



IP Pathfinder Programme Clinical Protocol: Model 2 – Hypertension

Background

The NHS Community Pharmacy Hypertension Case Finding (BP Check) Service was commissioned from October 2021 as a national Advanced Service for Community Pharmacy.

Expanding the community pharmacy role within hypertension management using the Community Pharmacist Independent Prescriber (CPIP) to build on the existing community pharmacy hypertension case finding/BP Check Service will provide an alternative option for patients to access and attend appointments for medication review, titration and optimisation as well as where locally agreed initiation of antihypertensives.

This model will improve the CVD outcomes for patients and potentially engage harder to reach patients to achieve targets for BP control.

Patient cohorts:

1. Hypertension in adults: management of patients diagnosed with uncomplicated hypertension with up-to-date BP check recorded but NOT treated to target.

This model will improve access for patients, increasing the number who complete their episode of care within community pharmacy, assisting them with the management of hypertension in a timely manner and reduce burden on GP practice.

This model will work in partnership with general practice(s) with the management of patients diagnosed with uncomplicated hypertension with up-to-date BP check recorded but NOT treated to target. It will work with local GP practice(s) to reduce the risk of cardiovascular problems such as heart attacks and strokes by assisting with the management of hypertension that can be safely met with IP services within community pharmacy.

Clinical Protocol	
Clinical condition or situation to which this protocol applies	Hypertension in adults: management of patients diagnosed with uncomplicated hypertension with up-to-date BP check recorded but NOT treated to target.
Inclusion	Inclusion criteria from patients referred from the GP: <ul style="list-style-type: none"> • adults, of any ages, diagnosed with hypertension with up-to-date BP check record but NOT treated to target
Exclusion	The exclusion criteria for all aspects of the blood pressure check service are as follows: <ul style="list-style-type: none"> • people with complex polypharmacy that is outside of the prescribers' competency e.g. a diagnosis of diabetes, chronic kidney disease (CKD) 3B+, heart failure, ischaemic heart disease (IHD), cerebrovascular disease (CVA) and/or peripheral artery disease (PAD) • people diagnosed with hypertension in pregnancy • people with long term conditions outside of the prescribers' competency • people who have their blood pressure regularly monitored by a healthcare professional.



<p>Formulary and Guidance to be followed</p>	<p>The IPs will be expected to follow relevant guidance. This includes:</p> <ul style="list-style-type: none"> • local formularies: <ul style="list-style-type: none"> ○ Humber ○ North Yorkshire <ul style="list-style-type: none"> ▪ Harrogate ▪ York and Scarborough • NICE Guidance • North Yorkshire & York: Healthy Hearts Hypertension Guidance • West Yorkshire and Harrogate Healthy Hearts
<p>Patient route(s) into the service</p>	<p>Patients will be able enter the IP Pathfinder service via one of the options below:</p> <ol style="list-style-type: none"> 1. GP Practice(s) to run searches for patients diagnosed with hypertension and up-to-date BP check recorded but NOT treated to target. 2. Patients will be sent a text message via accuRx offering an appointment with an IP Pathfinder site. 3. Patient presents to an IP Pathfinder site and has consultation with IP Pharmacist.
<p>Patient Pathway</p>	<ul style="list-style-type: none"> • GP practice will conduct a search of patients that meet the criteria outlined above, and are therefore suitable to be managed by a IP Pathfinder site. • There will be an agreement between the GP practice and community pharmacy about the management of this patient cohort throughout the Pathfinder programme, e.g. how often searches are conducted, how many patients seen, etc. • Patient will be invited to attend an IP Pathfinder site for a consultation regarding their hypertension e.g. via AccuRx message. • General Practice to share list of invited patients with IP Pathfinder site. • Pharmacy contacts patient to gain consent for review and books appointment in IP Pathfinder site. • Patient attends appointment at Pathfinder site. IP conducts holistic consultation (including capturing lifestyle parameters and provision of lifestyle advice). • Community Pharmacist IP to refer to GP practice for peer support / advice if any patient factors / issues arise that fall outside of the current competency or experience of the IP. • All prescribing and/or medication changes should be line with NICE Guidance and local formulary guidance (see Formulary & Guidance section above). • Medication changes that require monitoring, need to follow NICE Guidance. • Requests for Blood tests (see pathology section below) • Follow up appointment arranged as agreed between IP and patient for BP check and medication review. • Patients' care is transferred back to GP at patients' request at any point in the pathway or once BP is controlled and repeat medication can be managed under business as usual mechanisms.



	<ul style="list-style-type: none"> • All consultations must be recorded on the clinical consultation record (PharmOutcomes). • When no clinician input is required only an automated Post Event Notification (PEN) will be sent via NHS mail as a PDF attachment to a patients' general practice upon completion of the PharmOutcomes platform. • When clinician input is required a clinic letter must be sent to the GP contemporaneously as well as an automated PEN. Patients may find it useful to receive a printed or electronic copy of the clinic letter. • Prescribing will be permissible via SystemOne GP IT systems until Cleo Solo EPS is in place in IP Pathfinder sites. • Once Cleo Solo EPS is available at an IP Pathfinder site, Cleo Solo EPS must be used to issue any prescription. • The IP follows agreed process for baseline monitoring at the patients' practice (e.g. blood tests, ECG, urinary ACR)
<p>Consultation requirements</p>	<p>The consultation will consist of:</p> <ul style="list-style-type: none"> • Clinical history including capturing of prescribed medications, OTC, illicit substances and herbal/homeopathic remedies • Lifestyle information e.g. smoking status, alcohol consumption, diet and exercise • Patient assessment including clinical history and where necessary physical examination. • Provision of advice, which may include signposting to relevant NHS website information or written information. • Clinical management will be in accordance with Clinical Knowledge Summaries http://cks.nice.org.uk • Consideration of drug interactions for any medication • Safety netting information to the patient <p>Where clinically appropriate the consultation can be provided remotely e.g. by phone or video consultation. The IP must determine if is clinically appropriate / a requirement for the patient to be seen face-to-face or whether the consultation can be safely carried out remotely without impacting on the quality of the service received.</p> <p>Considerations in relation to appropriateness for remote consultation (not exhaustive)</p> <ul style="list-style-type: none"> • requirement for a physical examination • barriers to communication created by remote consultations that would be addressed by a face-to-face consultation
<p>Session provision</p>	<p>The number of sessions provided and the number of hypertension consultations per session (4 hours) will be locally discussed and agreed.</p>
<p>Onward referral of patients</p>	<p>This hypertension IP activity is discrete to General Practice. There will be occasions that the IP needs to refer the patient to their GP (or relevant OOH provider) for further assessment or management. These referrals will be made via locally discussed and agreed routes. Please refer to the HNY Hypertension Case-Finding escalation protocol.</p>



Access to blood tests and pathology	To be agreed following discussions between IP Pathfinder sites and practice(s)/PCN.
Records	Records are to be kept in line with the IP Pathfinder Service Specification.
Notification	<p>Post event notification to be sent to the patients registered GP digitally e.g. by either NHS Mail or another predetermined and agreed digital system.</p> <p>This may include:</p> <ul style="list-style-type: none">• System ID• Person full name• Date of birth• Person address• Postcode• NHS number• GP name• GP Practice details• GP practice identifier• Organisation identifier• Organisation name• Organisation address• Organisation contact details• Date• Service i.e., hypertension• Clinician name• Medicine prescribed• Quantity of medication prescribed• Days prescribed• Dose directions instructions• Presenting reason e.g. referral from GP practice diagnosed hypertensive, up-to-date BP check recorded but NOT treated to target• Consultation outcome• Clinical narrative• Referral Date• Urgency of referral• Referral to (organisation name)• Referral to (organisation identifier)• Reason for referral.