussex by 0.6%

	QoF HYP003 21-22	CVDPrevent HYP003 21-22	CVDPrevent HYP003 Q1 22-23
Brighton & Hove	52.6	51.7	51.7

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East Sussex	50.6	51.0	49.5
West Sussex	55.0	55.0	54.4
Sussex	53.1	53.0	52.3
England	57.2	57.0	56.7

This service is a treat to target approach using digital technology to aid capacity in GP practice and focusing on supporting outcomes in line with CVD prevention. The aim is that GP review is only needed once hypertension has been diagnosed and pharmacological management may be needed. However, it may be that clinical pharmacists working in practice or in the PCN may initiate treatment and arrange follow up.

Method

The AccuRx pathway

It is crucial that all parties involved are aligned with the pathway, therefore it may be required that we have several meetings with the PCN or Practice colleagues, at these meetings it provides the opportunity to discuss the pathway and how this can support QOF and IIF indicators whilst setting out clear expectations and facilitate a robust process before go live. This ensures everyone is on board and any issues have been worked through before commencement of the pathway.

We provide a complete offer of support, and our PCN/GP receives the following ahead of go live:

- How to' guides.
- Links to BP Florey's used in the pathway.
- Suggested text message content.
- Information on how to complete Arden's Searches.
- Suggested cohort identification.
- Pharmacies contacted and confirmation obtained that the national service is live.
- Pharmacy contact information.
- Link to Google Map of pharmacy information to embed within the text message.
- Ongoing support if required.
- Pathway document for reference (as shown below)

CPSS contacts pharmacies in the PCNs in the implementation phase to check certain information and to ensure the pathway is robust. The information includes checking how many pharmacies are live in the PCN and the capacity of the pharmacy as this is required to determine how many text messages are initially sent out, once the pathway has been live for a few weeks this can then be increased.

The baseline figures used to calculate the number of messages initially is 20-25 texts weekly per pharmacy live with the service. The volume of texts sent out is then increased as more pharmacies go live or when workload impact is assessed as minimal.

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Information that has been sourced is added to the patient community pharmacy map to avoid confusion such as service availability times, the patient can then make an informed decision regarding their healthcare and this works in line with [NICE](#) shared decision making.

A member of the Practice team or PCN designated colleague identifies a cohort of patients that meet their target requirements using search criteria in their computer systems.

The patient is sent a secure text message inviting them to either take their BP at home (BP@Home) and upload using the secure link on their smart phone or to visit a participating pharmacy.

This aim is to give the patient choice and for PCNs to work together incorporating, aligning workstreams and complementing existing projects that are live.

A Google map has been developed and the link embedded within the text message, so patients only visit or contact those pharmacies who are able to offer this service. The maps created are specific to each ICB- Surrey [HERE](#) Sussex [HERE](#)

The pharmacies are informed of an expected go live date and the pharmacists asked to brief the pharmacy team to expect patients to present at the pharmacy with a text message constituting a GP referral. There are no additional elements involved for Community Pharmacy and the service specification is followed at all times.

The pharmacist will conduct the service as per the service specification and the pharmacy records the clinical interaction and follows their reporting process as outlined in the specification. The patient inputs the result on their smartphone using the secure link, this message is sent directly to the surgery and coded into patient records.

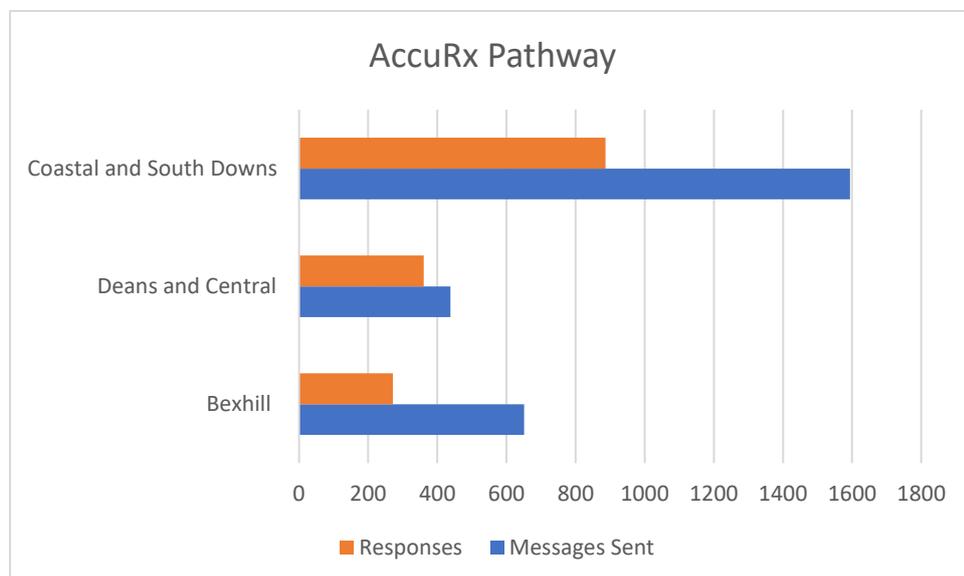
The pharmacist will offer the patient an ABPM if clinically indicated, this service will be conducted as per service specification and the result shared with the GP practice. If the patient declines an APBM this is communicated back to the GP Practice and the patient will be sent a bp@home 7-day Blood Pressure Florey via AccuRx in line with NICE Guidance.

This initiative has been shared with various Local Pharmaceutical Committees, NHSE, CVD networks and presented at meetings with ICB/s, Public Health, Academic Health and Science Network and PCN boards to highlight the service and shape the GP referral element to provide beneficial outcomes for practice, pharmacy, and the patient.

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Evaluation Data

In Sussex there are 3 place-based pilot sites who have collated data to enable evaluation of the pathway.



East Sussex- Bexhill PCN- Data range 20/06/22- 26/1/23

20/06/22- 26/1/23	Sent	Complete	Declined	Repeat Invite Data	Repeat Declined Data
Invite Status	651	271	330	164	90
7 Day Questionnaire	70	35	33		
Lifestyle Advice Given	19				
Started Treatment	8				
Referred to PCN Pharmacist/GP	49				

Brighton and Hove- Deans and Central PCN (Searches were obtained using SI CVD-O1 for patients with high bp from 1/4/20 - 31/3/22 + no bp after 1/4/22)

05/09/2022-12/1/23	Sent	Completed	No response to 2nd invites
Invite Status	438	361	77
7 Day Questionnaire	81	78	
Started Treatment	13		

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West Sussex- Coastal and South Downs PCN- Data range 31/08/2022-22/12/2022

Date – 31/08/2022-17/02/2023	Sent	Completed	% Completed	Declined	Waiting for response
Invite Status	1594	887	56%	0	707
7 Day Questionnaire	241	165	68%	31	45

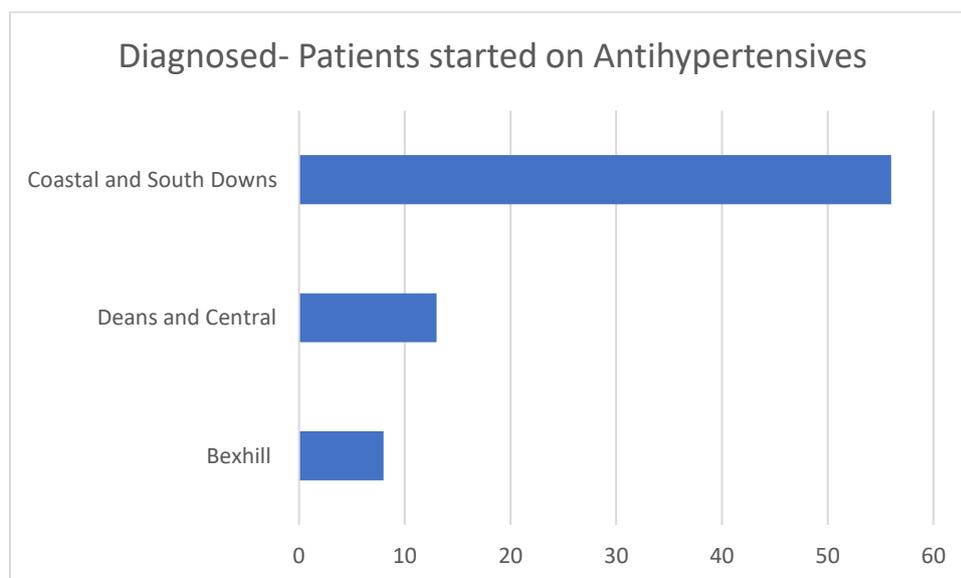
Started Treatment **56**

The success of this pathway can be defined by the patients who have been diagnosed as a result of the implementation of this pathway and would have otherwise remained undiagnosed waiting on the list of over 1000 patients requiring a recall in each place.

The feedback received back from the place-based pilots has been exceptionally positive:

- Easy to use
- Effective at reducing workload
- Has increased capacity
- Reduced time required to invite patients manually
- Patients have proactively engaged with the pathway
- Patients have options
- Supported PCN Directed Enhanced Service and Quality and Outcomes Framework
- Improved relationships within the PCN
- Opportunity to identify additional cohorts In line with population health management projects

The graph below shows how many patients have been started on antihypertensives as a direct result of the pathway and is testament to how effective we can be by utilising services and shaping the direction of referrals using digital enablers.



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There has been a number of PCNs and Practices who are looking to align their workstreams and incorporate this pathway within Surrey Heartlands ICB and in Sussex ICB with a pipeline of GP Practices coming on board and more interested in implementing the pathway. The pathway has been shared with NHSE and Localities across England who have started to look at implementing local models.

Conclusion

This pathway has created an opportunity to link the Community Pharmacy Blood Pressure check service with blood pressure at home, health inequalities work and for teams to build relationships across primary care for the benefit of patients with a patient centred approach. We believe this is the first time we have seen collaboration in this way linking primary care services with community pharmacy initiatives.

During the pilot Bexhill PCN had a 40-50% acceptance rate and a 50/50 split with patients who chose to go to the pharmacy and those who had their own BP monitor. Across the 3 places there has been no reported capacity issues and no patient complaints.

There is an element of administration at PCN or GP Practice that is required to start using the pathway and virtual meeting(s) to discuss and confirm details however this initial investment of time pays dividends for the outputs seen.

As the pathway continues to rollout, we will see the expansion of cohort identification and the utilisation of digital tools to support delivery of high-quality health care to the population, and the delivery of the priority objectives outlined in the NHS Long Term Plan.

The vision remains that this becomes a business-as-usual activity and is the start of the journey towards a fully inclusive, digital, collaborative primary care team.

Authors

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Dr Suneeta Kochhar CVD Clinical Lead NHS Sussex

References

CPSS <https://surreysussex.communitypharmacy.org.uk/>

NICE Shared Decision Making <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making>

NICE Hypertension in Adults <https://www.nice.org.uk/guidance/ng136/chapter/recommendations>

CORE25PLUS <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

PSNC Hypertensive Case Finding <https://psnc.org.uk/national-pharmacy-services/advanced-services/hypertension-case-finding-service/>

AccuRx <https://www accurx.com/>

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BP Florey's <https://support.accurx.com/en/articles/4890137-florey-blood-pressure-florey-questionnaire-screenshots>

Ardens <https://support-ew.ardens.org.uk/support/solutions/articles/31000167168>

QOF <https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/quality-outcomes-framework-qof>

DES <https://www.england.nhs.uk/publication/tackling-neighbourhood-health-inequalities/>
IIF <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-investment-and-impact-fund-2022-23-updated-guidance/>

The Pathway Diagram

The diagram below is used to support the engagement and implementation phase.

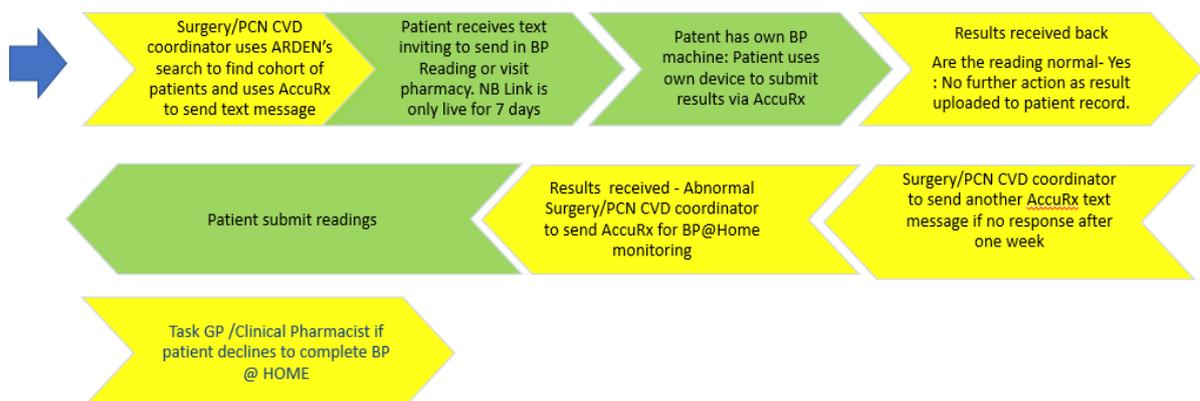
Disclaimer: This pathway has been designed as a guide for using AccuRx messaging in a targeted approach to collaborate with community pharmacy, this pathway can be adapted as required locally.

This document must be read and used in conjunction with the service specification/overarching contract for the service. Please always refer to the updated version of the service specification.

This guidance has been produced by the authors after reviewing all the information available to us concerning GP practice and pharmacy services. Every care has been taken in the completion of this pathway– no responsibility can be accepted for any error or consequence of such an error.

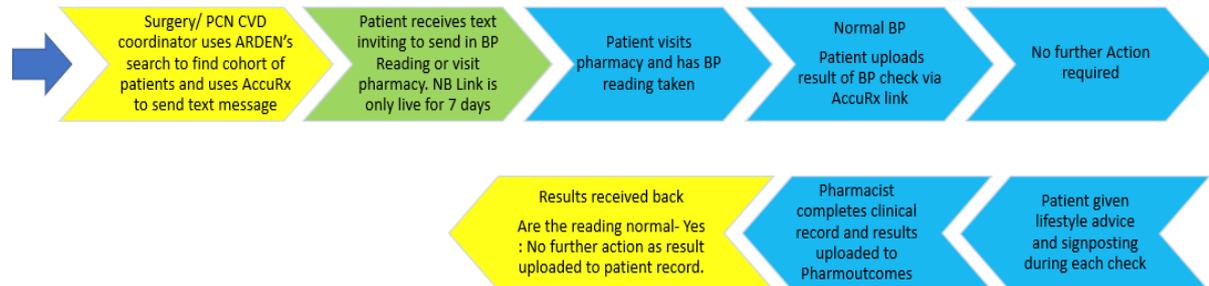


OPTION 1: Patient completes independently

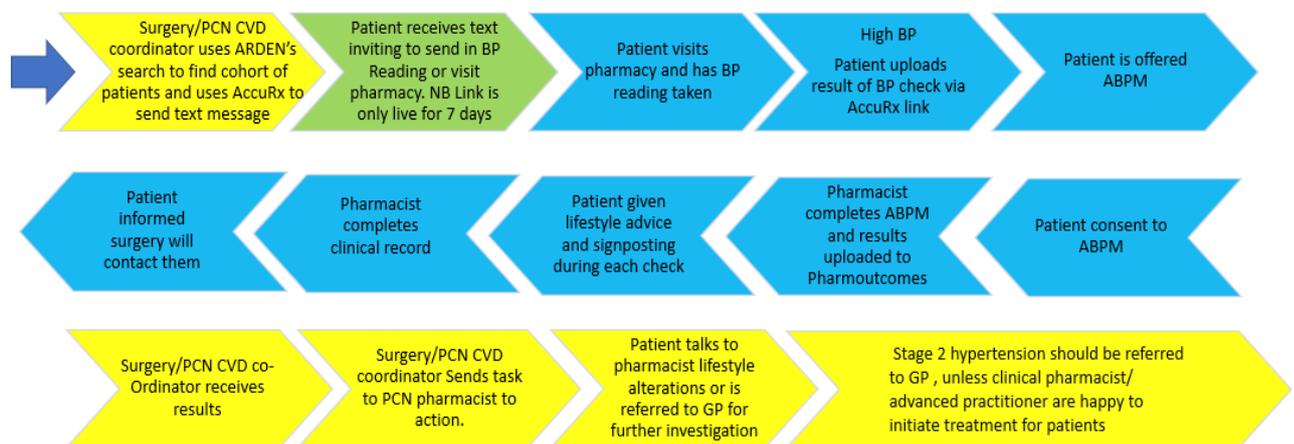


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OPTION 2: Normal reading in Pharmacy



OPTION 3: High Bp reading in Pharmacy Patient consents to ABPM



OPTION 5 High Bp reading in Pharmacy 180/120mmHg or higher

