Service Specification for NHS Community Pharmacy Blood Pressure and Atrial Fibrillation Drop-In Service

1. This agreement is between

   NHS England North Midlands (Derbyshire/ Nottinghamshire only) (the Commissioner)

   Birch House, Southwell Road West, Rainworth, Nottinghamshire, NG21 0HJ

   And the Provider: ("the pharmacy")

   Trading as:

   Address:

   Contractor ODS code: F

2. Purpose

   The purpose of the Community Pharmacy Blood Pressure and Atrial Fibrillation (AF) Drop-In Project service focuses on the early detection of high blood pressure (hypertension) and atrial fibrillation. The project will encourage individuals to have a blood pressure and atrial fibrillation test and take action to improve their lifestyle. All Blood Pressure and AF Drop-In sites will follow an agreed pathway and testing protocol. People with high blood pressure readings will be encouraged to visit their GP practice.

   The project will support the Government’s Cardiovascular Disease Outcomes Strategy¹, which aims to help improve outcomes for people with or at risk of cardiovascular disease (CVD).

   The project is looking to explore the potential for a larger role for pharmacy in public health, specifically around early detection of high blood pressure and atrial fibrillation and supporting lifestyle improvement (i.e. giving practical tips to members of the public around key risk factors for high blood pressure).

   This service is an Enhanced Service as defined by Part 4 paragraph 14 (1) (q) of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) and as further detailed in Schedule 1.

3. Period

   This agreement is for the period from 1st February 2019 until 31st July 2019.

4. Termination

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

   NHS England 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).

NHS England will manage the service in accordance with the specification (Schedule 1).

6. **Payments**

NHS England will pay the following:

A professional fee of £5 will be paid for each patient screened.

A record of the consultation will be entered onto PharmOutcomes, which will automatically generate the payment. NHS England will extract the data on the 1st of the month for the previous month.

PharmOutcomes is accessed at: www.pharmoutcomes.org.uk. All pharmacies have previously been sent a user name and password details for PharmOutcomes. If you have misplaced or lost your log on details please contact the PharmOutcomes helpdesk by either:

- Go to www.pharmoutcomes.org.uk and click the Help button
- Call the Helpdesk on 0330 660 0689 and leave a message clearly stating your location, your phone number and a brief description of the problem you are experiencing.

7. **Standards**

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

8. **Confidentiality**


Any approaches by the media for comments or interviews must be referred to NHS England.

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.
Schedule 1
Service Specification – Community Pharmacy Blood Pressure and Atrial Fibrillation Drop-In Service

1. Service description

1.1 The purpose of the Community Pharmacy Blood Pressure and AF Drop-In Project is the early detection of high blood pressure (hypertension) and/or atrial fibrillation. The project will encourage individuals to have a blood pressure and atrial fibrillation test in a community pharmacy and take action to improve their lifestyle. People with high blood pressure readings or where atrial fibrillation is suspected will be referred to their GP practice.

1.2 All members of the pharmacy team are required to actively promote the service. This involves looking out for opportunities to engage with your patients – especially if they appear to belong to one or more of the target audience groups – to help identify the large number of people who have high blood pressure / AF but are not aware of it.

2. Context

NHS England wants community pharmacy to help develop the evidence base of the effective role community pharmacy can play in targeting people with undiagnosed high blood pressure and/or atrial fibrillation.

For the project to be a success the whole pharmacy team will need to proactively promote the campaign and offer tests from 1st February 2019.

<table>
<thead>
<tr>
<th>We need your pharmacy to make this campaign a success.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer, measure and record the data from the Blood Pressure Drop-In to help build the evidence of the effectiveness of pharmacy.</td>
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</table>

This campaign is a great opportunity for the pharmacy to increase the number of blood pressure screens it offers to patients AND to capture the outcome of this pharmacy intervention.

The Blood Pressure and AF Drop-In campaign is aimed at people over the age of 40 with no pre-existing diagnosis of high blood pressure / atrial fibrillation.

Those outside these criteria can still be checked if insistent, but should not be pro-actively targeted.

It is hoped the project will pick up more deprived populations, people who don't often engage with health services and people with risk factors for high blood pressure (which include smoking, excessive alcohol, obesity, physical inactivity and poor diet).

Actions required by the pharmacy

- Discuss the Blood Pressure and AF Drop-In campaign with the pharmacy team
- Explain the aim and target patients for the campaign
- Agree how pharmacy staff will signpost suitable patients into the campaign
- Make local GP surgeries aware of the service
- Decide how the pharmacy staff who will carry out the checks will leave /handover what they are currently doing (e.g. dispensing/ serving on the counter) to another member of staff so that they can provide a blood pressure and AF check.
- Check all the pharmacy team knows about the main messages about blood pressure, the risks of high blood pressure and atrial fibrillation, and lifestyle messages regarding blood pressure. This will help when discussing the campaign with patients.
- Display the campaign posters

This is a fantastic opportunity to demonstrate the key role community pharmacy can play in addressing the health and wellbeing of your patients.

**Why focus on High Blood Pressure and Atrial Fibrillation?**

High blood pressure rarely makes people feel ill and there are usually no symptoms. It greatly increases the risk of cardiovascular disease, in particular heart attack, stroke and heart failure and unfortunately often goes undetected until an acute event occurs.\(^1\) There are over 5 million adults in England living with undiagnosed high blood pressure,\(^2\) so early detection is key.

- High blood pressure is a systolic blood pressure above 140mmHg, or a diastolic blood pressure above 90mmHg.\(^3\)
- High blood pressure affects over a quarter of all adults in England.\(^2\)
- One in every nine adults – over 5 million people in England\(^2\) – has high blood pressure without knowing about it.\(^2\)
- Prevalence increases with age in both men and women.\(^2\)
- In around 90% of cases there is no obvious, identifiable cause.\(^3\)
- High blood pressure is the second biggest risk factor for disease leading to early death in the UK.\(^4\)
- High blood pressure is estimated to cause over 20% of heart attacks\(^5\) and 50% of strokes.\(^6\)
- The risk of a cardiovascular event doubles for approximately every 20/10mmHg rise in blood pressure.\(^3\)
- Atrial fibrillation is the most common sustained cardiac arrhythmia, and estimates suggest its prevalence is increasing. If left untreated atrial fibrillation is a significant risk factor for stroke and other morbidities. Men are more commonly affected than women and the prevalence increases with age (NICE).

**Current guidelines**

In 2011 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 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. Find out more by visiting www.nice.org.uk and search “hypertension”.
References


3. Aims and intended service outcomes

- To identify individuals with high blood pressure and/or atrial fibrillation.
- To provide lifestyle advice to ALL patients screened.
- To refer patients with high blood pressure readings or a suspected diagnosis of atrial fibrillation to their GP practice.
- To refer patients with a low blood pressure (systolic reading below 90mmHg) to their practice nurse or GP within 2-3 days.

4. Service outline

All participating pharmacies will be provided with a monitor, which is able to detect hypertension and possible atrial fibrillation by NHS England (with no commitment to repair or replace) which is:

- In good working order
- Independently calibrated/checked and shown to be accurate

To ensure that the mechanism used for the Blood Pressure and AF Drop-In Service is consistent between sites it is important that the procedure outlined below is followed.

4.1 The Pharmacist will:

- Proactively offer a free blood pressure test and atrial fibrillation test to all patients who appear to be over 40

- Ask the patient if they:
  - Have been told they have high blood pressure/AF or are on treatment for high blood pressure/AF
  - Have had a blood pressure test within the last 6 months
  - Are aged under 40

- If the answer to all of the above is ‘no’, proceed to next stage.

If the answer to any of the above is ‘yes’, the campaign is not intended for the patient. Explain to the patient that they don’t meet the criteria for a check. However, if the patient wants to be tested, it is reasonable to do so as per the procedure below.

4.2 In order for the campaign to be a success, the whole pharmacy team will need to be pro-
active in offering blood pressure/AF measurement to all patients and patients who appear to fall into the over 40 age group. This should include:

- Proactively initiating discussions with patients
- Displaying posters and leaflets within the pharmacy and highlighting these to people visiting the pharmacy
- Targeting those collecting a prescription (you’ll know if they are over 40 and can exclude those on an antihypertensive)
- Whilst delivering another service – MUR, NMS, Stop Smoking Service etc.

4.3 Introducing screening with patients.

The following phrases may be useful when introducing the topic;

“Have you seen that we are part of the Blood Pressure Drop-In – would you like a free blood pressure check?”
“We are offering all patients over 40 a free blood pressure check. Would you like to know your blood pressure?”
“One in every 9 adults has high blood pressure without even knowing it. Would you like a free blood pressure check?”
“High blood pressure is estimated to cause over 20% of heart attacks and 50% of strokes. Those with high blood pressure rarely have symptoms. Would you like a free blood pressure check today?”

4.4 Screening

Once a conversation has been started about blood pressure you need to screen the patient to establish that they are eligible as the Blood Pressure Drop-In should not be offered to those who:

- Have been told they have high blood pressure/AF or are already on treatment for high blood pressure or AF.
- Have had a blood pressure test within the last 6 months
- Are aged under 40 years old

4.5 Delivering the service to the patient

If the member of the pharmacy team who initiated the conversation is not trained to be able to take blood pressures they should transfer the patient to a suitably trained member of staff.

If you didn’t undertake the initial engagement and screening with the patient introduce yourself and explain that you will be taking the blood pressure.

Move to either consultation room or suitable area of pharmacy to carry out the blood pressure measurement.

It is important that those having a blood pressure taken are relaxed and have been seated for a few of minutes before the readings are taken. The introduction and patient information section allows for this to happen.

Explain what’s involved;
- Some opening questions
- Measurement of the blood pressure
• Explanation of their reading
• A discussion around lifestyle

You may wish to discuss what blood pressure and/or atrial fibrillation is and why high blood pressure is harmful.

Key Facts to help you:
A. What is blood pressure?
Blood pressure is the pressure of the blood in your arteries. You need a certain amount of pressure in your arteries to keep the blood flowing around your body. Your heart pumps blood around the body through the arteries, by contracting and relaxing. The pressure of blood flowing through the arteries varies at different times in the heartbeat cycle.

B. What is high blood pressure?
High blood pressure develops if the walls of the larger arteries lose their natural elasticity and become rigid, and if the smaller blood vessels become narrower. The higher your blood pressure, the higher your risk of developing health problems is. A normal blood pressure reading is less than 140/90mmHg, if your blood pressure is higher than that during today’s reading we will suggest that you go to your doctors surgery and make an appointment to see the nurse.

C. Why is high blood pressure harmful?
Having high blood pressure greatly increases your risk of having a heart attack or stroke. It can also put strain on the heart so that it becomes less efficient at pumping blood around the body. If high blood pressure is left untreated for a long time, it can lead to a strain on your heart and other health problems, for example kidney problems and even damage to your sight.

4.6 Measure and interpret blood pressure

1. Ensure patient has had 5 minutes to relax by this point before commencing testing.

2. You will be using the Microlife WatchBP monitor this automatically takes 3 readings and gives the average BP; use this average reading to decide if the blood pressure is within the Normal Range or if a referral is needed. The Microlife WatchBP monitor will flash “Afib” if an irregular heart beat is detected and the patient should be referred to their GP; if no irregularity is detected there will be no “Afib” symbol shown.

3. Follow the flow chart to decide if the BP measurement needs to be referred:
   • If the reading is below 140/90, the blood pressure is normal no referral is required. If the reading is above 140/90, take two further measurements at least one minute apart
   • If the first reading is above 140/90 the blood pressure can be said to be high on this occasion and referral is required.
   • If the systolic is below 99 then the blood pressure is low on this occasion and referral is required.

4. Complete section C (questions 9-10) on the Data Collection Form.

It is essential that the blood pressure reading taken is accurate by following the procedure below carefully so that the measured blood pressure is quality-assured and can be relied on by the person being tested and their GP. This procedure has been compiled from Blood Pressure UK and British Hypertension Society guidance.

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

The person being tested should:
- Be seated in a quiet place if possible
- Be still and silent whilst the reading is taken – talking and moving both affect accuracy.
- Ideally not have a full bladder (this means they will be less relaxed), not have exercised or had caffeine, nicotine or a large meal recently, as these can temporarily raise blood pressure.
- Wear loose clothing on their upper arm or remove arm from sleeve. It does not matter which arm you use.

Cuff Size:
- Ensure the correct cuff size is used. This is determined by the arm circumference as in table below. 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.
- The two cuff sizes available are: Medium/Large 22-42cm and Large/Extra Large 32-52cm

The technique:
- Clean your hands using alcohol gel and ensure you are bare below the elbow
- 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 centimeters 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. Most 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.

The measurement:
- Measure the BP and AF using one arm only and record the reported average reading.
- If the average recorded reading is below 140/90mmHg, the blood pressure is normal and no further action is required.
- If the recorded reading is above 140/90mmHg, the blood pressure can be said to be high on this occasion.
- Record the blood pressure and AF result reading on the data collection form.
- If the ‘Afib’ symbol flashes then there is an irregular beat and this needs recording on the Data Collection form, whether the blood pressure reading is normal or not.
4.7 Explain the Blood Pressure and AF results and next steps

Key steps

1. In communicating the result it is important to give enough information, to encourage the person being tested to take appropriate action and to avoid causing inappropriate alarm.
2. Be clear that if a patient’s BP is raised it does not mean that they have a diagnosis of high blood pressure – they will need further tests to establish this.
3. Explain what the patient’s blood pressure readings mean.
4. Take action as below:

<table>
<thead>
<tr>
<th>If the BP is low (the systolic or upper reading below 90)</th>
<th>If the BP is below 140/90</th>
<th>If the blood pressure is between 140/90 and 179/100</th>
<th>If the BP is above 180/110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise the person being tested that low BP is often normal but that they should see their practice nurse within 2-3 days for a check (with referral letter).</td>
<td>Explain the person being tested that their blood pressure is normal. Give lifestyle advice on how to maintain a healthy BP (see lifestyle section)</td>
<td>Explain the risks associated with raised blood pressure. Reassure the person being tested that there is no cause for alarm but that is important not to ignore the reading and to repeat the test in the near future. Explain that they will need further BP tests to help decide whether they have high blood pressure and whether they will need medicines to treat it. Recommend that they make an appointment to see their practice nurse within 2 weeks (with referral letter) and reassure them that they do not need to be seen more urgently than that.</td>
<td>Explain the risks associated with raised blood pressure. Tell them that their blood pressure is high and that they may need treatment to lower it. Explain that they will need further BP tests to help decide if they have hypertension and whether treatment will be needed. Recommend that they make an appointment to see their practice nurse or GP within 2-3 days (with referral letter).</td>
</tr>
</tbody>
</table>

If the “Afib” symbol is displayed the patient should be referred to their GP for further investigation

In communicating the result it is important to give enough information, to encourage the person being tested to take appropriate action and to avoid causing inappropriate alarm. Explain what blood pressure readings mean to all patients and then give the information specific for their blood pressure reading.

The following information may be useful when explaining blood pressure readings as would the British Heart Foundation Blood Pressure information booklet
**Blood pressure readings**

Blood pressure is the pressure of the blood in your arteries. Blood pressure is written as two numbers – for example, 120/80mmHg. (‘mmHg’ is the unit used for measuring blood pressure. It stands for millimeter of mercury.) The first number is the systolic pressure and the second is the diastolic pressure.

- Systolic blood pressure is the highest level your blood pressure reaches. This is when your heart contracts and blood is forced through the arteries.
- Diastolic blood pressure is the lowest level your blood pressure reaches. This is when your heart relaxes between each beat.

Understanding how to manage your blood pressure allows you to take more control of your condition and also helps prevent complications.

The specific action to take depends on the blood pressure measurements and is outlined below.

**Low Blood Pressure - Systolic (upper reading) below 90**

Low blood pressure = Reading has a systolic (upper) reading below 90

If the BP is low, advise the person being tested that low BP is often normal but that they should see their practice nurse within 2-3 days for a check. Complete a referral letter and give this to the patient.

**Normal Blood Pressure - BP is below 140/90mmHg**

Normal BP= all readings below 140/90mmHg

If the BP is below 140/90mmHg explain to the person being tested that their blood pressure is normal.

Give lifestyle advice on how to maintain a healthy blood pressure (outlined in next section).

**Raised / High Blood Pressure - BP is between 140/90 and 179/100mmHg**

Raised / High BP= reading was between 140/90mmHg and 179/100mmHg

If either the systolic (upper) reading or diastolic (lower) reading was in this range (with the other reading being within the normal range) the blood pressure still falls into this raised / high blood pressure category.

If the blood pressure is between 140/90mmHg and 179/100mmHg explain that this reading is raised, however this does not mean that they have a diagnosis of high blood pressure – the patient will need further tests to establish this

Explain the risks associated with raised blood pressure (why is high BP harmful), reassure the person being tested that there is no cause for alarm but that is important not to ignore the reading and to repeat the test in the near future.

**Why is high blood pressure harmful?**

Having high blood pressure greatly increases your risk of having a heart attack or stroke. It can also put strain on the heart so that it becomes less efficient at pumping blood around the body. If high blood pressure is left untreated for a long time, it can lead to a strain on your heart and other health problems, for example kidney problems and even damage to your sight.

**What happens next if my blood pressure is high?**
Your nurse may suggest that you have a 24 hour blood pressure monitor fitted to take home, or home blood pressure monitoring, before confirming that you have raised blood pressure. If you then need treatment for high blood pressure, sometimes lifestyle changes are enough (e.g. salt and alcohol intake, weight loss and exercise), and sometimes you need to take medicines as well.

The important thing is not to ignore a blood pressure reading that is raised because if you do have high blood pressure, treatment with lifestyle change or medicines can dramatically reduce the risks to your health.

Explain that they will need further BP tests to help decide whether they have high blood pressure and whether they will need medicines to treat it.

Complete a referral letter and recommend that they make an appointment to see their practice nurse within 2 weeks (with the referral letter) and reassure them that they do not need to be seen more urgently than that.

**Raised / Very High Blood Pressure - BP is above 180/110mmHg**

Raised / Very High Blood Pressure = first reading was above 180/110mmHg. If either the systolic (upper) reading or diastolic (lower) reading was in this range (with the other reading being within the normal/ high range) the blood pressure still falls into this very high blood pressure category.

If the blood pressure is above 180/110 explain that this reading is raised, however this does not mean that they have a diagnosis of high blood pressure – the patient will need further tests to establish this.

Tell them that their blood pressure is high and that they may need treatment to lower it. Explain that they will need further BP tests to help decide if they have hypertension and whether treatment will be needed.

Explain the risks associated with raised blood pressure (below), reassure the person being tested that there is no cause for alarm but that is important not to ignore the reading and that they make an appointment to see their practice nurse or GP within 2-3 days.

**Why is high blood pressure harmful?**

Having high blood pressure greatly increases your risk of having a heart attack or stroke. It can also put strain on the heart so that it becomes less efficient at pumping blood around the body. If high blood pressure is left untreated for a long time, it can lead to a strain on your heart and other health problems, for example kidney problems and even damage to your sight.

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Complete a referral letter and recommend that they make an appointment to see their practice nurse or GP within 2-3 days (with the referral letter).

**Atrial Fibrillation**
The watch BP Home A monitor detects irregular beats which may be caused by symptomatic or asymptomatic atrial Fibrillation which is a major cause of strokes. Patients should be reassured that there is no cause for alarm but should not ignore the result and need to be seen by their GP within 2-3 days. They are likely to have an ECG and if confirmed preventative medicine will be started.

**Further information for patients being referred:**

- **If the person being referred is not GP registered**, please check that the patient knows the location of their local GP and advise that they should head in (if possible) with photo ID and proof of address to get registered. Emphasise the importance of acting on their reading to protect their future health.
- If patient needs help finding a GP share your local knowledge – if you don’t have relevant information, you can suggest they consult the NHS online database if they can access the internet [http://www.nhs.uk/Service-Search](http://www.nhs.uk/Service-Search)
- If patient is reluctant or may struggle to register, consider what additional support you can offer (e.g. ringing ahead to a surgery, offering to call them in a day or two to check they are making progress)
- **If the person being referred is already diagnosed as having high blood pressure**, please mark ‘known hypertensive’ by hand on the letter.

**4.8 Lifestyle discussion on maintaining a healthy blood pressure**

**Key steps**

1. Engage in a brief discussion about their current lifestyle habits (diet, smoking, physical activity, alcohol, weight).

2. Provide general advice on improving lifestyle and reducing risk factors in line with the usual advice and information provided.

3. Reinforce this advice where necessary with written information and/or links to online resources. Signpost to support services as required.

4. Record any advice and signposting provided on the Data Collection form Q11.

Engage in a brief discussion about their current lifestyle habits (diet, smoking, physical activity, alcohol, weight). This discussion should be in line with your normal practice and the information that you provide following a routine pharmacy blood pressure check.

Provide general advice on improving lifestyle, reducing risk factors and signpost on to relevant services. This will be as you already carry out for the essential service, public health. You can use either the leaflets already available in the pharmacy or you could use the leaflets sent to you as part of the campaign to back up the verbal advice given.

The advice can be reinforced with written information and/or links to online resources.

The following information may assist you in the information to provide and the relevant signposting information.
The effect of diet
Salt raises your blood pressure. The more salt you eat, the higher your blood pressure. Aim to eat less than 6g of salt a day. A lot of foods we buy in supermarkets have added salt – check the labels.

Eating a low-fat diet that includes lots of fibre (for example, wholegrain rice, bread and pasta) and plenty of fruit and vegetables has been proven to help lower blood pressure. Aim to eat five portions of fruit and vegetables every day.

Caffeine: drinking more than four cups of caffeine-rich drinks a day may increase your blood pressure. If you are a big fan of coffee, tea, cola and some energy drinks, consider cutting down.

Smoking
Smoking doesn’t directly cause high blood pressure but it puts you at much higher risk of a heart attack and stroke. Smoking, like high blood pressure, will cause your arteries to narrow. If you smoke and have high blood pressure, your arteries will narrow much more quickly and your risk of heart or lung disease in the future is dramatically increased. Get help to stop smoking as you are more likely to quit.

For free local support and advice; group or individual appointments or nicotine replacement therapy; contact:
Nottingham City Stub It Patients wishing to take that first step on their journey to quitting smoking simply need to contact their own GP practice and ask for an appointment at Stub It! www.ncgpa.org.uk/stopsmoking/
Nottinghamshire: SmokeFree life Nottinghamshire provided by Solutions 4 Health, Unit 1 Thames Court, Richfield
www.smokefreelifenottinghamshire.co.uk
To make a referral contact:
0800 246 5343 or 0115 772 2515 or Text QUIT to 66777
www.smokefreelifenottinghamshire.co.uk/Book-an-Appointment.aspx

Derbyshire: Live Life Better Derbyshire, provided by Derbyshire County Council
https://www.livelifebetterderbyshire.org.uk/services/stop-smoking/
To make a referral, contact:
0800 0852299
https://octigo.livelifebetterderbyshire.org.uk/assessment

Exercise
Being active and taking regular exercise lowers blood pressure by keeping your heart and blood vessels in good condition. Regular exercise can also help you lose weight, which will also help lower your blood pressure.

Adults should do at least 150 minutes of moderate-intensity aerobic activity (e.g. cycling or fast walking) every week. For it to count, the activity should make you feel warm and slightly out of breath. Physical activity can include anything from walking to gardening, housework to sport.

Get more ideas on being active from https://www.nhs.uk/oneyou/
Alcohol
Regularly drinking alcohol above what the NHS recommends will raise your blood pressure over time.
- Men should not regularly drink more than three-to-four units a day.
- Women should not regularly drink more than two-to-three units a day.

Find out how many units are in your favorite tipple, track your drinking over time and get tips on cutting down at [www.nhs.uk/livewell/alcohol/pages/alcohol-units.aspx](http://www.nhs.uk/livewell/alcohol/pages/alcohol-units.aspx). Alcohol is also high in calories, which will make you gain weight. This will also increase your blood pressure.

Help to cut down on alcohol
Change, Grow, Live (CGL) provides adult drug and alcohol services across England. They deliver a fully integrated recovery service in a range of community settings across Nottinghamshire and Derbyshire, making treatment more accessible for service users in the county.
[www.changegrowlive.org](http://www.changegrowlive.org)

Nottingham City : Self-referral to Nottingham Recovery Network
Tel: 0800 066 5362
Email: info@nottinghamrecoverynetwork.com or Drop-In Nottingham Wellbeing Hub, 73 Hounds Gate, Nottingham, NG1 6BB

To make a referral in Nottinghamshire:
- Call 0115 896 0798
- Email notts@cgl.org.uk
- Address: Under One roof, 3A Vine Terrace, Hucknall, Nottingham, NG15 7HN

To make a referral in Derbyshire:
- Call: 01773 303 646
- Email: derbyshire@cgl.org.uk
- Address: Derbyshire CGL, Derwent Street, Belper, Derbyshire, DE65 1UQ
**Weight**

Being overweight forces your heart to work harder to pump blood around your body, which can raise your blood pressure. Find out if you need to lose weight with the BMI healthy weight calculator.

If you do need to lose some weight, it is worth remembering that just losing a few pounds can make a big difference to your blood pressure and overall health. Get tips on losing weight safely from Public Health England via the One You website www.nhs.uk/oneyou/be-healthier/weight-loss/.

Not sure a service exists in Nottingham city?

To make a referral in Nottinghamshire:
- Email: changepointnotts@everyonehealth.co.uk
- Phone: 03330 05 0092

Change Point is a community-based weight management service provided in the Nottinghamshire area, which includes a range of interventions, addressing diet and physical activity together, supported by behavioural change strategies, and tools to improve and sustain healthy eating and physical activity.

To make a referral in Derbyshire:
- Website: www.livelifebetterderbyshire.org.uk/services/lose-weight/
- Email: llbd.info@derbyshire.gov.uk
- Phone: 0800 085 2299 / 01629 538 200

Live Life Better Derbyshire is a community based support service provided in the Derbyshire area, which includes a range of health and lifestyle interventions, with the aim of helping the people of Derbyshire to lead healthier lives. Interventions include but are not limited to topics such as weight loss, alcohol awareness, mental wellbeing, and money and debt advice.

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### 4.9 CLOSING THE CONSULTATION

1. Remind patient that all data on them is kept completely safe and confidential
2. Take this opportunity to advertise the NHS Health Check
3. **FINAL CHECK:** Have you given the patient any necessary leaflets and (if needed) referral letter?
4. Thank the patient for their taking part

**NHS Health Check – suggested words you might use:**

“If you are between 40 and 74, every 5 years you will be invited to have an NHS Health Check. This is a different and more comprehensive check-up than our test today. This may be carried out at your GP practice or elsewhere. The health check helps you to measure your risk of developing diabetes, heart and kidney disease and stroke and to prevent or delay the onset of these conditions. Make sure you book your appointment when you receive the invitation.”
4.10 FLOW CHART summarising service

IMPORTANT: If ‘A FIB’ symbol is seen you need to refer the patient to the GP within 2-3 days, whatever the BP measurement was.

Please note that whilst the specification has been written to identify patients with hypertension, tests which identify patients with a low blood pressure (systolic reading below 90mmHg) should also be advised to see their practice nurse or GP within 2-3 days

5. Records

The data collected should be promptly recorded on PharmOutcomes, ideally on the same day and within 48 hours of the blood pressure measurement.

Data collection forms should be retained in the pharmacy in a safe and secure manner and protected from unauthorised access (in line with the NHS guidance for record retention) for at least two years following the campaign after which time the paper records can be shredded / destroyed as confidential waste.

6. Training and Premises Requirements
6.1 The pharmacy contractor has a duty to ensure that pharmacists involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

6.2 The pharmacy must be able to provide a suitable consultation room in which to undertake blood pressure measurements and advice.

7. Quality Standards

7.1 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

7.2 The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service.

7.3 The pharmacy participates in any NHS England led audit of service provision.

7.4 The pharmacy co-operates with any NHS England led assessment of service user experience.

8. Claiming payment

The commissioner will provide access to PharmOutcomes for the recording of relevant service information for the purposes of audit and the claiming of payment.
Community Pharmacy Blood Pressure and Atrial Fibrillation Drop-In 2018/19 Pharmacy Contractor Sign Up and Assurance sheet

**SLA Period:** 1st February 2019 – 30th July 2019

The agreement will be signed by representatives from both the Provider and NHS England, in signing this agreement the Provider and responsible Pharmacist agree to provide the above service as per the service level agreement. Copies are to be signed by both parties. One copy to be retained by the Provider, the other copy to be retained by NHS England

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<tr>
<th>Provider Name (Chemist Contractor)</th>
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F Code:

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**Declaration:** I / we agree to provide the Community Pharmacy Blood Pressure and Atrial Fibrillation Drop-In Service as outlined within this service level agreement.

**Signature on behalf of the Provider: (Chemist Contractor)**

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<th>Signature Provider / Contract Holder</th>
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**Signature of Pharmacist with Responsibility for Service Delivery:**

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**Signature on behalf of NHS England, North Midlands**

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<tbody>
<tr>
<td></td>
<td>Joe Lunn</td>
<td>Head of Primary Care</td>
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</tbody>
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Upon completion please return this form to: Francesca Barnes, Primary Care Contracts Officer, NHS England, North Midlands, Birch House, Ransom Wood Business Park, Southwell Road West, Mansfield, Nottinghamshire NG21 0HJ or by email to: Francesca.barnes1@nhs.net