Explaining the Community Pharmacy NHS Hypertension Case Finding Service

This paper summarises how the free NHS Hypertension Case Finding Service is carried out in a community pharmacy. This paper does not replace the requirement for community pharmacies to ensure that all details within the service specification are followed.

1. Identify who can use the service

- Adults aged 40 years or older who do not have a current diagnosis of hypertension and have not had their blood pressure checked within the last 5 years.
- Patients, by exception, under the age of 40 who do not have a current diagnosis of hypertension, but who request the service because they have a family history of hypertension or who are at increased risk of developing hypertension (South Asian and African-Caribbean populations) may receive the service at the discretion of pharmacy staff.
- Exceptionally, patients between 35 and 39 years old who do not have a current diagnosis of hypertension, but who are approached by pharmacy staff about the service may be tested at the discretion of the pharmacy staff.
- Adults aged 40 years and over without a prior diagnosis of hypertension who have not had their blood pressure checked in the last 5 years signposted by their general practice or other healthcare setting for clinic checks.
- Adults aged 40 years and over who have had an initial clinic blood pressure check at another healthcare setting and are signposted for ABPM (e.g. by general practices, optometrists and dentists).

2. Check whether the person is suitable. The person is asked:

- To confirm they have not had their blood pressure checked at the pharmacy via this service or at their GP in the last five years.
- To confirm they are not already having their blood pressure regularly monitored by a healthcare professional.
- That they do not need daily blood pressure monitoring.
- To confirm they do not have atrial fibrillation or a history of irregular heartbeat.

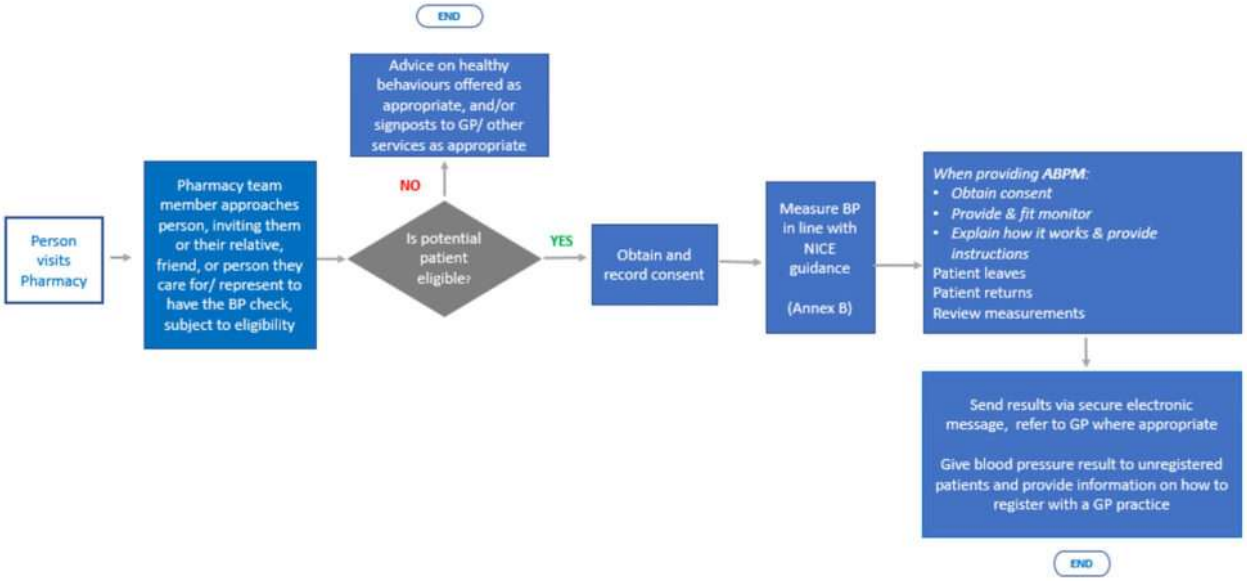
3. Explain the service and gain consent

- What the blood pressure check involves including the possibility of being offered an ABPM.
- The person's consent before starting.

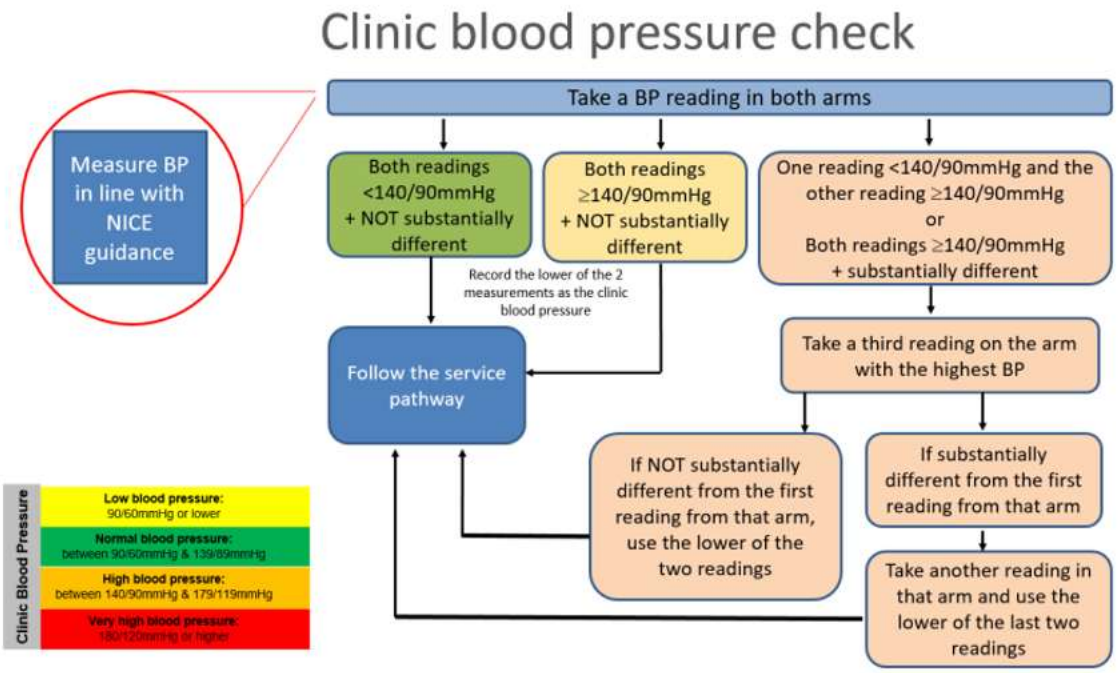
4. Measure the clinic blood pressure reading. NICE guidance (NG136) is followed.

- The consultation is carried out in the pharmacy consultation room or another suitable private area.
- Measure the person's blood pressure.
- Record the systolic and diastolic readings.
- Provide healthy lifestyle advice and signposting.
- Explain the result clearly to the person.
- Invite them to have an ABPM if their BP indicated a need.

Community Pharmacy Surrey & Sussex



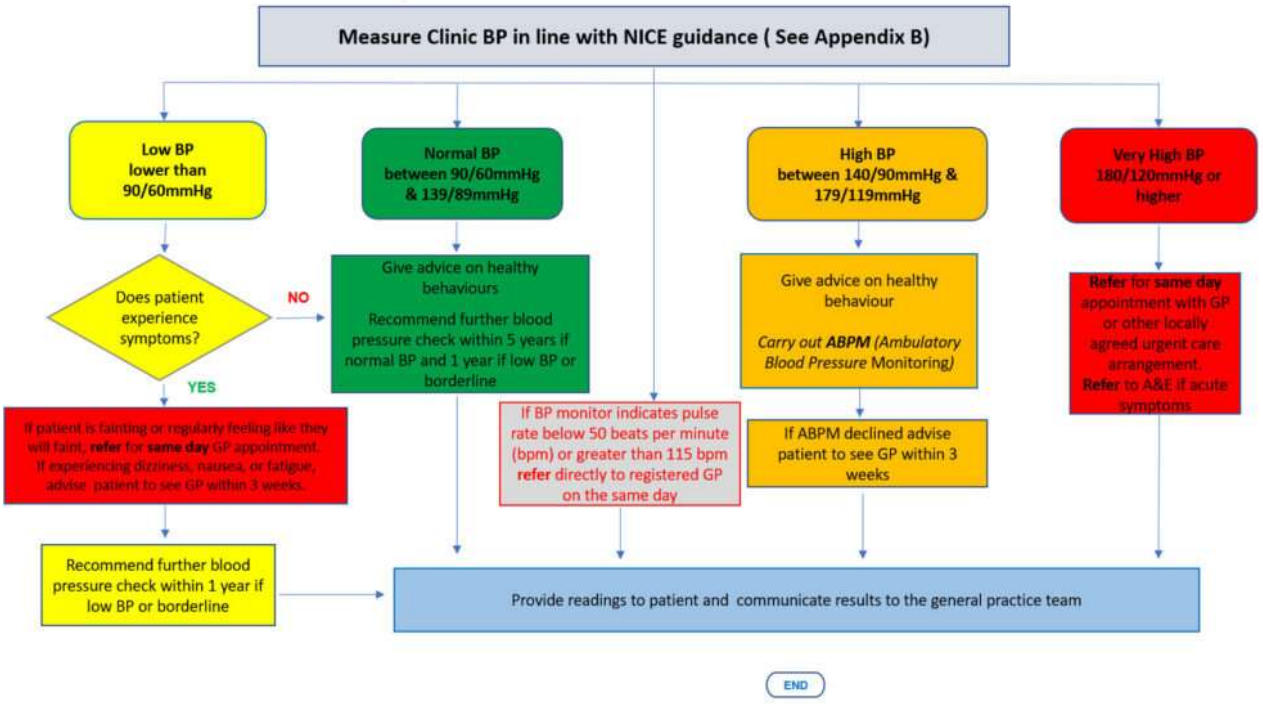
Guidance on clinic blood pressure check- flowchart



5. Act on the result- We must follow the service specification at all times

- **Normal blood pressure:** give healthy lifestyle advice and advise the person to have their blood pressure checked again in 5 years.
- **High blood pressure:** offer ambulatory blood pressure monitoring if the clinic reading is 140/90mmHg or above but below 180/120mmHg.
- **Very high blood pressure:** urgently refer the person for same day care and seek emergency help if they have acute symptoms such as chest pain, new confusion, signs of heart failure or severe headache.
- **Low blood pressure:** Follow the pathway on the flow chart below depending on whether they have symptoms or not.

Clinic BP flowchart



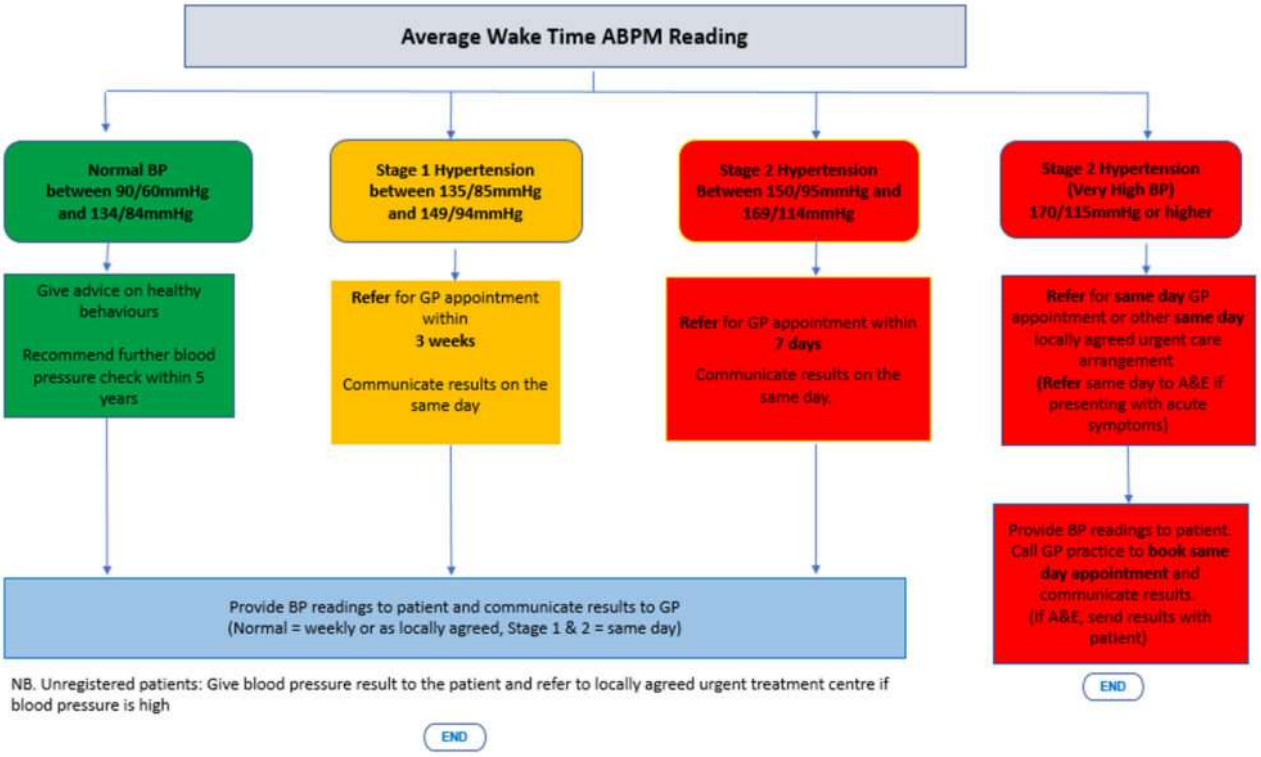
6. Provide ambulatory blood pressure monitoring when needed

- Fit the ambulatory blood pressure monitor, explain how it works and what to do when a reading is being recorded
- Advise the person not to get the monitor wet and to avoid baths or showers during the monitoring period.
- Set the monitor to take two readings per hour during the person's usual waking hours. Although the average wake time ABPM is used to establish the blood pressure category every effort should be made to encourage patients to wear the ABPM device for as long as possible to obtain wake and sleep time readings.
- Use the average of at least 14 daytime readings to interpret the result.
- Download the information from the ABPM on to the computer and send the report to the GP practice.

7. Review the ambulatory monitoring result

- **Average between 90/60mmHg and 134/84mmHg:** reassure the person and give healthy lifestyle advice.
- **Average between 135/85mmHg and149/94mmHg:** refer the person to their GP practice within three weeks.
- **Average between 150/95mmHg and 169/114mmHg:** refer the person to their GP practice within seven days, or sooner if they have symptoms.
- **Average 170/115mmHg or above:** arrange same-day referral to the GP practice or urgent care as appropriate.

ABPM flowchart



8. Share results with the GP practice

- All results are sent to the person's registered GP practice using GP Connect Update which is automatically assigned the correct coding information and general practice can add into patient records with one click. If this is not enabled at the GP Practice the assured IT system will default to send these results as NHSmail, this information is then required to be manually added to patient records and coded accordingly.
- For urgent results, community pharmacies telephone the GP practice while the person is still in the pharmacy or signpost the patient to A&E depending on the result from the consultation.

Last reviewed: 26th August 2026
Next Review Date: April 2027