

tackling high blood pressure **through community pharmacy**



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Foreword

High blood pressure is the third biggest risk factor, behind smoking and diet, for premature death and disability in England. It affects more than 1 in 4 adults and is estimated to cost the NHS £2.1 billion each year.

Despite being a largely preventable and easily-manageable condition, only 4 in 10 adults with high blood pressure are both diagnosed and managing the condition in line with NICE recommendations.

In 2014 Public Health England (PHE) invited partners across local and national government, the health service, the voluntary sector and academia to form the National Blood Pressure Systems Leadership Board, with the purpose of improving England's performance on the prevention, early detection and management of blood pressure. Drawing from the best evidence and practical experience of the group, the Board published *Tackling High Blood Pressure: from evidence into action*, which sets out its vision and action plan for supporting partners at all levels to make the biggest possible impact in addressing high blood pressure.

Pharmacy Voice, a national organisation representing community pharmacies and a Board member, agreed to respond on behalf of the community pharmacy sector. This report, produced with support from PHE, forms part of this commitment. It explores how the community pharmacy sector is currently contributing to the national blood pressure agenda, highlighting best practice and case studies from local areas making a real and positive difference. The report also considers how we can share and build on this work across England, to make a greater impact over the next few years.

This report is designed to inspire and educate, demonstrating how small efforts and actions can help us all to provide better care for our patients and the public. I know the recommendations will be

of interest to a range of different groups who share our desire to do more to tackle high blood pressure, including policy makers, commissioners, pharmacy organisations and thousands of pharmacy teams across England.

PHE recognises that there is a significant opportunity to address high blood pressure by improving the public's health through community pharmacies in England. This report shows how the sector is already working to promote healthier lifestyles and tackle modifiable risk factors such as alcohol use and obesity, which are proven to increase the chance of developing high blood pressure. Many community pharmacies are already carrying out opportunistic testing, helping to reduce the number of people in England who remain undiagnosed. Community pharmacy also has a key role to play in helping those who have been diagnosed in managing their condition, including making sure they get the most from their medication.

Finally, I would like to thank all our pharmacy colleagues for their important contributions across so many different areas of public health. Please take the time to review this report but, more importantly, share and implement its recommendations.



**Associate Professor
Jamie Waterall**

Chair of the National Blood Pressure System Leadership Board and National Lead for Cardiovascular Disease Prevention, Public Health England

Executive summary

- ▶ Tackling high blood pressure is a national public health priority in England.
- ▶ Community pharmacists and their teams make an important contribution to the prevention, detection and management of high blood pressure. They do this both routinely, through the public health promotion and medicines optimisation services that all community pharmacies provide, and through a wide range of targeted services and interventions specifically designed to detect, diagnose and manage hypertension.
- ▶ Community pharmacy-based interventions to prevent, detect and manage high blood pressure are recommended in national guidance from Public Health England and NHS England.
- ▶ There are many examples of community pharmacy-led campaigns, locally commissioned services and work place-based initiatives from which other pharmacy teams, their commissioners and primary care colleagues could learn.
- ▶ The community pharmacy network in England could make an even greater contribution if these initiatives were more effectively integrated with other public health and primary care services and more rigorously quality assured and evaluated, and if progress in extending the roles of community pharmacists were accelerated.
- ▶ A framework for action is required to address these issues and enable the community pharmacy network to make its full contribution to tackling high blood pressure.

Key recommendations

As part of this coordinated, partnership approach, we recommend that:

- 1** A framework is developed and supported by national leadership bodies, to help embed and sustain commissioned public health services that tackle high blood pressure across the community pharmacy network.
- 2** A long-term, coordinated blood pressure awareness campaign is planned and delivered across the community pharmacy network, as part of a whole-system national initiative.
- 3** All STP leads, local commissioners and primary care providers integrate community-pharmacy based blood pressure testing and diagnosis into their disease prevention and management strategies.
- 4** All community pharmacies are equipped with a validated blood pressure monitor and have staff trained in how to use them effectively.
- 5** Commissioning of NHS Health Checks from community pharmacy is more actively promoted and supported.
- 6** Partnerships between employers and community pharmacy teams to deliver workplace health initiatives are encouraged and supported.
- 7** Primary care organisations and CCGs take action to ensure medicines-related support and advice for people taking antihypertensive medicines is better coordinated between general practice and community pharmacy.
- 8** The extension of community pharmacy blood pressure services to include commencement of treatment and management of diagnosed hypertension is tested and evaluated.
- 9** Community pharmacy teams are encouraged to increase their support of home blood pressure testing and monitoring.
- 10** Community pharmacy teams are enabled to access and share data (with consent) via an integrated patient records system, and to exchange electronic referrals with GPs and other healthcare providers.
- 11** Current community pharmacy practice in relation to blood pressure prevention, testing, diagnosis and management is audited.
- 12** A programme of research and evaluation is established to ensure the outcomes of community pharmacy-based interventions to tackle high blood pressure are monitored and understood.

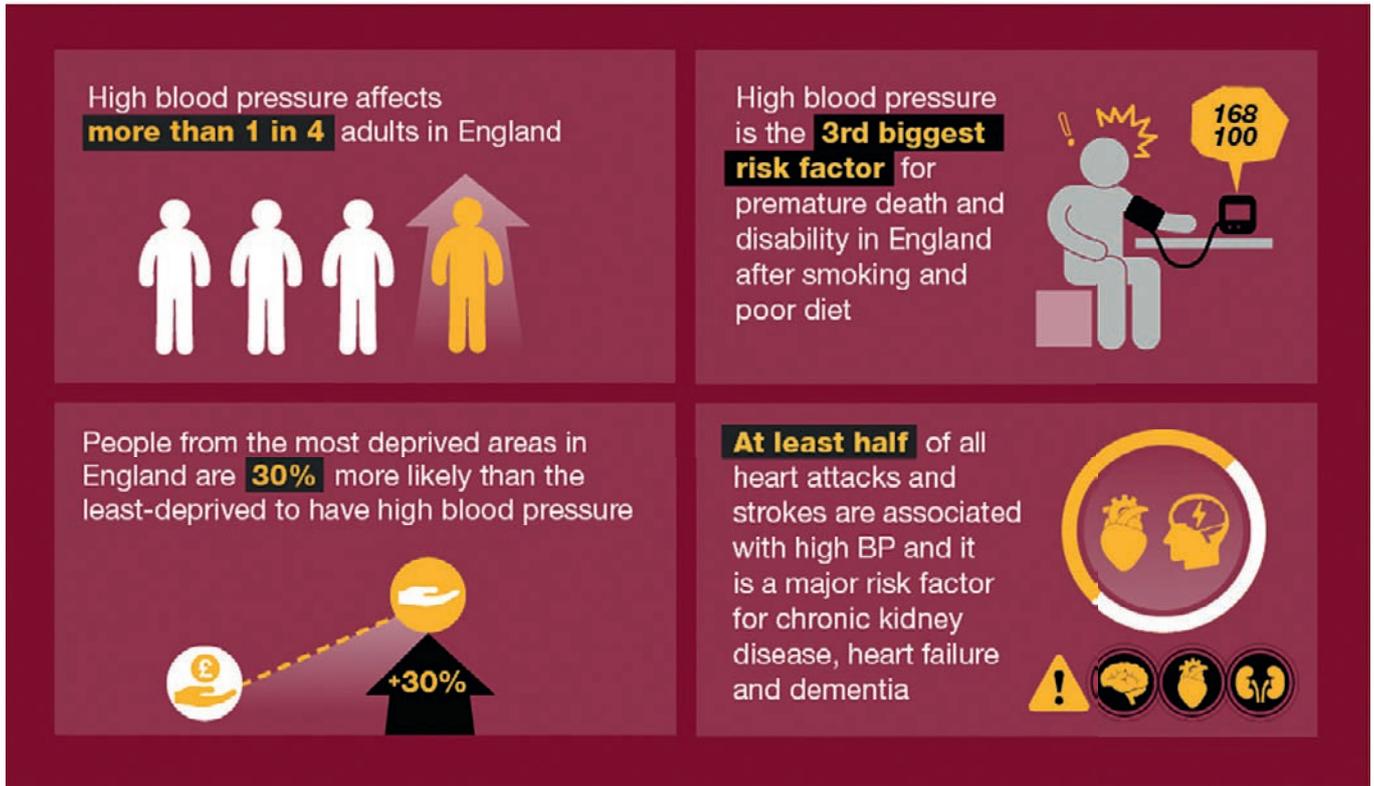


Image courtesy of Health Matters - Public Health England

Introduction

High Blood Pressure: A Public Health Priority¹

One in four adults in England have high blood pressure (hypertension). This equates to approximately 12.9 million people, making high blood pressure the most common long-term condition in England. Around 60% of individuals with high blood pressure are either undiagnosed, or not managing their condition to the levels recommended, the consequences of which are increased risk of cardiovascular disease, chronic kidney disease, hypertensive heart disease, haemorrhagic stroke and vascular dementia.

The costs of the population’s high blood pressure are high, in terms of years of healthy life lost as well as the financial burden this places on the NHS and other public services. For example, Public Health England has estimated that over a 10-year period:

- 7,000 quality-adjusted years of life could be saved, and £120m not spent on related health and social care costs, through a 15% increase in the proportion of adults who have their high blood pressure diagnosed
- a 5mmHg reduction in the average population systolic blood pressure would save the NHS £850 million, and result in 45,000 quality-adjusted years of life being saved.

High blood pressure is also a significant contributor to health inequalities. Residents of the most deprived areas in England are 30% more likely to have high blood pressure, compared to those in the least deprived. A plan for tackling high blood pressure is essential if we are to decrease the health and wellbeing gap that persists in this country.

BEST PRACTICE FROM CANADA²

In Canada, 65% of adults with high blood pressure are both diagnosed and managed to recommended levels, compared to only 35% in England. This is attributed to Canada's National Strategy for High Blood Pressure Prevention and Control which was developed in 2000 by a partnership of community and public health stakeholders. 10 years later, as a result of action taken through interdisciplinary partnerships between scientists, researchers, non-government and government organisations and the private sector, Canada had a rigorous, systematic and transparent process for developing and disseminating hypertension management recommendations, and the highest reported rates of treating and controlling hypertension in the world. Some of the significant features of their programme were a rigorous focus on knowledge translation, regular review of guidelines and assessment of outcomes, and building a leadership cohort across a broad group of primary care staff including GPs, nurses and pharmacists.

High blood pressure is a precursor to many serious health problems including heart disease, stroke, kidney disease and dementia. Together, it is estimated that these largely preventable illnesses cost the NHS over £2 billion each year.

There is robust evidence that action to lower blood pressure does reduce the risk to health. For example, a major systematic review in the Lancet³ found that, in the populations studied, every 10mmHg reduction in blood pressure resulted in:

- a 17% reduction for coronary heart disease
- a 27% reduction for stroke
- a 28% reduction for heart failure
- a significant 13% reduction in all-cause mortality

However, while average blood pressure in England has fallen over the last decade, and the proportion of adults with untreated high blood pressure has also decreased, England's performance in terms of diagnosing and treating high blood pressure still falls behind what has been achieved in countries such as Canada and the US.

The Government's Response

In efforts to improve the prevention as well as the early detection and management of high blood pressure across the nation, Public Health England convened the Blood Pressure System Leadership Board in 2014, bringing together leaders from across national and local government, the NHS, the voluntary sector and academia. The first report of this group, Tackling High Blood Pressure; From Evidence into Action (THBP)⁴, is an action plan for addressing the prevalence and impact of high blood pressure in England and supporting partners at all levels to make the biggest impact on this condition in the most cost-effective way.

THBP highlights a number of actions for local government, NHS commissioners, healthcare providers and individuals to take to improve the prevention, detection and management of high blood pressure in England, emphasising that strong leadership will be integral to achieving sustainable change, and that effective partnerships between local sector leaders will be key to making this a reality.

THBP recognises that community pharmacy teams have a crucial role to play in the delivery of the national action plan, highlighting their existing and potential contribution through opportunistic

and targeted testing, the provision of healthy lifestyle information and behaviour change support to the public and supporting the effective use of medicines. The report encourages local commissioners to consider the case for investment in enhanced community pharmacy services to provide better information and support about blood pressure management and opportunistic screening, and to make better use of the opportunity that the New Medicines Service and Medicines Use Reviews provide to support people on anti-hypertensive medication and others at high risk of developing high blood pressure. It also calls on national bodies to support pharmacy teams to deliver these services, for example through workforce development initiatives.

Community Pharmacy's response

Pharmacy Voice, as a member of the Blood Pressure System Leadership Board, agreed to lead a response to THBP on behalf of the community pharmacy sector. This report is our first output, and part of our work to meet this commitment. It highlights the contribution community pharmacy is already making to the prevention, detection and management of high blood pressure, through short case studies showcasing existing best practice.

Drawing on these documented examples from across the community pharmacy network, as well as the actions outlined in THBP, the report goes on to make a series of recommendations for commissioners, community pharmacists, their teams and partners, on how to expand and enhance the contribution made by the sector to the national blood pressure agenda.

Who and what is this report for?

Tackling High Blood Pressure through Community Pharmacy is designed to equip and inspire readers to make a contribution towards the national public health agenda.

For **commissioners in local authorities, clinical commissioning groups and NHS England and for other health and care providers**, the report highlights existing best practice in tackling high blood pressure through community pharmacy, which could be replicated in their own areas as part of local strategies to meet population health needs and tackle health inequalities. Taking this a step further, we hope the report will prompt some new ideas and partnerships, for example, the embedding of pharmacy-based hypertension prevention, detection and management within some of the New Care Models that are emerging across the country, providing a blueprint for the rest of the NHS and supporting accelerated progress towards national health improvement objectives.

For **pharmacy teams**, the report will highlight some of the steps they could take within their own organisations to improve the health and wellbeing of their patients and communities, while also contributing to addressing a national health priority.

For other stakeholders including **national and local patient and community groups, businesses and academics** the report identifies opportunities to develop new partnerships and strategies for achieving shared objectives around improving health and care outcomes.

By working together to prevent people developing high blood pressure, and to improve the identification of and support for those with the condition, we can make a huge difference

to people's health and quality of life, public expenditure and economic productivity. The next section of this report outlines why community pharmacy is well placed to make a significant impact on high blood pressure in England, and why delivering services through community pharmacy can be both cost-effective for NHS and local government commissioners, as well as being highly accessible to the public.

This paper has been developed by undertaking a review of available literature and resources relevant to preventing, detecting and managing high blood pressure through community pharmacy, and interviewing community pharmacy leaders about some of the projects and case studies that were identified. In developing the recommendations Pharmacy Voice sought input from an expert 'sounding board' of colleagues from community pharmacy and across the wider health sector, Public Health England, local government, voluntary sector organisations and academia.



Community Pharmacy's Role in Tackling High Blood Pressure

The National Institute for Health and Care Excellence (NICE) guidance on the management and diagnosis of hypertension in adults⁵ recommends that lifestyle advice should be offered initially and then periodically to people undergoing assessment or treatment for hypertension because a healthy diet and regular exercise, as well as reduced alcohol and salt consumption, can all help reduce blood pressure. In addition to lifestyle changes, anti-hypertensive medicines are effective and play a central role in efforts to manage the condition down to target levels.

However, THBP cites estimates that between 50-80% of people with high blood pressure do not take all of their prescribed medicines and that adherence with lifestyle modifications is even lower at between 13% and 76%. Meanwhile, an estimated 5.6 million people in England are living with hypertension that has not yet been diagnosed⁶.

Community pharmacists and their teams can help address these nationwide challenges in tackling high blood pressure, offering a unique combination of accessibility, infrastructure and expertise within local health and care systems.

Accessibility

A key strength of community pharmacy is the accessibility of the network to the public. Operating in more than 11,500 varied and well distributed locations on high streets and in supermarkets, in urban conurbations and rural villages, community pharmacies provide support to large numbers of people, including those who might not otherwise have access to healthcare services and advice. Positioned at the centre of their communities, community pharmacists and their team members have millions of interactions with the public every

week, all of which are potential health promoting opportunities for 'Making Every Contact Count', an approach to behaviour change that utilises day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

There are over 11,500 community pharmacies in England, visited by over 1.6 million members of the public every day. 96% of the population can reach a community pharmacy within 20 minutes by walking or using public transport. This increases to 99% of people in areas of highest deprivation – making community pharmacies a key asset in tackling health inequalities in England.⁷

Infrastructure

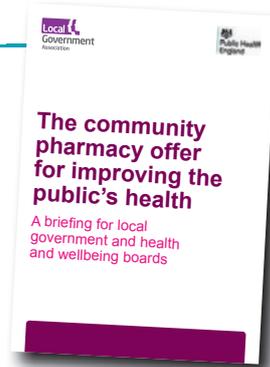
Almost all pharmacies have a private consultation area making it possible to deliver services such as Medicine Use Reviews (MURs) and New Medicine Service (NMS) interventions that are designed to help people use their medicines as intended, as well as stop smoking services, alcohol brief advice, weight management clinics, NHS Health Checks and blood pressure measurements.

Expertise

Community pharmacists are health professionals who undertake four years of undergraduate study and a year of post-graduate pre-registration training, which equips them to optimise the safe

“Pharmacies are an important community resource. The local pharmacy is often patients’ and the public’s first point of contact and, for some, their only contact with a healthcare professional”⁸

Local Government Association, 2016



and effective use of medicines, to help people manage a range of both acute and long-term health conditions, and improve their health and wellbeing.

Community pharmacists are supported by highly trained teams, including regulated pharmacy technicians as well as dispensers, and medicines counter assistants. Amongst these staff there are over 3,500 Health Champions, who have undertaken the Royal Society for Public Health level 2 award Understanding health improvement. They lead on promoting health and wellbeing messages pro-actively and opportunistically with members of the public and promotion of health and wellbeing within their pharmacies.

- Pharmacy is the third largest health profession after medicine and nursing.
- Community pharmacies are generally open longer than GP surgeries, in the evenings and on Saturdays; many are now open on Sundays.
- Over 1000 pharmacies are open for 100 hours per week⁹.

Evidence

Research into the impact of interventions by pharmacists in community pharmacy on the control of hypertension demonstrates they can make a clinically important contribution to the management of high blood pressure. A systematic review and meta-analysis of randomized control trials published in 2014¹⁰ concluded that community pharmacist led interventions including education on hypertension, management of prescribing and safety problems associated with medication and advice on lifestyle, can significantly reduce systolic and diastolic blood pressure.

A brief review of the wider literature on the role pharmacists can play in tackling high blood pressure, undertaken by Durham University to inform this report, likewise suggests that pharmacist-led interventions can significantly improve patient outcomes.

Future-focus

Community pharmacy leaders share the aspiration set out in the NHS Five Year Forward View (5YFV)¹¹ for health and care services of the future to be delivered in a far more integrated fashion, centred around the needs of communities and individuals. They also recognise the challenges facing local authorities, NHS organisations and their partners as they strive to implement the FYFV and develop Sustainability and Transformation Plans (STPs) that will ensure high quality, viable services remain available to the whole population over the coming years.

In response to this, Pharmacy Voice has worked collaboratively with the Pharmaceutical Services Negotiating Committee (PSNC), with the support of the Royal Pharmaceutical Society (RPS), to develop the Community Pharmacy Forward View (CPFV)¹². This outlines how community pharmacy owners and leaders can best support the high performing and affordable health and care system envisaged by the 5YFV and the emerging STPs, as well as contributing to the wider economy. Our collective vision for the future is focussed around three core

functions for the community pharmacy network:

- The facilitator of personalised care and support for people with long-term conditions.
- The trusted, convenient first port of call for episodic healthcare advice and treatment.
- The neighbourhood health and wellbeing hub.

Many of the ideas set out in the Community Pharmacy Forward View were reflected and reinforced in the recommendations of the Independent Review of Community Pharmacy Clinical Services (the Murray Review)¹³ published in December 2016. One of these recommendations was that community pharmacy Medicine Use Reviews (MURs) should be redesigned to provide enhanced support to people with conditions such as hypertension, including on-going monitoring and regular follow-up as an element of integrated, care pathways, utilising transfer of care and referral schemes and electronic repeat dispensing (ERD).

In Making it Happen, an implementation framework for the CPFV published in early 2017, the national

pharmacy organisations take the next step toward turning both the Forward View vision and the Murray Review recommendations into reality, by setting out pathways for the policy change, professional development and partnership working required to enable community pharmacy to make its full contribution within an integrated health and care system.

An enhanced role in tackling high blood pressure through the prevention, detection and management of the condition is well aligned with this emerging consensus and shared strategic vision of the future for community pharmacy.

National guidance

Recognising the potential for the sector to contribute to this national public health priority, a number of recent planning tools and resources produced by NHS England (NHSE) and Public Health England (PHE) have highlighted the role of community pharmacy in tackling cardiovascular disease through the detection and management of high blood pressure.

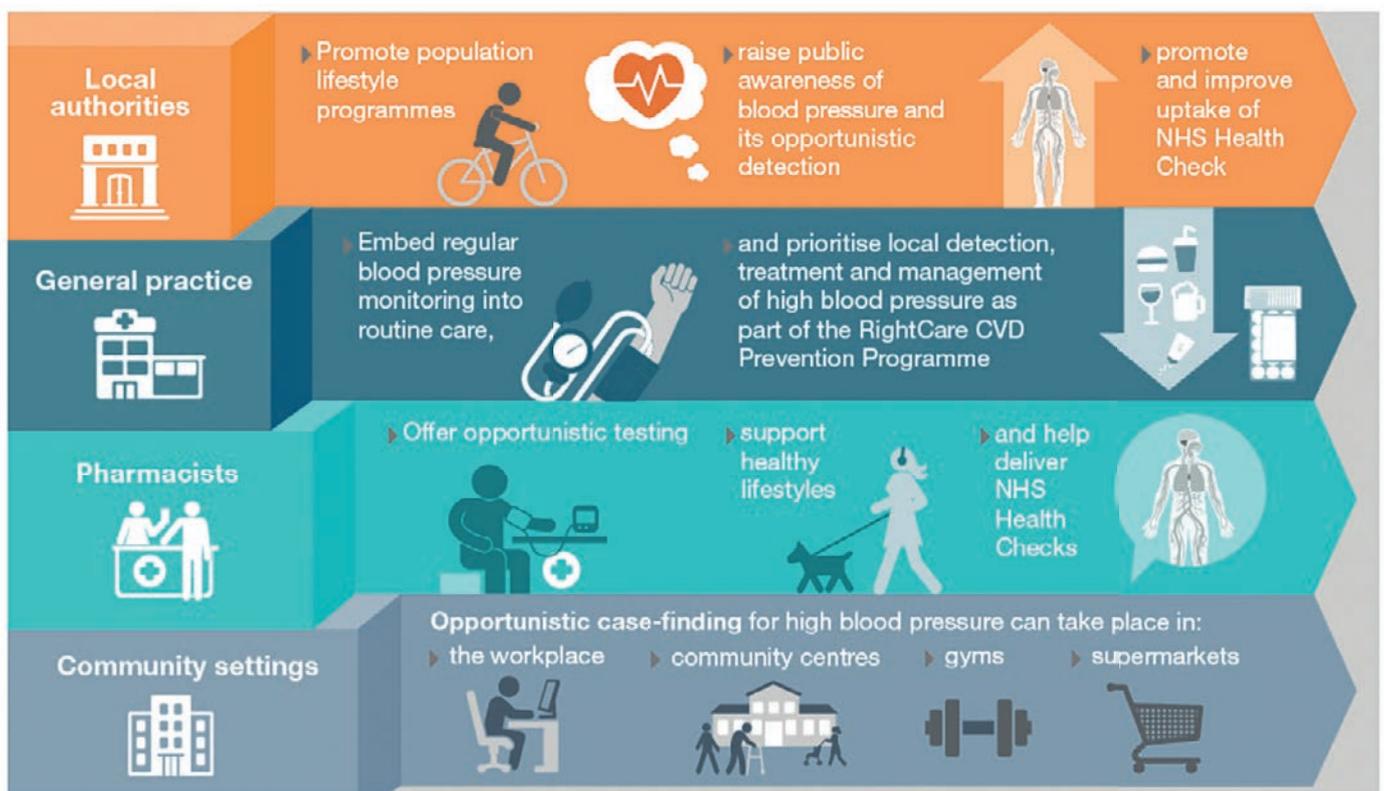


Image courtesy of Health Matters - Public Health England

RESOURCE	PURPOSE	KEY POINTS
NHS England STP Quick Guide/‘aide-memoir’ on prevention (May 2016) ¹⁴	<p>To support the development of STPs and help local leaders make progress on some of the most challenging national priorities, by summarising objectives set out in existing guidance and giving suggestions on the most effective solutions for achieving them.</p> <p>The prevention quick guide focuses on preventative interventions that will help reduce avoidable illness and health inequalities, including through intervening earlier and managing conditions better to keep people healthier for longer.</p>	<p>Highlights the potential for improved patient pathways where more people with diabetes, hypertension, atrial fibrillation and hypercholesterolaemia have their condition diagnosed and optimally managed. Recommended actions include:</p> <ul style="list-style-type: none"> • More proactive commissioning and promotion of NHS Health Checks and outreach testing via pharmacies as well as GPs • Ensuring people with hypertension and AF receive optimal care and drug treatment by extending the role of pharmacists in clinical management and supporting patient activation and self-care.
NHS Right Care CVD pathway resource on high value interventions in blood pressure ¹⁵	<p>To support the implementation of Right Care by summarising the elements of an optimal CVD prevention pathway including the evidence-base, clinical interventions, information on the risk conditions and potential opportunities for improvement.</p>	<p>Identifies a number of areas where community pharmacy does or could play an important role, recommending local commissioners consider how to implement:</p> <ul style="list-style-type: none"> • ambulatory blood pressure monitoring services for diagnosis. • systematic support for adherence from community pharmacists through medicine use reviews (MURs). • BP self-test units in a range of locations including surgery waiting rooms, community pharmacies and leisure centres. • digital solutions for self-monitoring and treatment optimisation
PHE’s menu of preventative interventions (November 2016) ¹⁶	<p>To support local STPs by outlining evidence-based public health and preventative interventions that can help to improve people’s health and reduce demand on health and care services in the short to medium term.</p>	<p>The menu specifically highlights a role for pharmacy in:</p> <ul style="list-style-type: none"> • Cardiovascular secondary prevention • Improving management of people with high blood pressure • Delivering effective and brief advice on physical activity • Raising public awareness about reducing the risk of dementia • Alcohol identification and brief advice

Public health promotion and medicines optimisation

Many of the routine public health and medicines optimisation services currently delivered through community pharmacy contribute directly or indirectly to the prevention of high blood pressure. Community pharmacy is also ideally placed to deliver more targeted services designed to detect, diagnose and manage hypertension. However, the potential for pharmacy-based services to be incorporated within local strategies to improve cardiovascular health is not always recognised or fully explored by commissioners and others responsible for local health and wellbeing strategies. In this section, we look at some examples of pharmacy activities that are already contributing to tackling high blood pressure, and that could have even greater benefits to population health if more effectively integrated in existing care pathways, or more consistently commissioned across the country.

Public health and wellbeing services

Pharmacies are well placed to deliver public health interventions due to their access, location and informal environment. They are often the only healthcare facility located within a local community, particularly in areas of high deprivation. Pharmacy-based services and interventions include those initiated and driven by community pharmacists and their teams in response to the specific needs of their local communities, such as targeted health promotion campaigns, opportunistic blood pressure testing and advice on diet and nutrition, as well as those specified and mandated at a national level, such as NHS Health Checks.

MARTON PHARMACY: A NEIGHBOURHOOD HEALTH AND WELLBEING HUB

Like many community pharmacies, Marton Pharmacy caters for the specific health and wellbeing needs of its local community by providing a range of public health services, running regular public health campaigns and participating in a number of local community activities. The pharmacy was awarded Teesside 'Pharmacy of the Year 2016' and manager Mike Maguire won C&D Pharmacist of the Year in 2013. The activity they undertake that contributes to tackling high blood pressure is described below:

Healthy Heart – In February 2016 as part of the 'Let the beat go on' healthy heart campaign, the pharmacy's Health Champions undertook a challenge to speak to at least one person each per hour about healthy heart matters, leading to well over one hundred health conversations with members of the public each week.

Dietary Advice – The team often produce displays and resources for use in the pharmacy during campaigns, for example setting out real doughnuts, burgers and other junk food to draw attention to unhealthy eating habits. The pharmacy finds that these are amazing tools for getting a conversation started as part of heart health or weight management initiatives.





Physical Activity – the team support their the public in getting active, often attending park run events and taking their health messages along with them! The pharmacy supported the Tour de Yorkshire cycle by networking with local schools and nursery groups displaying art work and speaking to children and their parents about getting on their bikes and being active.

Smoking – In March 2015 the pharmacy heavily supported ‘No Smoking Day’. Using manufacturer provided promotional materials and training, they ensured that every person buying a cough medicine was asked the simple question - does anyone in the house smoke?; if the answer was yes, they offered some simple brief advice. This led to being awarded Stop Smoking Service pharmacy provider of the year.

Alcohol – In ‘Dry January 2016’ the pharmacy provided a locally commissioned alcohol brief advice service, seeing around 1 person per hour for the duration of the scheme. The team used beer goggles on the pharmacy counter as a focal point to start a conversation about alcohol and the risks of higher levels of drinking.

How do they do all this?

Like all community pharmacies, the Marton Pharmacy team is made up of pharmacists, technicians, dispensers, and counter assistants. Two of the team are also healthy living advisors (Champions) who spread a healthy living ethos to customers and encourage all team members to deliver brief advice or signpost pharmacy public health services.

Importantly, the Marton Pharmacy team follows the same advice they convey to patients by adopting healthier lifestyles and by being proactive in their local communities, regularly attending community events such as ladies’ luncheons, park runs, nursery groups and primary school assemblies, thus creating a healthy network that is leveraged to create shared behaviour change.

If the team don’t have appropriate off-the-shelf leaflets or posters, they often create what they need or use the pharmacy window to convey messages to people passing. The pharmacy public health campaigns (e.g. awareness, signs and symptoms of different cancers, competitions for school children on topics such as sun awareness, smoking and healthy eating etc.) have become a feature of the local community and are now expected by local residents.

Public Perspective

One gentleman who attended the pharmacy was a smoker, used walking aids, was in pain for which he took morphine regularly, was overweight by about 5 stones (30kg) and although not diagnosed with depression was certainly emotionally affected by his ill health. Initially the pharmacy convinced him to simply join the stop smoking service, but the team were delighted to see that not only did he successfully give up smoking but a year later, he goes to the gym daily, has lost 3 stones (almost 20kg) and as a result no longer uses his walking sticks OR requires his morphine. Stopping smoking, losing weight and doing regular physical activity have all contributed to a reduction in his prescribed blood pressure medication. The patient is surprised that starting with one ‘simple’ change has led to improvements in so many other aspects of his life.

NHS Health Checks

The NHS Health Check programme¹⁷, a nationally mandated public health service that must be commissioned or provided by all local authorities in England, invites 40–74 year olds without a pre-existing cardiovascular condition for a check that includes a blood pressure test. Currently, NHS Health Checks are mainly undertaken in general practice, but around 30% of local authorities are also commissioning community pharmacies to deliver the service.

One significant advantage of pharmacy based NHS Health Checks is the accessibility, convenience and

flexibility they offer, with opening hours often longer than those of GP surgeries and the potential to offer a convenient 'one stop' intervention, for example combining a NHS Health Check and Medicines Use Review for appropriate patients. Public attitudes to pharmacy NHS Health Checks have been shown to be positive, for this reason in particular¹⁸.

Another advantage that community pharmacy can offer is the ability to opportunistically promote this public health service to relevant segments of the population, and to attract individuals who may not readily attend their GP practice or other healthcare providers.

LEWISHAM COMMUNITY PHARMACY HEALTH CHECKS¹⁹

The London Borough of Lewisham started using pharmacies to deliver NHS Health Checks from the start of their programme in 2011. By March 2015, a quarter of all of the checks carried out were delivered via the 17 pharmacies signed up to the programme.

To ensure the system works smoothly, pharmacy staff have been given direct access to a secure web-based recording system, which allows them to check eligibility and transfer the results securely to the patient's GP practice. Pharmacies can also make direct referrals to the Lewisham Lifestyle Hub, which offers access to local programmes such as physical activity taster classes, healthy walks and weight management programmes. And, where appropriate, patients have been offered smoking cessation services at the community pharmacy

A recent evaluation of this community pharmacy service has also shown that it is a better setting for engaging certain groups within the local community, thus addressing health inequalities. Pharmacies are seeing a higher proportion of black African and Caribbean residents, and people from deprived communities.

“One of the great benefits of the pharmacy is that the opening hours are more flexible. People can have the NHS Health Checks done in the evenings and at weekends. When we send out the invitation letters we give people the choice. It is about giving people greater access.”

Frances Fuller, Lewisham's Cardiovascular Prevention Programme Manager.

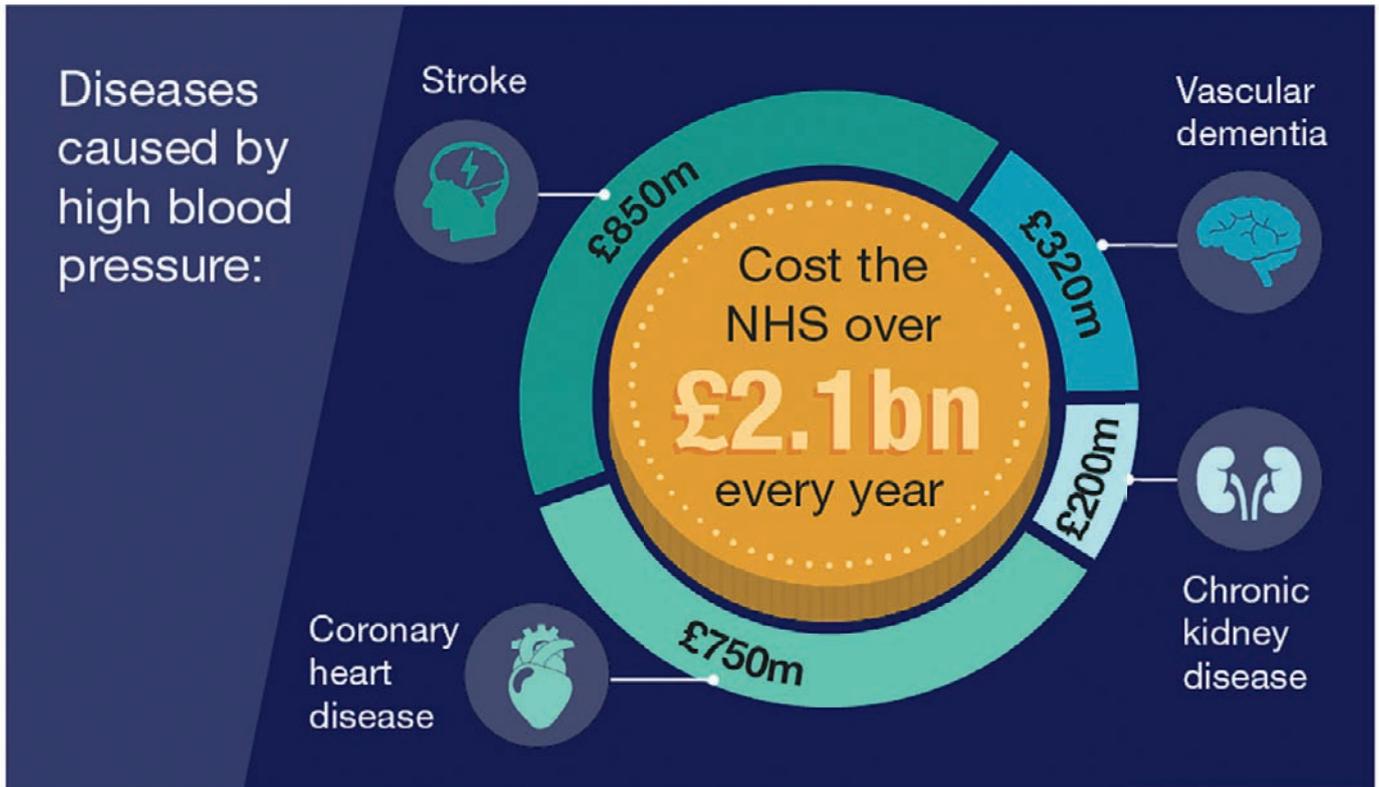


Image courtesy of Health Matters - Public Health England

Medicines optimisation and supported self-management

One of the most obvious ways in which community pharmacists already support blood pressure control is through their clinical assessment of anti-hypertensive treatment as they dispense prescriptions. At this point they can identify issues with any prescribed medicines, ensure accurate and appropriate dosing and identify potential drug interactions which could negatively impact an individual's control of their condition.

People collecting their prescriptions will then receive advice from the pharmacist on any such issues, as well as on how to use their medicines safely and effectively. Through this proactive advice-giving, pharmacists can help to support the effective use of medicines and adherence with treatment

as well as reinforcing the benefits of lifestyle changes, something particularly important for conditions such as hypertension, which are often asymptomatic. This advice may be given as part of routine discussion as the medicines are handed over, or during an appointment for a specific pharmacy service like an MUR (Medicines Use Review) or NMS (New Medicines Service).

The accessibility and flexibility of community pharmacies means they offer choice and options to people who may want differing levels of assistance in managing their hypertension and other long-term conditions. They can provide both brief 'drop-in' information and advice on medicines use for those seeking it on an ad hoc basis, as well more structured, personalised and long-term support to regular patients.

Medicines Optimisation

Medicines optimisation is about making sure that people are proactively involved in making decisions about their medicines. It involves conversations where individuals using medicines - as the experts in their own condition - discuss their needs, expectations and experiences with a healthcare professional, and receive the information and support they require to make the best decisions for their own circumstances. By focussing on individual people and their experiences in this way, the goal is to maximise the benefits of medicines use and associated health outcomes, as well as reducing medicines waste and improving medicines safety.

New Medicines Service

The NMS, offered by over 90% of pharmacies in England, is designed to ensure that patients are sufficiently informed about their medicine and how to take it from the very start of treatment. A 2014 study from the Nottingham School of Pharmacy entitled: 'Understanding and Appraising the New Medicines Service in the NHS in England' ²⁰ concluded that receiving the NMS significantly increases an individual's adherence to their new medicines, that the service is well-received by patients and has been successfully introduced and adopted within community pharmacies.

Medicines Use Reviews

The Medicines Use Review (MUR) and Prescription Intervention Service consists of accredited pharmacists undertaking structured reviews with patients on multiple medicines, particularly those receiving medicines for long-term conditions.

MURs aim to improve patients' adherence and experience of using their medication(s), maximise the benefits and reduce waste due to unused medicines. During the MUR consultation, the pharmacist establishes the patient's experience of taking their medicines, assisting in cases of poor or ineffective use and working with the patient to resolve any problems (such as side effects or interactions). The pharmacist will consider all the medicines taken by the patient, including those which aren't prescribed, and may also provide lifestyle advice and support for behaviour changes that would further improve the individual's health experience and outcomes.

Community pharmacies can carry out up to a maximum of 400 MURs per year, of which at least 70% should be with patients in one or more of four specified target groups. One of these groups is people at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines. MURs therefore provide an important opportunity for community pharmacists to support people with diagnosed hypertension to manage their condition.



PHARMACY CARE PLANS FOR PEOPLE WITH LONG-TERM CONDITIONS

The second phase of the Community Pharmacy Future Project involved a trial of pharmacy based Patient Care Plans. People with two or more long-term conditions, including a previous diagnosis of CHD or diabetes, were identified from the patient medication record (PMR) system or their regular medicines by 42 pharmacies from the Wakefield and North Kirklees areas, and offered the opportunity to join the scheme. People who enrolled underwent a patient centred consultation with their community pharmacist to explore their general health and wellbeing. The pharmacist was able to identify what was important to the patient about their health and how their condition(s) affected their life. From the outcomes of this consultation patients were encouraged to identify aspirational personal health goals and supported to develop a personalised care plan. Patients' levels of involvement in their own health was also assessed, using the Patient Activation Measure (PAM), this allowed the pharmacist to tailor the agreed goals and actions to ensure that they were right for each individual. Other metrics taken during the initial consultation included BP, Cholesterol and BMI, as well as quality of life. In addition, their adherence with prescribed medicine was measured and, if required, advice provided to improve use of those medicines.

Approximately 700 people signed up for the service, of which over half were recorded as having high blood pressure. All participants, irrespective of their measurement, received lifestyle advice. A proportion were referred to their GP for further assessment, or with recommendations about medicines that could be stopped or started

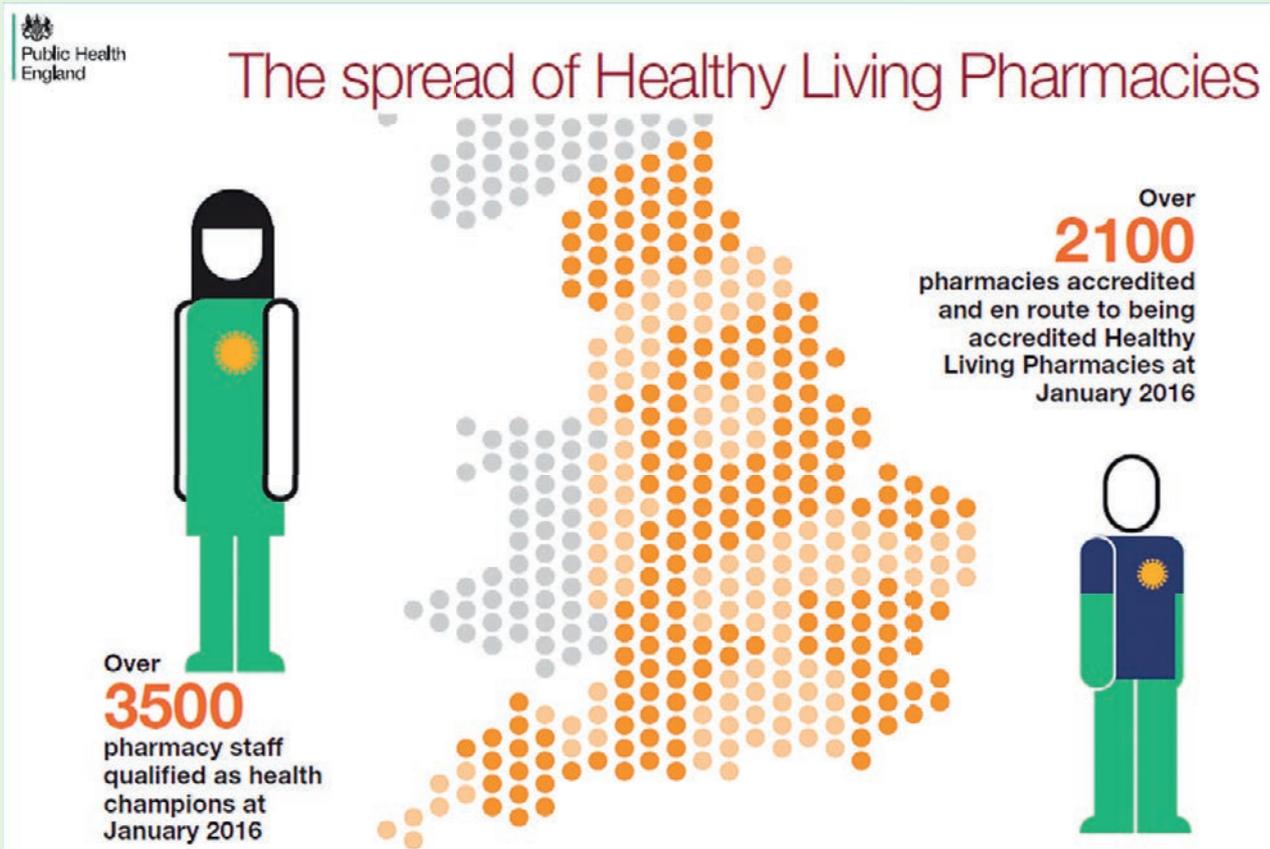
Participants went on to have a regular review in the pharmacy every couple of months (depending on their needs), with a formal assessment at 6 and 12 months, to assess their progress against their care plan as well as to receive motivation, advice and support. Analysis of the data captured is currently underway, looking at the benefits to patients and the potential value of the service to the healthcare system

Initial findings of the data captured at the 12-month stage indicate significant improvements in levels of patient activation and, adherence and quality of life. A number of undiagnosed long-term conditions have also been identified within the cohort of patients recruited.

Healthy Living Pharmacies

Healthy Living Pharmacy (HLP) is an organisational development framework for community pharmacy underpinned by an interventionist health promoting ethos, which is reinforced through training and other accreditation requirements. The three enablers of the HLP approach are:

- a skilled, proactive, workforce able to support and promote behaviour change to improve health and wellbeing; in particular a health champion who has completed the Royal Society for Public Health level 2 award – Understanding health improvement and the pharmacist or manager having undertaken leadership training. All HLPs have qualified health champions on site, reaching out to their communities to improve health and help to reduce health inequalities for the local population.
- premises that facilitate health promoting interventions, with a dedicated health promotion zone
- effective engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.



The three levels of service delivery within the HLP framework are:

- Level 1: Promotion – Promoting health, wellbeing and self-care (self-assessment)
- Level 2: Prevention – Providing services (commissioner-led); and
- Level 3: Protection – Providing treatment (commissioner-led).

In summer 2016, Public Health England launched a profession-led self-assessment process and Quality Criteria for achieving level 1 HLP status (where no services are commissioned). Local Authorities will continue to lead on implementation and accreditation of level 2 and 3 HLPs, where specific services are commissioned.

Achieving HLP level 1 (via self-assessment) is now a criterion for the Quality Payments Scheme within the community pharmacy contractual framework for 2017/18

HLP pharmacy teams are proactively supporting the health and wellbeing of their communities by delivering a broad range of public health interventions, based on local need, more reliably and consistently. The HLP model is therefore well aligned with the approach advocated in 'Tackling High Blood Pressure' in which professional organisations are encouraged to promote clinical leadership, education and training in primary care to support delivery of preventative interventions.



Targeted interventions

In addition to the contribution made through routine clinical practice and the delivery of commissioned public health and long-term conditions management services, community pharmacists and their teams also provide a range of targeted interventions aimed directly at tackling high blood pressure through detection, diagnosis and monitoring.

Blood pressure testing and diagnosis

The interventions review²¹ commissioned to inform the THBP action plan highlighted that blood pressure testing is most cost effective in community pharmacy and then general practice. A pharmacy-based service can increase access as services are available in a range of locations and often without an appointment, and pharmacy teams can act opportunistically to identify people for testing and advice.

BP testing is provided free of charge by many pharmacies, generally as a non-commissioned service with few exclusion criteria for the individuals

targeted, either as an ongoing service or part of a particular health campaign. Two annual campaigns that have run for the last 15 years across the UK, The Stroke Association's "Know your blood pressure" and Blood Pressure UK's "Know your numbers" campaigns both encourage opportunistic BP testing in a variety of locations and have received strong support from community pharmacy providers. A number of more structured blood pressure testing services have also been commissioned successfully from community pharmacy providers by CCGs and local authorities.

It is important to note that blood pressure checks and awareness raising campaigns are not just about detection and management of hypertension. Opportunistic checks undertaken in a community pharmacy (irrespective of the outcome and inclusion of normo-tensive people) can lead to valuable conversations providing information about the risks of high blood pressure and encouraging healthy lifestyle choices, and therefore play an important role in the prevention of hypertension, in line with the aspiration to 'make every contact count'.

Individual company/pharmacy-led services

The following case studies provide a few examples of the many blood pressure testing services initiated by individual pharmacies and companies across England.

Some of the strengths of these pharmacy-led initiatives are:

- the simple approach to engaging with the public and raising awareness (e.g. minimal exclusion criteria)
- the motivation, interest, knowledge and confidence generated amongst pharmacy team staff

- the capacity to scale up a standard, replicable model and promotion across a large estate
- the potential to generate a significant volume of data about the population's blood pressure

A common challenge was the lack of access to individuals' health records to record the outcomes, and the absence of agreed referral protocols or care pathways to enable follow-up and outcomes to be monitored. Information about attendance rates at GPs following advice or referral, or about subsequent diagnosis and management, was not routinely collected in any of these schemes.

ROWLANDS BLOOD PRESSURE MEASURING SERVICE

Rowlands first launched a free blood pressure measuring service in their pharmacies in 2007, and the service continues today. The only exclusion criteria for the service are pregnant women, those under 16 years and anyone with heart arrhythmias.

At the end of each test, personalised healthy living advice is given to the individual along with a 'Rowlands services' leaflet. If a 'high' reading is found (after 3 measurements) a GP referral letter is issued to the patient to make an appointment to discuss the result with their GP. Pharmacy branch managers are responsible for ensuring that team members performing the measurements have a high level of competency in the company blood pressure service procedure. Branches used an automatic blood pressure monitor with both standard and large cuff sizes as well as promotional materials such as blood pressure posters and leaflets. Branch staff must complete a competency assessment before they are signed off to perform the service in branch.

Since launch, Rowlands has conducted over 500,000 blood pressure measurements.

In addition to offering tests in their pharmacies, Rowlands teams run off-site wellbeing days in communities and larger businesses. At these events they conduct blood pressure checks and body composition analysis and give bespoke healthy living advice depending on each individuals' outcomes.



“High blood pressure is a key cardiovascular risk factor and it is easy for well-trained pharmacy staff to identify when people need to be referred.”

Paul Hillan, Project Developer, Rowlands Pharmacy

MANOR PHARMACY'S 'KNOW YOUR NUMBERS' CAMPAIGN²²

The Blood Pressure UK “Know your numbers!” campaign has the aim of raising awareness of high blood pressure and its associated risks and to refer individuals discovered to have high blood pressure to their GP. In 2013 Blood Pressure UK encouraged community locations to become ‘pressure stations’ - venues where the public could receive a free blood pressure check and healthy lifestyle advice. 7 Manor Pharmacies signed up to the campaign and became ‘pressure stations’.

Consultation guidelines provided by Blood Pressure UK were used by the pharmacists, dispensary staff and counter assistants to perform blood pressure checks and offer counselling.

The guidelines included important facts and information that was passed on to patients during the consultation to raise their awareness of the condition. Subjects covered included: ‘why the service is important’, ‘what diastolic and systolic numbers mean’, and ‘what is a high reading’. Lifestyle counselling involved discussing with people the ways they could reduce dietary salt, increase fruit and vegetable consumption, cut down on alcohol, maintain healthy weight, take regular exercise and quit smoking.

In total, 171 individuals had blood pressure checks in the 7 pharmacies over the course of the campaign. Sixteen individuals were found to already be taking anti-hypertensive medicine but had high readings so they were referred to their GP, 23 individuals were already taking anti-hypertensive medicine found that their BP was under control thus reassuring them and 22 individuals not already diagnosed as hypertensive had high blood pressure readings and were referred.

LLOYDSPHARMACY BLOOD PRESSURE CHECKS

Lloydspharmacy, the UK's second largest pharmacy group, has been offering free blood pressure checks for a number of years from all of its stores. In total, they've conducted 2 million tests since 2000. In 2012, the company undertook a service evaluation with the aim of finding out what information they had accumulated and what the tests had achieved.

An analysis was made of 8,586 blood pressure tests performed for a 6-month period in 2010. The tests had been performed in a Lloydspharmacy or as part of the Healthy Heart Sofa Tour (a mobile service) that had visited a number of major cities across the UK.

Tests were undertaken using established blood pressure standard operating procedures (few exclusion criteria), a standard validated blood pressure testing machine and by fully trained members of the pharmacy team. The stores promoted the service in branch and as part of the national Sofa Tour promotional campaign. Pharmacies recorded data using branch IT systems.

Of the 8,586 tests, the average blood pressure found was 140/86, with a large proportion of participants above the recommended ‘in-clinic’ indicator for hypertension – 140/90mm Hg. Only 25% of those tested had ideal or normal blood pressure and more than half of those tested (56%) fell into the hypertensive category, ranging from mild to severe. 8% of those tested showed signs of severe or very severe hypertension and 35% of those under the age of 34 showed signs of some form of hypertension, ranging from mild to very severe.

Locally coordinated blood pressure testing services

The following blood pressure testing services were commissioned on a local level by either local authority or NHS organisations.

As commissioned services, there was more of a focus in these examples on systematically recording the outcome of the blood pressure measurements, any advice given and the outcome of subsequent

referrals. However, even where this was attempted, as formal referral and follow-up mechanisms were not in place there were difficulties again in tracking the number of GP attendances and hypertension diagnoses.

In one example of a more integrated approach to improving primary care access, community pharmacists extended their role from taking initial blood pressure measurements in the pharmacy, to initiating ambulatory blood pressure monitoring to confirm a diagnosis of hypertension.

BLOOD PRESSURE DROP-IN PILOT WAKEFIELD

In 2014, the “Blood Pressure Drop In” pilot, run by a partnership comprising PHE, Wakefield Council, primary care providers and Community Pharmacy West Yorkshire aimed to establish the value to the public of opportunistic testing from a range of community locations including community pharmacies.

For five weeks in March and April 2014, pharmacies in Wakefield offered blood pressure checks to 40-74 year olds in the community. Checks were also performed using two mobile testing pods and at two workplaces in the area. Marketing activity supported public awareness of the project. Opportunistic activity within the pharmacies and via outreach workers identified people who went on to take part in the service.

Tools used in the service included PharmOutcomes (for data capture), data collection forms, referral letters, mobile testing pods, pharmacy posters, advertising vehicles and local press (radio, newspaper and online). Pharmacies were paid £3 per test for the data collection element of the service.

In total, 3632 people were tested, 2019 of them in one of the 49 pharmacies, 1421 by the two mobile testing pods and 192 in the workplaces. Of those tested, 75% were given some advice about prevention or management of high blood pressure and 67% went on to find out more about their health. 20% of people tested were suspected of having high blood pressure and were referred to their GP. Of those, 69% went on to attend their local practice.

The materials used for the campaign are available on the CPWY website²³ and details of the evaluation can be obtained from Community Pharmacy West Yorkshire on request.

DEVON LPC BP CHECK SERVICE

In 2014 a blood pressure testing service was coordinated by Devon Local Pharmaceutical Committee (LPC) as part of a Know Your Blood Pressure (KYBP) campaign, aimed at checking people over 40 years of age with no pre-existing diagnosis of HBP.

Ten pharmacies provided blood pressure testing for 3 months from September to November. A well written service specification and 'Know Your Blood Pressure' campaign guide was provided to the pharmacies. Materials including leaflets and posters were also made available to support healthier lifestyle promotion within the pharmacies, along with KYBP-specific data collection forms, leaflets, record cards and referral letters.

Of the 116 people tested in the 10 pharmacies 34 (29%) were referred to the GP with "high" blood pressure (over 140/90) and 1 person was referred with "low" blood pressure (under 90mmHg Sys).

All clients received some form of lifestyle advice and this was captured in detail along with details of any other interventions using the PharmOutcomes web platform.

69% of participants were given dietary advice, 30% stop smoking advice, 57% physical activity, 41% alcohol consumption and 38% weight management. All was given as brief intervention advice in line with 'making every contact count'.

PHARMACY-BASED ABPM IN HALTON

Halton CCG recognised that tackling high blood pressure was a high priority in their area, in order to reduce health inequalities as well as improve overall health outcomes. The CCG was committed to the principle that improving access to primary care included identifying and supporting the cohort of the population whom they termed the 'Hidden 40%'. i.e. approximately 40% of the population who are not accessing General Practice services in a timely way and, therefore, have a health inequality gap which results in them having a significantly reduced life expectancy.

They saw that screening for hypertension and AF in community pharmacy and providing signposting to appropriate lifestyle advice would support this principle and, in collaboration with Halton St Helens and Knowsley LPC, developed a pilot service to screen Halton residents for hypertension and atrial fibrillation through community pharmacies.

During the pilot, which ran from May to December 2016, people identified as at risk of developing hypertension receive advice on reducing their future risk of cardiovascular disease by addressing their modifiable risk factors for cardiovascular disease (such as excess weight, dietary salt or alcohol), supporting a strategy of self-care.

Many of the pharmacies involved already offered blood pressure testing, but in this scheme people with a clinic blood pressure of 140/90 mmHg or higher were offered ambulatory blood pressure monitoring (ABPM) to confirm the diagnosis of hypertension from the pharmacy, a pathway that would have traditionally required GP practice input requiring multiple appointments.

The pilot is currently being evaluated by the University of Chester.

Workplace blood pressure testing

While pharmacy services are already extremely accessible to the public, community pharmacists and their teams can also help take health promotion initiatives even further into local communities,

for example into leisure facilities and workplaces. In doing so, community pharmacy teams can play a valuable role in outreach programmes that efficiently target segments of the population who might not otherwise access services or proactively seek advice, helping to address local health inequalities.

CASE STUDY - WORKPLACE BP CHECKS IN WAKEFIELD

Pharmacies were commissioned by Wakefield Council to provide free blood pressure checks for over 40's in September 2015 (for 4 weeks). A fee of £3 was paid to pharmacies by the council (with funding made available by PHE) for each check.

Supported by the local authority, pharmacies would contact local large businesses to offer the service to their employees at the workplace during break times. The specific aim of the service was to provide a more convenient check for people who may have less opportunity to visit their GP. Pharmacy staff received full training in how to take, record and interpret blood pressure readings as well as when to refer on to a GP for further checks.

Over 760 blood pressure checks were performed within the 4 weeks at various locations. At Next Distribution 108 employees received a check and 30 of those were referred to their GP (a 28% referral rate). A further 652 blood pressure checks were carried out for employees at Morrisons, Wiseman Muller Dairy, Aldi, and Rathbones Bakery distribution centres, with a 17% referral rate average. Referrals were made by pre-printed letter and people were asked to take it to their GP. Data were recorded using the PharmOutcomes system.



Supporting self-monitoring and management

Through both structured pharmacy services and less formal interactions and brief interventions, community pharmacists and their teams play a vital role in supporting self-monitoring and management.

With their high level communication and consultation skills, which increasingly include skills in health coaching and motivational interviewing, and easy accessibility, community pharmacists and their teams are ideally placed to provide information and advice in ways that enable people to understand and manage their health with confidence, and with a sense of choice and control.

Home blood pressure testing can be of significant

benefit to people who are managing already diagnosed hypertension, and is made more feasible than ever as a result of the wide availability of cheap but effective blood pressure monitors to purchase. A growing body of evidence supports the use of both self-monitoring and self-titration in improving BP control, although further research is needed to understand which people are likely to benefit most and how this is best integrated with routine care²⁴.

Supporting home blood pressure monitoring was a feature of the Canadian strategy for high blood pressure prevention and control. In addition to sales of meters, specific tools were developed to help healthcare professionals train people with hypertension on how to properly assess and manage their blood pressure and how to develop lifestyle management programmes.

ASDA'S HOME BLOOD PRESSURE TESTING CAMPAIGN

In 2016 ASDA pharmacies ran a campaign with the objective of getting as many blood pressure meters into as many homes as possible. During the campaign, BP testing was offered in their stores and people were given the opportunity to purchase a Salter Blood Pressure monitor at the 'not for profit' price of £7.50, to enable them to follow this up through home monitoring. 255 Asda stores were involved, and were supported with an extensive marketing campaign and store team training. By the time of publication, ASDA had sold c.94,000 meters as part of this programme.

Self-monitoring can also be facilitated more opportunistically, by enabling people to check their own blood pressure within pharmacies, for example by displaying blood pressure meters near a waiting area or by making blood pressure testing kiosks available in store. As people express interest in the devices, community pharmacy teams can play an important role in advising people on their results, any purchase and how to use meters, as well as offering healthy lifestyles advice.

Of course, self-care is already the main treatment modality for most people with hypertension and other long-term conditions, although the extent to which they are supported in this by healthcare professionals is variable. The growing availability, affordability and functionality of wearable technology (e.g. smart watches and bracelets) means more

and more people will be tracking their own health indicators and conditions in the future. Meanwhile the development of smart pills and implanted medicines will change approaches to monitoring drug delivery and adherence, and enable people to adjust their own treatment and behaviour accordingly.

As self-monitoring and therapy evolves in these ways, resulting in individuals having constant access to data regarding their own health status alongside increasingly diverse sources of health information and advice, the role of healthcare professionals is likely to change, but will arguably become more important than ever. People will need support in interpreting and using data and information and community pharmacists are ideally placed to provide this as part of holistic health and wellbeing services.

PARTNERSHIPS TO TACKLE HIGH BLOOD PRESSURE

In early 2017, Well Pharmacy joined forces with the Stroke Association to raise awareness of the link between high blood pressure and stroke. High blood pressure is the single biggest risk factor for stroke, and many strokes could be prevented if people knew they had high blood pressure and did something about it. Community pharmacy can play a key role in making this happen. As part of the partnership, Well is aligning its free blood pressure service to the Stroke Association's Know Your Blood Pressure campaign. The pharmacy business will be focusing on a personalised service to customers, raising awareness of high blood pressure as a risk factor for stroke and helping customers decide what actions they will take to lower their blood pressure and reduce their risk. This, combined with a newly-launched Stroke Smart e-learning module, will allow Well colleagues to have expert conversations with customers about stroke and primary prevention.

Marton Pharmacy, Teeside





Summary and conclusions

Tackling high blood pressure is a national priority, and organisations working at a national level must endeavour to identify, share and support the implementation of effective responses to the challenge. However, change can only be delivered by frontline teams and professionals working in partnership with their local communities. The case studies and initiatives described in this report demonstrate the variety of ways in which community pharmacists and their teams up and down the country are already helping to tackle high blood pressure. We believe that the network of community pharmacies that operates across England can make an even greater contribution to improving health outcomes by supporting the delivery of the right care at the right time for people with or at risk of hypertension.

There is an opportunity to secure this contribution by building community pharmacy services and interventions into the prevention and health improvement programmes of STPs, and into the design of new care models that bring together community, public health and primary care providers. However, it is also clear from the work undertaken to inform this report, that there are a number of issues to address in order for the role of the sector to be maximised. Some of the most significant that emerge from this project relate to:

Coordination and integration

There is clearly significant activity underway across the community pharmacy network to run blood pressure-related campaigns and testing programmes. However, this is not necessarily aligned with national activity or that of local partners, meaning that some of the potential value and impact may be lost. In particular, a lack of connection and data-sharing between community pharmacy and general practice can mean that

the results of blood pressure testing in community pharmacy are often not recorded or followed up, or may be duplicated, while opportunities to design more efficient and effective care pathways and make best use of existing interventions such as NMS and MURs are not being grasped.

In discussions of this issue with our project sounding board, it was noted that community pharmacy referrals to GPs following blood pressure testing can be perceived as generating unnecessary or unmanageable demand for general practice appointments. While keen to identify and support any of their patients with undiagnosed hypertension, GPs may not always be confident in measurements taken in pharmacy settings and be concerned about false positives creating demand for further testing, reassurance and advice. During awareness raising campaigns run by pharmacies there may be particularly high numbers of people seeking follow up appointments with their GP, which local practices may not have planned for. Conversely, there may also be concern that individuals referred by a community pharmacist for review and diagnosis of hypertension by their GP may find it difficult or inconvenient to make a further appointment, and could drop out of the system at this point if the practice is not aware that follow-up is required.

Overall, it is clear the additional capacity that community pharmacy could bring to this element of the cardiovascular disease prevention pathway is not being used as efficiently and effectively as possible. There is a clear need to invest more effort into ensuring community pharmacy is seen as an integral part of the local public health and primary care workforce, with a defined contribution to make to the prevention, early detection and management of high blood pressure that is integrated within agreed local care pathways.

Evaluation and impact

One of the consequences of the lack of alignment and follow-up of community pharmacy based blood pressure initiatives is that there is a limited data to demonstrate the impact and outcomes they generate. Addressing this is a key priority if a business case is to be made to national and local commissioners for integrating these services and interventions into cardiovascular disease prevention pathways.

Quality assurance

Also in part because of the lack of integration and coordination, there is an absence of any systematic quality assurance of the activity taking place in community pharmacy to prevent, detect and manage hypertension. This may contribute to lack of engagement and confidence of other healthcare professionals and the public. The latest evidence regarding NHS Health Checks, for example, indicates that while for many people community pharmacy is seen as a more convenient and accessible location than their general practice, others report anxieties about the competence of staff, privacy and confidentiality of having an NHS Health Check in alternative locations²⁵.

Extended roles

In most of the local initiatives found while researching this report, the community pharmacy team's role is focussed on prevention, detection and monitoring of high blood pressure. There is less evidence of their involvement in diagnosis, or initiation of treatment and management. This is despite the fact that community pharmacists are arguably well placed to initiate ambulatory or home blood pressure monitoring, make a diagnosis and support people to consider lifestyle changes and self-care, as well as take clinical management decisions, escalating care to general practitioners as necessary. There are currently barriers to community pharmacists taking on such responsibilities on a widespread basis, such as the limited number of pharmacist independent prescribers. However, this is the type of role envisaged as standard for community pharmacists in the future in the Community Pharmacy Forward View, and changes to the rules on training and supervising independent prescribers that are currently being considered by regulators could help to facilitate this. In the meantime, there are already some options available for community pharmacists to initiate and adjust treatment, and there was strong support from our sounding board for further exploring and testing this approach to blood pressure management.



Small local changes



Big national results

1

Blood pressure awareness zone in every pharmacy



1.6 million

people reached every single day across England

10

health promoting interventions per pharmacy per week



6 million

interventions per year across England

2

blood pressure checks per week per pharmacy



1 million

blood pressure checks in a year across England

7 million people in England take anti-hypertensive medicines

50–80% do not take them as prescribed

5%

more people taking their anti-hypertensive medicine as prescribed



350,000

more people with improved health outcomes – and fewer medicines wasted

A framework for action

In this report we have outlined how community pharmacy teams already contribute towards the prevention, detection and management of high blood pressure across England, through the provision of healthy living advice and testing initiatives and by supporting patients with high blood pressure to better understand their condition and use their medicines effectively. In this final section, we focus on how the role of community pharmacy could be further enhanced in the future to help meet national public health objectives.

The following set of recommendations have been developed with the help of a sounding board made up of experts from Public Health England, the community pharmacy sector, local authority public health teams, primary care colleagues and patient groups. The recommendations are our own, but the sounding board members helped us consider a range of factors to develop a set of ambitious but realistic proposals for consideration by the public health and pharmacy community.

The recommendations are broad, and leave much to be further discussed and developed between partners who have already contributed to this project, and many others beyond. Not all parties will agree with all of the recommendations, or be able to commit to the actions they entail. The purpose of the report is not to provide the final word on tackling high blood pressure through community pharmacy, but rather to initiate this discussion, and to inspire colleagues to take part in it over the coming months.

Prevention recommendations

To maximise the community pharmacy contribution to preventing high blood pressure we recommend that:

-
- 1 A framework is developed and supported by national bodies, to help embed and sustain commissioned public health services that tackle high blood pressure across the community pharmacy network.
-

Why? Community pharmacies are able to roll-out and deliver effective preventative interventions at scale when called upon to do so. This has been demonstrated with the national community pharmacy flu vaccination service, under which over 810k flu vaccinations were administered by community pharmacists in 2016/17²⁶. Community pharmacies can deliver a range of services, such as stop smoking, alcohol and physical activity brief advice and weight management support, that can help reduce the risk of hypertension, and in a way that increases choice and accessibility for the public. However, the current variation in commissioning across the country creates some barriers to them doing so efficiently and effectively.

The need for public health improvement priorities and associated resource allocation to be determined locally is understood by the sector, but the existing variability in service specifications, qualification criteria and procurement arrangements for what should generally be standardised services reduces the ability of pharmacy teams to secure contracts,

coordinate activity and invest in training, and therefore to deliver effectively and efficiently at scale. It also undermines efforts to raise awareness of the public health services available in community pharmacy, as the network cannot promote a consistent offer to their communities.

How could this be achieved? There are a number of solutions to help address this. There is a case for national commissioning of services where there is an identified need across the country as a whole and where delivery through community pharmacy has been shown to be cost effective. For example, the Murray Review recommended that consideration is given to smoking cessation services becoming an element of a national contract. There are also options for supporting local authorities to commission effectively from community pharmacy, such as developing national service specifications for local application where there is an identified need, and adopting a Declaration of Competence model for service delivery by community pharmacy professionals.

As well as making services simple to promote and efficient to deliver through these means, community pharmacy leadership must be appropriately engaged and pharmacy staff must be adequately trained and empowered. National pharmacy, public health and local authority organisations should work together to agree a more coordinated and concerted approach to achieving this.

“If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.”

NHS Five Year Forward View

2 A long-term, coordinated blood pressure awareness campaign is planned and delivered across the community pharmacy network, as part of a whole-system national initiative.

Why? Many of the healthy living interactions that take place in community pharmacy contribute to the prevention of high blood pressure, but more consistent outcomes may be achieved through the provision of standardised information, training and resources to pharmacies, and reinforcement of the role of community pharmacy within a wider campaign. The nationally contracted community pharmacy public health campaigns have the potential to reach large segments of the population, but there is no system for coordinating these with national public health programmes so they may not be used effectively as possible to support national priorities.

How could this be achieved? Partnerships could be established between national charities (e.g. British Heart Foundation, Blood Pressure UK and the Stroke Association), Public Health England, NHS England and community pharmacy leadership organisations to support the delivery of a long-term, coordinated blood pressure awareness campaign, facilitated by the Blood Pressure System Leadership Board. The campaign could include standardised materials and training, to catalyse the production of blood pressure health promotion zones in pharmacies and other locations across the country. Aligning this with existing programmes and commissioning arrangements – including the six nationally contracted community pharmacy public health campaigns, and PHE’s public campaigns programme, would help ensure delivery.

Detection and diagnosis recommendations

To maximise community pharmacy's contribution to the detection and diagnosis of high blood pressure we recommend that:

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- 3 All STP leads, local commissioners and primary care providers integrate community-pharmacy based blood pressure testing and diagnosis into their disease prevention and management strategies.
-

Why? The examples highlighted in this report demonstrate that large numbers of people can be reached and offered blood pressure tests through the community pharmacy network. However, they also show that this activity is often not feeding into structured local care pathways, with little data available to indicate whether people are followed up after blood pressure testing in community pharmacy, and what the outcomes are. The value of pharmacy-based awareness raising and testing campaigns will be limited if they do not include mechanisms for sharing information quickly and efficiently, and ensuring people receive follow up advice and treatment where required.

How could this be achieved? As recommended in the STP prevention quick guide, the Right Care CVD pathway and PHE's menu of preventative interventions, as part of the implementation of STPs and development of new care models, local commissioners and primary care providers should work together to review existing mechanisms for exchanging data and referrals between community pharmacy and general practice following opportunistic blood pressure testing by the former, and put in place agreed protocols for this where they do not exist.

Local commissioners should also consider commissioning the commencement of ambulatory blood pressure monitoring (ABPM) or home blood pressure monitoring (HBPM), on recording a high Clinic BP, from community pharmacy. For such services to be effective, community pharmacy teams, supported by LPCs, will need to engage proactively in training, service set-up and promotion, delivery and evaluation.

The practice-based pharmacists currently being deployed across the country under NHS England's Pharmacists in General Practice Programme²⁷ could play an important role here, by raising awareness amongst GPs of the capacity and skills available in community pharmacy and facilitating local discussions about how these are best utilised.

“CCGs and local authorities across the country are now developing their Sustainability and Transformation Plans (STPs). There is a real opportunity for GPs and others in the NHS to offer clinical leadership and support in developing the STPs, to ask challenging questions of local authority and other partners on behalf of patient populations, and to help champion a system-wide approach to building health and wellbeing that will complement our actions in the NHS.”

Dr. Matt Kearney, National Clinical Director for Cardiovascular Disease Prevention, April 2016

4 All community pharmacies are equipped with a validated²⁸ blood pressure monitor and have staff trained in how to use them effectively.

Why? In order to offer blood pressure tests as part of daily practice, as part of agreed local care pathways, pharmacies will require appropriate equipment and training for their staff. Establishing a norm that blood pressure testing is available in community pharmacy will help to raise awareness and encourage people to 'know their numbers'. Confident staff familiar with the use of blood pressure measurement equipment will also be better able to advise people on purchasing and using home BP monitoring devices.

Another potential benefit of increasing the availability of BP monitoring in community pharmacy is that suspected AF can also be detected simply whilst undertaking a blood pressure test if the right equipment is used, making this an efficient way of identifying people at higher risk of stroke.

How could this be achieved? A partnership between national pharmacy bodies, PHE, relevant charities and suppliers of BP monitors could be established to promote the benefits of offering BP testing in community pharmacy and support the provision of equipment and training in a way that minimises costs.

5 Commissioning of NHS Health Checks from community pharmacy is more actively promoted and supported.

Why? Greater participation in the delivery of NHS Health Checks is one specific way in which community pharmacy could contribute to tackling high blood pressure, in particular by providing access to testing for people at high risk who may not use other health services. The service is already commissioned from pharmacies in some areas, but this is not widespread across the country. More consistent commissioning of the service from pharmacies across England would enable pharmacy organisations to invest in establishing the service and would allow for more consistent messages to the public about where they can access NHS Health Checks

How could this be achieved? Decisions about commissioning NHS Health Checks are taken by Local Authorities, in response to specific local needs and priorities. Resources could be produced and disseminated to public health teams highlighting the particular value of delivering services through community pharmacy and how this could improve access and uptake. Recognising that there can be competition between providers to deliver NHS Health Checks, Local Authorities might consider how outcomes-based commissioning models could be developed, under which overall take-up is maximised by creating incentives for cooperation between all willing providers.

Community pharmacy providers also need to ensure they are able to deliver the services to the required standards and national pharmacy bodies, working with LPCs should consider how this could be supported.

6 Partnerships between employers and community pharmacy teams to deliver workplace health initiatives are encouraged and supported.

Why? As demonstrated in some of the case studies presented in this report, community pharmacy teams can successfully undertake blood pressure testing and healthy lifestyles interventions outside of the pharmacy as part of local community events and in work places, specifically targeting segments of the population that otherwise may not be in contact with health practitioners. This could help address health inequalities and increase people's choice in how they manage their health.

How could this be achieved? In most cases services are likely to be commissioned and set up locally between local authorities, community pharmacy providers and local employers. National pharmacy organisations could support this by sharing learning from schemes across the country, and could also play a role in brokering partnerships with national employers such as retail chains

Management recommendations:

To maximise community pharmacy's contribution to the management of high blood pressure we recommend that:

7 Primary care organisations and CCGs take action to ensure medicines-related support and advice for people taking antihypertensive medicines is better coordinated between general practice and community pharmacy.

Why? Community pharmacy is ideally placed to support adherence to treatment through both routine information and advice given to people when collecting their medicines, and through structured interventions including a New Medicines Service or Medicines Use Reviews. However, awareness of these services amongst both patients and GPs, is low. Where GPs are aware of the services, they do not necessarily value them (or, therefore promote them to their patients) for a variety of reasons, including lack of clarity regarding the purpose, poor administration and perceived duplication of work.

How could this be achieved? As part of local medicines optimisation efforts, general practice and community pharmacy teams could work together more effectively in the short term to ensure more people with hypertension are referred to pharmacy

for MUR/NMS. Again, the new cohort of practice-based pharmacists could play a particularly valuable role in facilitating this by advising GP colleagues on the purpose and value of these services, and helping community pharmacists understand what information is useful to the practice team and how the outcomes can best be shared. Nationally, social marketing campaigns could be developed to increase awareness and drive footfall.

The Murray review has recommended that the existing Medicine Use Reviews (MURs) element of the pharmacy contract should be redesigned to include on-going monitoring and regular follow-up with patients as an element of clear care pathways. “This redesign should ensure that they are an integrated part of a multifaceted approach to helping people with long-term conditions that includes medicines optimisation, providing advice and helping people stay well. Such a service should be able to utilise transfer of care and referral schemes and electronic repeat dispensing (ERD), and have a focus on patients at high risk and those with multiple co-morbidities as well as those with single conditions that are clinical priorities such as diabetes, hypertension and COPD where evidence is already strongest.”

8 The extension of community pharmacy blood pressure services to include commencement of treatment and management of diagnosed hypertension is tested and evaluated.

Why? Large numbers of GP appointments are for starting and monitoring treatment for hypertension. However, hypertension treatment pathways are now well established and, for many people, straightforward. Community pharmacists are well placed to undertake initial measurements and diagnosis following ambulatory or home blood pressure monitoring (using validated equipment and following SOPs agreed with primary care colleagues). Using community pharmacists to also then initiate the management of hypertension would open up significant additional primary care resource across England, taking pressure off GP surgeries and reducing the number of ‘hand-offs’ experienced by patients.

How could this be achieved? A range of different models for pharmacy-based blood pressure management could be piloted as part of locally developed new care models, the Pharmacy Integration Fund Programme, PHE sponsored programmes, or other initiatives. Pharmacy-based treatment initiation could be under Patient Group Directions (PGDs) or directly by independent pharmacist prescribers. Learning from these pilots could be used to inform the development of care pathways and service specifications to be used in future by national and/or local commissioners.

9 Community pharmacy teams are encouraged to increase their support of home blood pressure testing and monitoring.

Why? We have seen that success in tackling high blood pressure in Canada was delivered through a model that was based around primary care leadership, but that also focussed on effective community engagement, with high levels of blood pressure testing activity occurring in communities and at home. Increasing access to home blood pressure monitors is therefore an important consideration for any coordinated attempt to tackle high blood pressure, and community pharmacy teams are well placed to facilitate this.

How could this be achieved? Partnerships between organisations such as Academic Health Sciences Networks (AHSNs), PHE, community pharmacy leadership, national charities and blood pressure monitor manufacturers could support the cost effective bulk purchase and onward sale (with advice) of blood pressure monitors by community pharmacies, ideally linked to a national coordinated blood pressure awareness campaign.

10 Community pharmacy teams are enabled to access and share data (with consent) via an integrated patient records system, and to exchange electronic referrals with GPs and other healthcare providers.

Why? For blood pressure testing, diagnosis and management to be carried out in community pharmacy in a way that is safe, efficient and reduces general practice workload, it is essential that up to date and reliable information is available to all those involved in an individual's care. In particular, 'seamless' data sharing is required if treatment and management decisions are to be made by community pharmacists. There is a clear recommendation in the Murray review that registered pharmacy professionals should have the ability to see, document and share information with clinical records held by other healthcare professionals and allow their actions, recommendations and rationale for clinical interventions to be visible to the relevant wider healthcare team. The ability to transfer information simply and securely with the agreement of patients and general practitioners in advance will make transfer of information more efficient and safer as well as improving patient outcomes.

How could this be achieved? Local engagement is essential (between pharmacies and practices and/or LPCs and LMCs) to support partnership working arrangements, ensure that maximum value results from any work undertaken by pharmacy, and that administrative burden or duplication of effort in data recording is minimised. However, national work by NHS Digital to develop IT and information governance solutions and that enable appropriate data sharing between GP and community pharmacy systems should also be accelerated as a high priority.

11 Current community pharmacy practice in relation to blood pressure prevention, testing, diagnosis and management is audited.

Why? Whilst it is clear that significant work has been undertaken by community pharmacy teams in recent years to tackle high blood pressure, the scale and impact of the initiatives in place across the network has yet to be quantified or systematically evaluated. The case studies collated here do demonstrate value to patients and the public but, at a national level, detailed data is not available to demonstrate the impact for the system as a whole. An audit of current practice would clearly provide only one part of this picture, but would at least help us to understand community pharmacy's actual and potential input to tackling high blood pressure and potentially to track how this contribution changes over time.

How could this be achieved? The contractual framework for community pharmacy in England requires each pharmacy to complete two types of audit every year over a period of one week. The first audit is completed at the request of NHS England and the second is a practice-based audit conducted by the pharmacy on a topic of its choosing. In recent years, Pharmacy Voice has worked with pharmacy owners to develop an audit process that can be carried out on a large scale across a number of companies and different types of community pharmacy, allowing individual providers to meet the contractual requirement to undertake a practice-based audit, and the sector as a whole to gather results that can be used to gain a picture of an issue at a national level. Each year a relevant topic is identified, and an audit designed to generate useful data and learning on the issue is developed, and materials are made available to all community pharmacies that request them. With agreement and some resourcing across the national pharmacy bodies, this mechanism could be

used to design and administer an audit of practice related to blood pressure testing and management which pharmacies could use also as their annual practice-based audit. This approach might help to maximise response rates. An alternative would be to commission a national survey of community pharmacies. This may allow more comprehensive data to be collected, but may have a lower response rate, and a higher cost.

12 A programme of research and evaluation is established to ensure the outcomes of community pharmacy-based interventions to tackle high blood pressure are monitored and understood.

Why? In order to make the case for investment in community pharmacy based interventions, and to learn what works best so that they can be continually improved, more research and evidence is required. Areas where greater insight and understanding is needed range from how other professionals and the public feel about the role of community pharmacy in the prevention, detection and management of high blood pressure, to the safety and effectiveness of community pharmacists initiating and monitoring treatment for hypertension. It is important that a culture of research and evaluation is embedded more firmly in routine community pharmacy practice in future, so that the translation of the kinds of ideas and efforts highlighted in this report into evidence-based practice and service delivery can be accelerated.

How could this be achieved? Organisations such as AHSNs, Pharmacy Research UK, Schools of Pharmacy, Royal Pharmaceutical Society and the Royal Society for Public Health could work together with national pharmacy bodies to develop a research programme and identify opportunities to secure funding.



Tackling High Blood Pressure through Community Pharmacy:

A simple vision

John Smith lives and works in Middlesbrough in the North East of England. He's 41 years old, overweight, a smoker and likes to visit the pub with friends each evening after work. John is visiting a pharmacy in the city centre on his lunch break - he's got a cold and wants to purchase something to make him feel a bit better. As he's explaining his symptoms to a pharmacy team member, he's asked if he takes any medication, to which he replies, no, and the counter assistant continues the sale of the cold remedy. It is at this point that the pharmacist comes to the counter to explain how to take the product and simultaneously makes a brief intervention by suggesting a blood pressure test. On the understanding that it will only take 5 to 10 minutes, John accepts and is taken into the consultation room by the counter assistant. During the consultation, John supplies some lifestyle information and receives his test. His clinic blood pressure is found to be 145/95mm Hg. John is surprised and slightly concerned by what the pharmacist explains is a high clinic reading, as it's not something he has thought much about. He wants to know more and is given a leaflet and some more information about his result and what it might mean. John is then booked an appointment for further assessment when he has a bit more time the following day. When he attends, the pharmacist commences Ambulatory Blood Pressure Monitoring over a 24-hour period. Later that week, John visits the pharmacist again to discuss the results, and a diagnosis of hypertension is confirmed. The pharmacist answers his questions about the risks associated with high blood pressure and how these can be reduced, provides lifestyle advice and prescribes anti-hypertensive treatment. She adds this information to John's health record and notifies his GP. A few weeks later John returns to the pharmacy for a follow up appointment, having made efforts to lose weight and reduce his alcohol intake. He finds that his blood pressure has fallen to 140/80 mmHg. Encouraged by this result, he has also decided to also enrol in the Community Pharmacy stop smoking service.

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- For more information about NHS England's Pharmacists in General Practice Programme, please visit www.england.nhs.uk/gp/gpfpv/workforce/cp-gp/
- For more information on how blood pressure monitors are validated, please visit <http://bhsoc.org/bp-monitors/bp-monitors/>

Pharmacy Voice

Pharmacy Voice is an association of trade bodies which brings together and speaks on behalf of community pharmacy contractors. We believe community pharmacy can play a much greater role in England as an integrated part of primary care and help to improve public health. Pharmacy Voice is a member of the Public Health England (PHE) Blood Pressure System Leadership Board. Through this, Pharmacy Voice made a commitment to lead a response on behalf of the community pharmacy sector, to consider the current and future role of community pharmacy in tackling high blood pressure across England. This report is the first step towards fulfilling this commitment.

Blood Pressure System Leadership Board

The Blood Pressure System Leadership Board was established by Public Health England in 2014. The Board brings together organisations from across national and local government, the health system, voluntary and community sector and academia to consider what can be done to raise England's performance in tackling high blood pressure. It aims to develop and oversee the implementation of plans to tackle high blood pressure, as part of broader approaches to preventing and managing cardiovascular disease as detailed in the government's Cardiovascular Disease Outcomes Strategy, and the commitment to improving disease prevention set out in the Five Year Forward View for the NHS.

Members of the Blood Pressure System Leadership Board:

Public Health England	Faculty of Public Health
Association of Directors of Public Health	Local Government Association
Blood Pressure UK	NHS England
British Heart Foundation	NHS Improving Quality
British Hypertension Society	Pharmacy Voice
Department of Health	Royal College of General Practitioners

