

Cheshire & Merseyside  
Cardiac Network

**NHS**  
North West Coast  
Clinical Networks

# Cheshire & Merseyside Cardiac Network Guideline

## Opportunistic Blood Pressure Testing

Version 2.3

Created on 3<sup>rd</sup> April 2023, Approved at C&M CVD Prevention Group 24/5/23

## Introduction

This guideline has been written for any services, whether provided by the NHS or not (e.g. third sector organisations) to refer to if they are providing a blood pressure assessment to their service users. Reducing the incidence of cardiovascular disease is a key priority for Cheshire & Merseyside and our Integrated Care System recognises the important role that the detection of high blood pressure will play within it. As the same time, our region's CVD Prevention Group want to help those providing those services to provide them in the most efficient and effective way. This guideline has been created to help them to do that and support their care pathway partners.

## Guidance for Service Providers

If you're providing opportunistic health screens and tests we suggest you do the following;

- Familiarise yourself with Cheshire & Merseyside's CVD Prevention work programme. We have a dedicated work CVD programme where predictive tests/screens, and the NHS Health Check are core elements. It will be highly beneficial if you coordinate your activities with that programme.
- Familiarise yourself with your local NHS Health Check service. Be mindful that your service offer might lessen a Service User's interest in having a full NHS Health Check and might mean that they miss out on the tests/screens that you don't offer.
- Make sure your team knows how individuals can access the NHS Health Check and other programmes such as smoking cessation or weight management services (you can get this via the ICB CVD Prevention Work Programme).
- Check if the people are eligible for an NHS Health Check (aged 40-74, at low risk of cardiovascular disease with no pre-existing cardiovascular conditions). If they are, they should always be encouraged to have the NHS Health Check.
- Work out how those with an existing health issue will be identified so that the advice you give them is appropriate (they will have a care plan already in place that will include regular checks/monitoring, while those diagnosed with hypertension or diabetes (for example) won't be eligible for an NHS Health Check). Any advice you give must be appropriate to the Service User.
- Work out how clinical governance will be managed. This includes providing leadership, training and staff competency as well as service quality assurance using clinical governance principles (put simply 'doing the right thing, at the right time, by the right person'). Your service must be able to apply clinical evidence to the individual's problem that's in line with their wishes, delivered by an appropriately trained and resourced team.
- Think about adopting the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers. That Code is used by NHS Health Check providers and sets clear standards for those services.
- Work out who will own and be responsible for what happens after the test or screen. The BMA notes that that services that expect a patient to do this are unsafe. The responsibility for acting on results rests with the person carrying out the test. Transferring responsibility to someone else should only happen if that person agrees.
- Develop a care pathway/protocol that covers;

- Who will be invited to the service and how will they be selected?
- How does selection/entry criteria remove selection bias?
- How will staff competences be assessed, recorded and maintained?
- How will clinical governance be managed?
- How will test results will be managed?
- How will safeguarding be managed?
- What will happen with a very high or very low test result?
- Review relevant national guidance (<https://bihsoc.org/>  
<https://www.nice.org.uk/guidance/NG136>)
- Work out how test results will be entered into the Primary Care record. Your service is responsible for this, not the GP practice. Similarly, patient consent is needed and primary care need to be made aware. This is especially true for any results outside of the range <90/60 or >140/90.
- Contact all other providers (whether primary or secondary care) that will be working with Service Users after the test/screen. They need to know what your service is offering, who it offers it to, for what purpose and what they will be asked to do as a result.
- Don't use wrist monitors to measure BP. Only measure it at rest when the Service User isn't stressed, in pain or suffering from an inter current illness. Familiarise yourselves with the [BIHS Treatment to Target thresholds](#) before offering a diagnosis of "normal" or "abnormal".
- Patients with BP readings >90/60 and <=140/90; use a Making Every Contact Count (MECC) approach to give advice on healthy lifestyles (smoking, diet, exercise, weight management, alcohol etc).
- Patients with raised BP readings (>140/90 but <180/110) should be signposted to Community Pharmacy;
  - Community Pharmacy are already commissioned to carry out BP tests and screen/case find (for example) and their investigations are quality assured
- Patients with very low (<90/60) or very high (>180/110) BP should be directed to general practice but you should be careful that you don't create an expectation that their GP will see them the same day.
- You should use a pro-forma to signpost on (an example is contained in appendix 1).
- Regardless of the result, encourage Service Users to use the Heart Age Test. This will help them to better understand their heart health and will give them advice on reducing their heart age (<https://www.nhs.uk/health-assessment-tools/calculate-your-heart-age>).
- Make sure that the Service Users understands what tests/screens have and haven't been done and are have made an informed decision about what happens next. Use Happy Hearts (<https://www.happy-hearts.co.uk>) for your materials/leaflets etc.

## Appendix 1 – Hypertensive Protocol

Service User details					
Patient name:		DOB:		Age*:	
Gender:	<input type="checkbox"/> Not Known	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not Specified	
Address:		Postcode:		Telephone number:	
Ethnicity:					
GP Practice:		NHS number:			
BP Check			Consultation date:		
Patient consent obtained?	<input type="checkbox"/> Yes				
Tester's name:					
	Blood pressure reading (mmHg)		Arm		
	1	/	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
	2	/	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
	3	/	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
	4	/	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Irregular pulse detected?			<input type="checkbox"/> Yes		
Additional notes :					
Outcome from the test					
<b>Low BP (&lt;90/60)</b>					
<input type="checkbox"/> Patient is asymptomatic <input type="checkbox"/> Patient is experiencing dizziness, nausea or fatigue – refer to General Practice					
<b>BP &gt;90/60 &amp; ≤140/90</b>					

- Clinic measurement
- ABPM measurement

**High BP (>140/90)**

- Refer to Community Pharmacy

**Very high BP (>180/110)**

- refer to General Practice

**Other (irregular pulse)**

- refer to General Practice

**Healthy living advice provided**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Diet & nutrition | <input type="checkbox"/> Alcohol                                    | <input type="checkbox"/> Weight management |
| <input type="checkbox"/> Sodium/salt      | <input type="checkbox"/> Smoking                                    | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Caffeine         | <input type="checkbox"/> Referral to a local Healthy Living service |  |
- Service name: