

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 or 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 ERO Y 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