

Service Specifications for Blood Pressure Testing Service

1. This agreement is between

NHS England (Yorkshire and the Humber) (the Commissioner)

Unit 3
Alpha Court
Monks Cross
YORK
YO32 9WN

And the Provider:

2. Introduction

This agreement set outs the framework for the Blood Pressure Testing Service during normal hours [the pharmacies core plus supplementary hours] from a community pharmacy, and has been agreed with Community Pharmacy Humber (Humber LPC). The implementation, administration, monitoring and review of this agreement is the responsibility of NHS East Riding of Yorkshire and Hull Clinical Commissioning Groups (CCG), or any organisation that takes over the functions of this CCG.

3. Period

This agreement is for the period **1st April 2019 - 31st March 2023**

4. Termination

Three months' notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

Three months' notice of termination must be given if NHS England (Yorkshire and The Humber) wishes to terminate the agreement before the given end date.

NHS England (Yorkshire and The Humber) 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.

5. Obligations

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

6. Payments

NHS England (Yorkshire and The Humber) will pay the following:

A fee of £5 per client for in store blood pressure testing and £30 per client for clients accepting 'self' home blood pressure monitoring via the loan of a BP machine.

The pharmacy will enter the service delivery information onto the PharmOutcomes system and invoices will be generated automatically.

Payments will be made by BACS within 28 days of the submitted invoice.

7. Standards

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

8. Confidentiality

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to NHS England (Yorkshire and The Humber).

9. 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 NHS England (Yorkshire and The Humber).

Schedule 1

BLOOD PRESSURE TESTING SERVICE SPECIFICATION

Service	Blood Pressure Testing Service
Commissioner Lead	NHS East Riding CCG and NHS Hull CCG
Provider Lead	
Period	1 st April 2019 – 31 st March 2023
Date of Review	September 2019

1. Population Needs

National/local context and Evidence Base

Hypertension is persistently raised arterial blood pressure (BP). It is one of several risk factors for diseases such as heart failure, myocardial infarction, stroke, and chronic kidney disease. Hypertension should be suspected if clinic systolic BP is sustained above or equal to 140 mmHg, or diastolic BP is sustained above or equal to 90 mmHg, or both. (NICE 2018)

High blood pressure affects more than one in four adults in England, and is the second biggest risk factor for premature death and disability. Improvements in tackling blood pressure in the last decade have prevented or postponed many thousands of deaths, but at present only four in ten of all adults with high blood pressure are both aware of their condition and managing it to the levels recommended. People from the most deprived areas are 30% more likely than the least-deprived to have high blood pressure and the condition disproportionately affects some ethnic groups including black African and Caribbean. Therefore a focus on blood pressure has potential to address health inequalities and variation in outcomes (PHE 2014).

Public Health England (PHE) published Tackling high blood pressure: from evidence into action (PHE 2014). This document provides evidence-based advice on how local government, the health system and others can effectively identify, treat and prevent high blood pressure. Actions identified included:

- Clinical Commissioning Groups (CCGs) should consider the case for local investment in Enhanced community pharmacy services to provide better information and support about blood pressure management; to introduce opportunistic screening in some areas; and to use the Medicines Use Review (MUR) service to review the blood pressure of those on anti-hypertensive medication and others at high risk of developing high blood pressure
- Healthcare professionals, including pharmacists and their teams, should take the opportunity of client engagement to test the blood pressure of all adults regularly and carry out pulse checks as part of blood pressure measurement

The General Practice Forward View acknowledges that 'Pharmacists remain one of the most underutilised professional resources in the system and we must bring their considerable skills in to play more fully' (NHSE 2016, p7). This sentiment is shared in the Community Pharmacy Forward View. (PSNC 2016).

General Practice registered population for Hull and East Riding CCGs for January 2018 was 602,207. Public Health estimated that in 2015/16 155,267 patients had hypertension. The Quality Outcomes framework (QOF) register for this period was 93,917, leaving over 61,000 patients undiagnosed.

Disease prevalence of CVD – Focussing on Heart Disease and hypertension, QOF 2016/17 indicates that ERY CCG has a disease register for Coronary Heart Disease (CHD) of 4.8 and Hull CCG 3.6, above the England rate of 3.2. ERY CCG is second highest within their RightCare peer group, whilst Hull CCG is third lowest. For Hypertension prevalence, each CCG is around 60% diagnosed of the Public Health estimate 2015/16. Potentially there are in excess of 60,000 residents in the region with undiagnosed

hypertension, which this programme will look to cover.

Premature mortality – From the PH England Fingertips website, for indicator: Coronary Heart Disease mortality under 75. ERY CCG at 39.8 is slightly higher than the England rate of 39.4, but third highest within their RightCare 10 most similar CCGs. Hull CCG at 59.4 are significantly higher than the England rate and second highest within their RightCare 10 most similar CCGs.

Identified health inequalities – A review of the Public Health Fingertips, Health Profile, Inequalities, Premature Mortality data shows ERY CCG as better within the Yorkshire and Humber region, and below the England position. There are areas of high deprivation in the coastal areas of ERY CCG. Analysis of the registered to estimated prevalence for hypertension, shows these areas as having a high opportunity under this programme.

Across the region current opportunities to identify potential essential hypertension are limited to NHS Health Checks and community Health Trainers, (where commissioned this is usually funded by Public Health), opportunistic testing within community pharmacy and when patients have contact with General Practice. At present there is no clear community based alternative.

Over the past decade, there has been growing interest in the role of community pharmacies in addressing these major public health issues. With an estimated 95% of people visiting a pharmacy at least once per year and an estimated 99.8% of people from the most deprived areas living within just a 20 minute walk of a community pharmacy, this setting offers the ideal location to reach out to the public (RSPH 2015).

2. NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

3. Scope

3.1 Aims and objectives of service

- 3.1.1 Through selected Healthy Living Pharmacies, this service will be supporting the residents of Kingston upon Hull and the East Riding of Yorkshire.
- 3.1.2 Aims to contribute towards the reduction of premature mortality in Hull and East Riding by increasing the detection of undiagnosed high blood pressure. Directly targeting those patients who do not access the healthcare system and are more likely to self-medicate.
- 3.1.3 Increase accessibility to blood pressure testing in wider community settings, particularly within deprived areas and hard to reach groups where the prevalence of hypertension is higher.
- 3.1.4 Improve the accuracy of hypertension diagnosis through the use of home blood pressure monitoring.
- 3.1.5 Increasing awareness for self-care and the impact of lifestyle choices. Signposting to relevant services dependant on the patient's need and outcome of testing. Supporting materials and resources will be provided to the client with referrals into other lifestyle services as appropriate to include: Stop smoking, weight management, alcohol services etc.
- 3.1.6 Reduce pressure on General Practice (GP), secondary and social care through earlier diagnosis of hypertension

- 3.1.7 Reduce costs associated with preventable comorbidities/diseases associated with hypertension
- 3.1.8 Reduce waiting and appointment times for patients to be tested for hypertension
- 3.1.9 Actively receive feedback and review outcomes of the service in order to shape and improve future / wider implementation of the service.

3.2 Service provider Requirements

- 3.2.1 The Provider must be a registered Healthy Living Pharmacy and must be included in the current Royal Society for Public Health (RSPH) register of HLPs. Healthy Living Pharmacies must maintain their HLP registration by undertaking the reassessment of HLP compliance criteria every 2 years.
- 3.2.2 The service should be offered and promoted within the pharmacy to eligible clients. (see 3.5)
- 3.2.3 The Provider must have the capacity to provide the service. The service is designed as a walk in service and will be available during pharmacy opening hours. During periods of high activity within the pharmacy, providers are expected to suggest a suitable time for the client to return to the pharmacy. Providers may want to offer an appointment system to satisfy this need.
- 3.2.4 The service must be provided by a member of the pharmacy team who is suitably qualified to undertake the procedure and has completed the training provided for this service.
- 3.2.5 The pharmacy must be able to provide a consultation room in which to undertake blood pressure measurements and advice. Consultation rooms must meet the following requirements: The client and the health professional can sit down together; They can talk at normal speaking volumes without being overheard by staff or customers; The client can rest their arm on a table/ bench at a suitable height; The area is clearly signed as a private consultation room, and is a quiet area.
- 3.2.6 The Provider will ensure the patient is fully informed of the blood pressure testing process, the possibility of home testing, the loan of blood pressure testing equipment and potential outcomes.
- 3.2.7 The patient must give consent for the procedure to be carried out; for data to be recorded and shared with their GP, other health professionals as appropriate and service commissioner; and for post screening follow up should a referral occur. Consent should be recorded within the PharmOutcomes platform. Consent form available in Appendix 2
- 3.2.8 The pharmacy will provide clients with BHF materials and other approved resources as provided by the commissioner.
- 3.2.9 The pharmacy must be aware of local lifestyle services and their respective referral pathways; provide promotional materials; refer clients into these services as appropriate.
- 3.2.10 The pharmacy will contact hypertensive clients who they have referred to a GP, to determine outcomes and will record any follow up services provided such as NMS (NHS advanced service: New Medicines Service) and MUR (NHS advanced service: Medication Use review service). Ideally the client will be followed up within a fortnight of their referral.
- 3.2.11 The pharmacy must have a Standard Operating Procedure (SOP) in place to support the delivery of the Service. SOPs should detail the operational delivery of the Hypertension screening service in accordance with the Service Specification service and service level agreement.

3.3 Professional Indemnity Insurance.

3.3.1 As outlined in the Service Level agreement, The Provider and the accredited pharmacists must notify their professional indemnity insurers and maintain adequate insurance cover for their participation in this service.

3.4 Population Covered

3.4.1 The service will be available to all patients registered with a Hull or East Riding of Yorkshire CCG general practice.

3.4.2 Or to patients who are living within the respective CCG boundaries but are **not** registered with a general practice i.e. those that are homeless.

3.5 Inclusion Criteria

Providers must confirm with the client that they meet these criteria before providing the service.

3.5.1 The service is only available to patients who have not had a blood pressure check within the last year. An exception to this would be if the patient has been recently tested and signposted into the pharmacy service for possible self-home BP monitoring from another organisation i.e. Health Trainers or other Health Professional.

3.5.2 The service can also be offered to patients who have been diagnosed with hypertension previously but are no longer taking medication to control it, provided they have not had a BP check within the last 12 months.

3.5.3 Patients must be 18 years old or above.

3.6 Exclusion criteria

3.6.1 Clients already diagnosed with any of the following conditions are not eligible for screening:

- a. High blood pressure (and are taking treatment for high blood pressure).
- b. Atrial Fibrillation
- c. Diabetes
- d. Chronic Kidney Disease
- e. Angina
- f. Stroke
- g. Transient ischaemic attack
- h. Heart failure
- i. Myocardial infarction

3.7 Interdependencies with other Provider

3.7.1 The Provider will be expected to liaise with other Providers (pharmacies) to ensure clients are able to access the service in a timely fashion, should capacity issues exist

4. Service Delivery

Process

4.1 Patient Engagement and Screening:

For patients that present in the pharmacy and ask to access the service, establish that they meet the inclusion criteria. In addition proactively offer a free blood pressure test to all customers who appear to be over 18 and establish if they meet the criteria for inclusion.

4.4 Offering blood pressure testing

A suitably qualified pharmacy team member will complete the following:

- 4.2.1 Explain to the client what is involved, the process, possible interventions and outcomes.
- 4.2.2 Obtain and record consent to undertake the test, referral to GP if required and data collection and sharing. (appendix 2)
- 4.2.3 Complete the pre-screen questionnaire (appendix 3)

4.3 Test actions/process

- 4.3.1 Undertake the test using an approved, validated blood pressure testing machine
- 4.3.2 Test is conducted in accordance with NICE CG 127 (NICE 2011).
 - 4.3.2.1 Measure BP in both arms:
 - 4.3.2.1.1 If difference in readings between arms is more than 20mmHg repeat on both arms.
 - 4.3.2.1.2 If difference remains more than 20mmHg measure subsequent pressures on the arm with the highest reading.
 - 4.3.3 If the initial reading is between 60/90mmHg and 140/90mmHg, no further readings are required: record the measurement as the clinic BP
 - 4.3.4 If the initial reading is below 60/90mmHg OR higher than 140/90mmHg, then take a further reading, if the reading is substantially different from the first, take a third measurement. Record the lower of the last two measurements as the clinic BP.
 - 4.3.5 Follow the actions shown in the chart below

Results detected	Threshold	Actions required
BP detected in Right and Left arm is significantly different	NICE – If the difference in readings between arms is More than 20mmHg repeat on both arms	NICE – if difference between arms remains more than 20mmHg, measure subsequent pressures on the arm with the highest reading.
BP is very low/ undetectable	Systolic BP <90mmHg/ Diastolic BP <60mm/Hg	See clinical pathway Appendix 1 Advice given, record on PharmOutcomes® & PMR.
BP is Normal.	Systolic BP 90-139mmHg/ Diastolic BP 60-89 mmHg	BP is normal; maintain healthy lifestyle/ provide lifestyle advice; record on PharmOutcomes® & PMR.
BP is raised and Pulse is normal OR irregular	Raised: Systolic BP 140-179mmHg Diastolic BP 90-109mmHg	Offer Client home self BP testing for one week. (loan machine)
	Severe: Systolic BP 180-219mmHg or Diastolic BP 110-119mmHg	Prompt referral to clients GP practice within the next 3 days Provide appropriate lifestyle advice and signposting to lifestyle intervention services. Record on PharmOutcomes® & PMR.
	Systolic BP ≥ 220mmHg or Diastolic ≥ 120mmHg	Immediate referral to GP or seek advice from Out of Hours Service same day. Provide appropriate lifestyle advice/ signposting. Record on PharmOutcomes® immediately & PMR
Irregular pulse and normal BP		Repeat test: If still irregular, advise to visit GP surgery within 3 working days for further advice and tests

4.4 Home Self BP Testing

- 4.4.1 Explain process, demonstrate use of machine, cuff size and provide information on home testing procedure and recording of results.
- 4.4.2 Provide the approved BP machine and results record booklet: Verify client's identity and complete the 'Loan of Digital Blood Pressure Monitor for home blood pressure monitoring' equipment form (appendix 4).
- 4.4.3 Arrange an appointment for review of results in the pharmacy and record appointment in the results record booklet.

4.5 Equipment

- 4.5.1 Each pharmacy will be provided with an approved blood pressure monitoring device for use in the pharmacy and at least one additional device to release for home testing. Additional devices will be made available if required.
- 4.5.2 Extra-large cuffs will also be provided for each device.
- 4.5.3 Full instruction manuals and operating software will be provided for each device.

4.6 Training

- 4.6.1 Each pharmacy providing the service must ensure that at least one member of the pharmacy team attends a training event. All pharmacists, healthy living champions, pharmacy technician and pharmacy team members providing the service will be required to complete any training cascaded to them following the training event which will include:
 - a. The rationale for the provision of the service
 - b. Management of Hypertension
 - c. Training on the use of the devices provided to measure blood pressure including identifying irregular heartbeat
 - d. The pathways identified for those clients identified with hypertension/hypotension /irregular pulse
 - e. Resources available to support the service
 - f. Requirements for reporting the outcomes of the service and use of PharmOutcomes
 - g. Follow up process for clients taking part in the service
- 4.6.2 Pharmacists and accredited Pharmacy technicians involved in providing the service are encourage to use the CPPE 'Hypertension gateway page; themed learning resources' to enhance and test their knowledge: <https://www.cppe.ac.uk/gateway/HYPER>
- 4.6.3 All staff involved in the service are encouraged to understand and apply the principles of MECC (Making Every Contact Count) and to undertake either face to face local MECC training or online MECC training to support high quality interventions.
- 4.6.4 The lead Pharmacist within each pharmacy should ensure all staff delivering the service, are appropriately trained and competent to carry out the blood pressure measurements.

4.7 Materials

- 4.7.1 The pharmacy will be provided with display materials to support the delivery of the service plus client information leaflets and results booklets for provision to clients who are offered home testing.
- 4.7.2 Supplies of British Heart Foundation (BHF) leaflets can be ordered from the BHF. This can be done through the BHF website: <http://www.bhf.org.uk/publications.aspx> or by phoning

the order-line on 0870 600 6566

- 4.7.3 Each pharmacy will be provided with materials, signposting information and referral routes pertaining to local lifestyle services, details of services can be accessed via the following links.

www.mecclink.co.uk/LocationServices?Location=Hull

www.mecclink.co.uk/LocationServices?Location=East-Riding

4.8 PharmOutcomes and Patient Medication Record (PMR)

- 4.8.1 All client consultation details must be recorded on the PharmOutcomes platform in accordance with the agreed template developed.

The PharmOutcomes template should be completed as soon as practicably possible but within 2 working days of the BP screening consultation, with the exception of home testing: Where home testing is implemented, results should be entered as soon as practicably possible but within 2 working days of the clients return appointment. Where a client requires an urgent referral (within 24 hours) the PharmOutcomes platform should be completed immediately.

A record of the consultation will also be made on the clients PMR (patient's medication record) wherever available.

4.9 Future support and intervention/follow up

- 4.9.1 Clients identified with hypertension following the 1 week home testing, will be referred to their GP. An automated notification will be sent to the GP via the PharmOutcomes platform. If automated notification is not available a paper copy must be sent to the GP.
- 4.9.2 If the client is not registered with a general practice, they should be provided with a letter, outlining the result of their appointment and be signposted to a local GP for new patient registration. If they do not wish to register with a GP, they should be signposted to the general practice contracted by NHS England to support this client group.
- 4.9.3 The pharmacy will contact clients who they have referred to a GP, to determine the outcome of the referral. Outcome will be recorded on the PharmOutcomes platform and in the patients PMR record.
- 4.9.4 Any follow up services provided such as NMS (NHS advanced service: New Medicines Service) and MUR (NHS advanced service: Medication Use review service) will also be recorded on the clients PMR and on the PharmOutcomes platform.

5. Applicable Service Standards

5.1 Applicable national standards

- 5.1.1 The Provider will ensure that the service is delivered in line with all national standards applicable to the provision of this services current guideline. In 2011 (Updated November 2016) the National Institute for Health and Clinical Excellence (NICE) updated its clinical guidelines for hypertension, based on the best available research evidence to promote high-quality care and clinical practice. One of the key recommendations of the NICE is that blood pressure can be lowered through a range of lifestyle changes – such as cutting down on salt, and reducing alcohol consumption – and options for treatment with medicines. The full guideline can be accessed at <https://www.nice.org.uk/guidance/CG127> or a summary of the guidance provided by NICE Clinical Knowledge Summaries (CKS)

can be viewed at <http://cks.nice.org.uk/hypertension-not-diabetic>

5.2 Applicable local standards

5.2.1 The Provider will ensure that all staff who are involved in delivering the service are able to demonstrate the required competencies.

5.3 Applicable quality requirements

5.3.1 The Provider will develop and follow a standard operating procedure (SOP) for this service and will monitor adherence to the standard operating policy, providing evidence of this monitoring to the Commissioner as required.

5.3.2 The Provider will maintain full records of all consultations via the PharmOutcomes platform.

6. Location of Provider Premises

6.1 Premises

6.1.1 The service will be provided from Healthy Living Pharmacies commissioned to provide the service within Hull and the East Riding of Yorkshire.

Payments Schedule

Service Description	Currency	Price
Community Pharmacy Hypertension screening service	Payment per Blood Pressure screen	£5.00 per test
	Payment per home Self Blood pressure monitoring service accepted by client	£30 per (HBPM)

Claims for work undertaken in accordance with this specification should be submitted monthly via the PharmOutcomes platform.

Reporting Requirements

Service	Reporting Period	Details required	Timing and Method for delivery of Report
Community Pharmacy Hypertension screening service	Monthly	Standard Activity report via PharmOutcomes	Submitted electronically via the PharmOutcomes on the 6 th of the month

Appendices:

1. Clinical Pathway
2. Consent Form
3. Pre-screen client questionnaire
4. Loan of Equipment Form

References

BIHS 2018, British and Irish Hypertension Society, BP Monitors. Available at <https://bihsoc.org/bp-monitors/> Accessed 24 September 2018.

NICE 2011, Hypertension in adults: diagnosis and management, Clinical Guideline CG 127. Available at <https://www.nice.org.uk/guidance/cg127/resources/hypertension-in-adults-diagnosis-and-management-pdf-35109454941637> Accessed 24 September 2018.

NICE 2018, Clinical Knowledge Summaries, Hypertension – Non diabetic. Available at <https://cks.nice.org.uk/hypertension-not-diabetic#!topicsummary> Accessed 12 Sept 2018.

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PSNC 2016, Community Pharmacy Forward View. Available at: <https://psnc.org.uk/wp-content/uploads/2016/08/CPFV-Aug-2016.pdf> Accessed 12 September 2018.

RSPH 2015, Royal Society of Public Health, Reducing premature mortality: the role of community pharmacists (February 2015) Available at <https://www.rsph.org.uk/uploads/assets/uploaded/51a2cd60-35c4-40de-959f96dd1bd6980f.pdf> Accessed 12 September 2018.

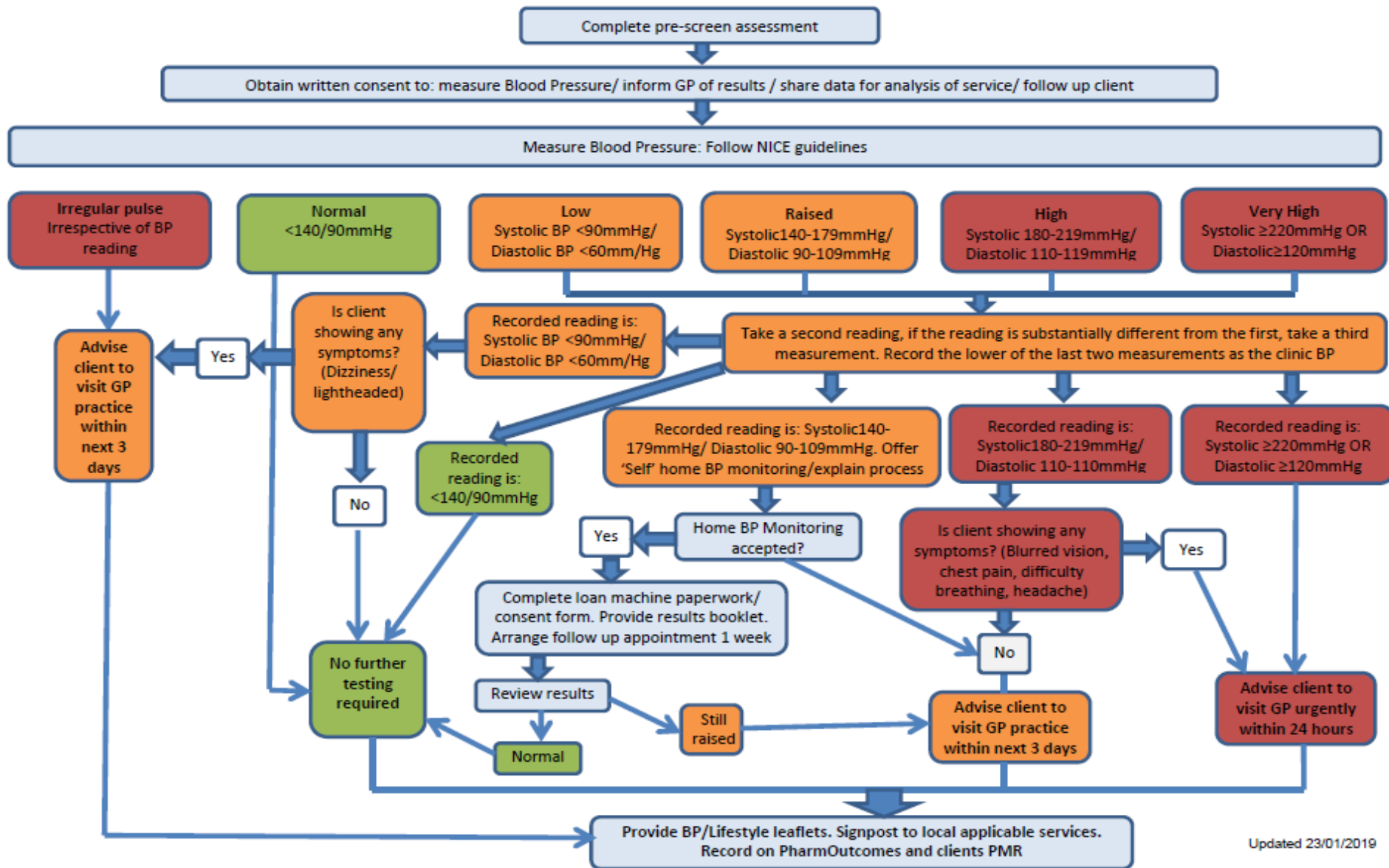
Additional resources

A British Hypertension Society (BHS) DVD video can be downloaded from the BHS website to support training and assessment of competency. (<http://www.bhsoc.org/index.php?cID=162>). This may also be accessed via You-Tube for those using tablet devices (http://youtu.be/XBK_Xoeqp8w)

The following video demonstrates MECC in action within Community Pharmacy:

<https://www.youtube.com/watch?v=Px-qvd0y3cY&index=19&list=PLNt6KNwtYISrUvBOsJBWlcs0DUvizhMZY>

Community Pharmacy Blood Pressure Screening Service Clinical Pathway



Updated 23/01/2019

Community Pharmacy Hypertension Screening Service patient consent

Privacy Notice and Participant Consent

The Community Pharmacy BP testing will take place in the pharmacy consultation room with a trained member of the pharmacy team and comprises of:

- Blood pressure measurements taken using an upper arm BP monitor and Brief lifestyle advice
- The BP monitor will also detect if you have an irregular pulse
- People with a raised blood pressure will be offered home self-testing of their blood pressure by means of a loan BP monitor machine.
- If home testing is accepted, you will need to attend a follow-up appointment at the pharmacy to assess the results.
- Depending on the result of the BP measurements and pulse check, you may require no further action; be referred directly to the GP practice for further investigation; be referred to A&E urgently
- Your details and BP readings will be recorded securely on the pharmacy BP service template.
- Your BP results will be sent directly to your GP practice securely. The information will be stored on your patient medication record in accordance with NHS policies and procedures.
- Your anonymised results may also be shared with the following organisations in order to analyse the effectiveness of the service and your care:
 - Humber Local Pharmaceutical committee
 - East Riding of Yorkshire CCG commissioners
 - Hull CCG commissioners
- You are invited to take part in the evaluation of the effectiveness of the service. If you agree to be included in the evaluation, you may be contacted by a member of the pharmacy team, East Riding of Yorkshire CCG, Hull CCG and the Humber Local Pharmaceutical Committee (LPC) within twelve months to follow up on the outcome of your participation in the project.
- When the evaluation is published or presented, it will not contain any person identifiable information and will not be used for any other purpose other than evaluation

You are asked to confirm your consent by signing the Declaration below:

Withdrawal of consent

You can withdraw your consent from participating in the evaluation of the service at any time by contacting a member of the pharmacy team. We will exclude any information about you from the evaluation, however once the evaluation is written and published, it will not be possible to remove your data from the analysis.

Declaration

Signing this declaration means that you have read the above information, and have had a chance to ask questions to help you to understand how your information is used and recorded.

I **consent / do not consent (please circle)** to the outcomes of my blood pressure readings to be shared with my registered GP practice so they can provide me with further support if required.

(I understand that by not providing consent I will not be able to participate in the programme).

I **consent / do not consent (please circle)** to take part in the programme evaluation. I understand the purpose of the evaluation and that EROY CCG / Hull CCG analysts will access my information for the purpose of project evaluation.

I **consent / do not consent (please circle)** to be contacted for a follow up interview. I understand that I can withdraw my consent from evaluation at any time, but this will not affect the quality of the service provided to me.

Name: (please print): _____

Signature _____ Date _____

For Pharmacy use only (Name / Position of the pharmacy team member recording consent)

Date _____

Community Pharmacy Blood Pressure Screening Service**Client pre-screen Assessment form**

Pharmacy Name and address:	Date:	
Client Name:	Client NHS number:	
Clients address and postcode:	How long since last known BP test (years) >1 >5 >10yrs	
Clients Date of Birth:	Client consents to service Yes / No	
Client telephone number:	Client email address:	
How/ where did the client hear about the service?		
Inclusion criteria (Only one need apply)	YES	NO
Is the client registered with either an East Riding of Yorkshire CCG GP practice or a Hull CCG GP practice?		
Is the client living within Hull or the East Riding of Yorkshire CCG boundaries and is not registered with a general practice?		
Automatic Exclusion criteria	Yes	No
Is client under 18yrs of age?		
Has the client had a blood pressure check within the last 12 months? (unless client has been referred into pharmacy service for home BP self-monitoring by another service)		
Has the client been diagnosed with any of the following conditions? <ul style="list-style-type: none"> • High blood pressure and is on treatment for high blood pressure • Atrial Fibrillation • Diabetes • Chronic Kidney Disease • Angina • Stroke • Transient ischaemic attack • Heart failure • Myocardial infarction 		
Would you be happy to be contacted to help with the evaluation of the pharmacy BP screening service? If yes, please indicate your preferred contact method below:	Yes	No
Email	Telephone	Letter

Loan of Digital Blood Pressure Monitor for home blood pressure monitoring

Clients Name:
Tel no:
Address:
Date:
Please indicate proof of identification provided
Pharmacy :

Description of equipment borrowed and serial numbers

Specified return date: _____

Declaration

I agree to the safekeeping of the equipment detailed above and to return all items on the date specified.
Any loss or damage to the equipment may result in a claim for reimbursement or any reasonable costs incurred.

Signed: _____

Print name: _____

Authorising Signature (BP Champion):

Pharmacy / workplace use only

I confirm that the above item(s) have been returned in a satisfactory condition.

Signed: _____ **Date:** _____