**Framework for approval to offer** **the NHS Blood Pressure Check Service (Hypertension Case-finding Advanced Service) in other settings outside a community pharmacy**

**Purpose**: This document is intended for use by Integrated Care Board (ICB) Commissioning Managers, to review and assess applications from community pharmacy contractors to offer the Hypertension Case-finding Advanced Service at a location outside of the community pharmacy registered premises (off-site).

The Hypertension Case-finding Advanced Service is commissioned from pharmacy contractors as part of the Community Pharmacy Contractual Framework (CPCF). It seeks to support the commitment made by NHS England in the Cardiovascular Disease Prevention System Leadership Forum that 80% of the expected number of people with high blood pressure are detected by 2029, and that 80% of the population diagnosed with hypertension are treated to target.

The [service specification](https://www.england.nhs.uk/publication/advanced-service-specification-nhs-community-pharmacy-hypertension-case-finding-advanced-service/) permits the service to be provided in other locations outside the pharmacy with agreement from the relevant ICB commissioning team. This was agreed with Community Pharmacy England (CPE) to be for occasional approval, rather than the same site being used frequently for delivery of the service in a manner that may undermine the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (PLPS) by setting up locations where pharmaceutical services are offered that are not pharmacies.

These sites may have footfall from people who would not ordinarily access services from a pharmacy premises, but approval for use may be considered to be inequitable by other pharmacy contractors and could undermine the PLPS regulations if they normalise the use of locations where pharmaceutical services are offered that are not pharmacies. Therefore, ICB commissioning teams must be satisfied that the proposed frequency of off-site provision will not negatively impact existing service provision from local pharmacies.

Unless previous provision shows an appropriate level of conversion to ABPM where high blood pressure is identified, ICB commissioning teams should carefully consider the ability of the contractor to provide the full service at the location prior to granting approval. This includes the appropriate follow up of high clinic readings with ambulatory blood pressure monitoring (ABPM), and subsequent referral, where appropriate (see further guidance below). They must also be satisfied that the provision of the service at the off-site location will enable patient uptake of ABPM where this is deemed appropriate. If patients are unlikely to return to the off-site location, they may not accept ABPM due to travel distance or practical challenges of returning the device. This will mean only part of the service will be provided.

For example, out-of-area visitors will be less likely to take up the ABPM offer if eligible. This would, therefore, undermine engagement with the full service and would result in additional workload for general practices where just a clinic blood pressure is provided requiring further investigation.

ICB commissioning teams must also be assured that the provision of the service is satisfactory at the registered pharmacy premises of the applicant.

A relevant consideration to support the application, however, may be where the pharmacy owner demonstrates that they have plans in place to support identified patients to attend the pharmacy premises (of the contractor providing the service) the following day to continue provision of the service.

If there are any concerns about the provision of the full service specification, especially the follow up of high and very high blood pressure readings, then the application should be refused unless the applicant is able to address those concerns.

When offered in locations other than the pharmacy premises, a consultation room is not required provided the location is appropriate. If pharmacy contractors are (by exception), offering an occasional clinic from a site that has been used to deliver other off-site pharmaceutical services, for example, the COVID-19 vaccination programme (Local Vaccination Sites) or Seasonal Influenza vaccination programme, whether it is funded for this contractor or another contractor, then additional conditions are recommended (see section 4 below).

Pharmacy contractors must ensure that only those who meet the inclusion criteria (e.g. aged 40 years and above) for the Hypertension Case-Finding Advanced Service are approached to participate. Pharmacy contractors must ensure they have the resources to comply with the full-service specification, including having sufficient ambulatory blood pressure monitors, on site and putting necessary measures in place to ensure that patients who require ABPM are offered it with subsequent follow up arrangements and robust record keeping.

This document will outline principles for ICB commissioning team decision-makers to consider, to ensure that NHS England, complies with general duties, including to act fairly and reasonably, to not prefer one type of provider, and to exercise functions effectively.

## General considerations for approval of off-site service delivery

Confirmation should be sought that the pharmacy contractor has assessed their ability to meet the terms of the Service Specification from the proposed off-site premises. As with all pharmaceutical services, the Superintendent Pharmacist has responsibility for ensuring that General Pharmaceutical Council (GPhC) premises standards and service specification requirements are met, and so assurance of other premises should be proportionate. Provision from premises other than the registered pharmacy premises must be under the supervision of a pharmacist who is available to provide clinical advice where required. This means a pharmacist must be physically present.

Where the pharmacy contractor is proposing a clinic in an NHS area other than that of their pharmacy premises, the relevant ICB commissioning teams should liaise with each other, with the ICB commissioning team of the pharmacy premises being able be able to feed into the decision to approve or decline the request for the offsite provision. This will enable more effective decision making since neither one, nor the other commissioning team will have a complete picture as to whether the application is appropriate (see Section 3).

Additional conditions may be considered where the service would address an unmet population need but the site is being used regularly for the provision of other services, for example the vaccination programme. In these circumstances, ICB commissioning teams may want to refuse permission where an accessible Hypertension Case-Finding Advanced Service is available locally from other community pharmacies and granting this off-site application may undermine the offer of an in-pharmacy pharmaceutical service.

Suggested supporting information should be requested from the pharmacy contractor (Appendix I) to confirm that they:

* Are requesting permission to host an ‘**occasional**’ clinic at this location, but the service will usually be provided on the pharmacy premises.
* Are already providing the service in accordance with the service specification, including following up high clinic blood pressure readings with a satisfactory proportion of ambulatory blood pressure uptake (at least 1 in 5 conversion rate of high clinic readings to ABPM) and timely referral to the GP where appropriate.
* As with the provision of all pharmaceutical services:
	+ Are compliant with their obligations under Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance
	+ The premises will meet GPhC Premises standards during the time that services are being offered.
* Have read and would be able to comply with the Service Specification from the specified site, in particular advice may be sought in relation to:
	+ Whether the pharmacy contractor has a consultation room at their pharmacy premises that meets the requirements in the Terms of Service and the additional requirements in the service specification (although in this instance the service will be offered from elsewhere)
	+ Whether the services will be provided in a confidential area where the patient can be quiet, seated and rest their arm on a table/bench of a suitable height.
	+ Whether the off-site premises has both sufficient blood pressure monitors and ABPM devices available for use and that there are sufficient procedures in place to ensure a timely offer and an appointment for ABPM will be offered to eligible service users if all of the ABPM devices are currently unavailable due to use by other patients. A confirmation of this will be requested by the ICB commissioning team at the time of the off-site permission request.
	+ The patient uptake of ABPM for eligible service users where the service has been off-site previously (the level of uptake generally at certain locations should also be taken into account by the ICB)
	+ How very high blood pressure readings for those tested will be followed up on the day of those readings.
	+ That contemporaneous records can be made during the consultation that will be appropriately secured and have demonstrable arrangements for sharing of information between the pharmacy and the patient’s general practice. A confirmation of this will be requested by the ICB commissioning team at the time of the off-site permission request.
* Have appropriate indemnity (clinical negligence / public liability) arrangements to cover off-site provision of the service.
* Confirm whether the site is used for other NHS pharmaceutical services and if so, which.
* Supply any additional information that they may feel is helpful, for example that there are no other pharmacies nearby that are providing the service, that the clinic will reach patients that may otherwise not access healthcare, or that the contractor has received a request to offer a clinic to a specific underserved population.

Section 4 contains a form that could be used to collect appropriate details.

1. Advice to be given to pharmacy contractors if approved to offer the Blood Pressure Check Service (Hypertension Case-finding Advanced Service)
* Advise the pharmacy contractor that a risk assessment is recommended to identify and minimise risks to patient safety and impact on wider pharmacy services that they offer. A copy of the risk assessment must be provided to the ICB commissioning team, where requested, before the application may be considered.

Where appropriate, ICB commissioning teams should consider providing advice that they require that:

* The pharmacy contractor ensures that the pharmacy name and contact details are displayed and provided to service users in case of further queries and/or complaints.
* If pharmacy contractors are (by exception), offering an occasional clinic from a site that has been regularly used to provide other pharmaceutical services then the LPC should be informed and:
	+ Posters should be displayed at the site throughout the duration of the clinic that highlight that the service is available from other pharmacies, and a list of names and contact details for participating local pharmacies provided.
	+ Where a pharmacy contractor is providing other NHS commissioned services from the off-site location, they must be able to demonstrate that they can safely deliver both services.
1. Approval process
* Pharmacy contractor submits information in Section 4 as requested to the ICB commissioning team for the pharmacy premises location (“Home ICB”)
* The Home ICB considers the information submitted and:
	+ Confirms that the pharmacy contractor has answered the questions in an appropriate manner using the scoring criteria in Appendix 1
	+ Confirms that the pharmacy contractor is, as far as known, compliant with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance
	+ Confirms that the pharmacy contractor is providing the Blood Pressure Check Service (Hypertension Case-finding Advanced Service) in full accordance with the latest service specification especially how the pharmacy contractor will follow up the high blood pressure readings with the provision of ABPM and, where applicable, refers patients to the GP.
	+ Liaises with the ICB commissioning team for the proposed clinic location (“Site ICB”) (where these are not the same)
	+ Where the site is used for the provision of other Pharmaceutical Services, the Site ICB should weigh the patient and NHS benefits of approving the request considering current service provision in the area, frequency of the requested clinic and location of nearby pharmacies and make a recommendation as to whether the clinic should be approved to the Home ICB
* The Home ICB commissioning team should use the information submitted and considered above to record the decision then communicate it in writing to the pharmacy contractor, including advice as relevant in section 2 above.
* The Home ICB commissioning team should retain a record of the decision and any reasons for refusal.

## Request for approval

This form is to be completed by the pharmacy contractor where they wish to seek approval from the ICB to offer Off-Site Blood Pressure Checks service (Hypertension Case-finding Advanced Service) in a location other than their pharmacy.

It should be submitted to hweicbhv.pharmacy@nhs.net at least four weeks before approval is needed, although in some cases this may be granted sooner.

The Pharmaceutical Services Regulations Committee (decision making Committee at Herts and West Essex ICB (HWE ICB), on behalf of the 6 ICBs in the East of England) has delegated decision making for Off-Site Blood Pressure Checks Service (Hypertension Case-Finding Advanced Services) to Assistant Director of Primary Care Contracting (HWE ICB), the Senior Contracting Manager for Pharmacy (HWE ICB) and relevant ICB commissioning lead. This panel will consider applications for off-site provision.

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| Name of person completing form | Click or tap here to enter text. |  |  |
| Contact e-mail (for return of decision) | Click or tap here to enter text. |  |  |
| Pharmacy ODS code  | Click or tap here to enter text. |  |  |
| Pharmacy name | Click or tap here to enter text. |  |  |
| ICB Commissioning team | Choose an item. |  |  |
| **About your proposed clinic**  |  |  |
| Postcode | Click or tap here to enter text. |  |  |
| Address | Click or tap here to enter text. |  |  |
| Date(s) | Click or tap here to enter text. |  |  |
| ICB Commissioning team (of proposed clinic location) | Choose an item. |  |  |
| NHS Integrated Care System | Choose an item or type other. |  |  |
| Contact details for clinic ICB commissioning team (so that the Pharmacy ICB commissioning team can quickly get a recommendation) | Choose an item or type other. |  |  |
| Is this site used to provide other Pharmaceutical Services? | [ ]  |  |  |
| If Yes, which service(s) and how many days/week are services provided from this site? | Click or tap here to enter text. |  |  |
| **About your ability to meet the Service specification (mark boxes to indicate yes)** |  |  |
| Have you read and are able to comply with the service specification from this site? | [ ]  |  |  |
| Have you provided evidence of delivering ABPMs (from your pharmacy site) that are proportionate to high clinic BP readings? | [ ]  |  |  |
| Will the service ‘usually’ be provided on the pharmacy premises?  | [ ]  |  |  |
| Are you compliant with the Terms of Service in respect of the provision of Essential services and an acceptable system of clinical governance? | [ ]  |  |  |
| Are you providing the service currently in your listed pharmacy in full accordance with the latest service specification.  | [ ]  |  |  |
| Do you have a consultation room at the pharmacy premises that meets the requirements in Terms of Service and the additional requirements of the service specification (although in this instance the service will be offered from elsewhere)? | [ ]  |  |  |
| Will the off-site premises meet GPhC Premises standards during the time that services are being offered? | [ ]  |  |  |
| Will the service be provided in a confidential area where the patient can be quiet, seated and rest their arm on a table/bench of a suitable height?Have you provided evidence of how clinical supervision will be implemented? [ ]   | [ ]  |  |  |
| How many high clinic readings do you anticipate from the off-site service?How many ABPM monitors will you have at the off-site location? How many people do you anticipate will access the service in this off-site location?Have you described how you intend to follow up high clinic BP readings with ambulatory pressure monitoring, and referral to GP where appropriate? [ ]   |  |  |  |
| Will you be able to make contemporaneous records during the consultation that will be appropriately secured and have arrangements for sharing of information between the pharmacy and the patient’s general practice?Have you undertaken a risk assessment to identify and minimise risks to patient safety and impact on wider pharmacy services? [ ]  | [ ]  |  |  |
| Do you have appropriate indemnity (clinical negligence / public liability)? | [ ]  |  |  |
| Is there any additional information that may influence the ICBs decision, for example that there are not pharmacies nearby that are providing the service, or that you have been requested to offer a clinic to a specific underserved population? | Click or tap here to enter text. |  |  |

## For ICB commissioning Team use

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| --- | --- |
| Date received | Click or tap to enter a date. |
| Date additional information received from ICB Commissioning team (of proposed clinic location) (if required) | Click or tap to enter a date.  |
| Decision maker | Click or tap here to enter text. |
| Decision made | Choose an item. |
| Conditions of approval / alternatives agreed | Click or tap here to enter text. |
| Reason for decision | Click or tap here to enter text. |
| Date contractor informed | Click or tap to enter a date. |

**Appendix 1 Scoring criteria for use by ICB Commissioning teams (Total Points = 30, *27-point score for approval*)**

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| **Criteria** | **Description** | **Pts** | **Comments** |
| **Frequency of service at off-site provision to comply with PLPS regulations. (5 points)***(Notes: Refuse if not for occasional or one-off use)* | Application should be for **occasional use only** such that off-site service provision does not adversely affect pharmaceutical services provided by pharmacies within the locality.  |  |  |
| **Meets service specification inclusion criteria.****(5 points)***(Notes: Refuse if off-site provision does not apply to the service specification)* | This must include confirmation that:The service is provided in the contractor’s listed pharmacy in full accordance with the latest service specification. The listed pharmacy premises must have a consultation room that meets the requirements in the service spec., including the GPhC Premises Standards during the time that service is offered. The off-site service must be provided in a confidential area where the patient can be quiet, seated and rest their arm on a table/bench of a suitable height.Service users must be aged 40 years old or over, without current diagnosis of hypertension. By exception, service users under the age of 40 who request the service because they have a recognised family history of hypertension can be included. Service users aged between 35 and 39 years old may be approached or request the service at the discretion of the pharmacy staff. |  |  |
| **Ambulatory blood pressure monitoring****(6 points)***(Refuse if unable to demonstrate 2 out of the 3 listed points)* | The pharmacy contractor:1. Has a track record of delivering ambulatory blood monitoring proportionate to the number of high clinic BP (both in their pharmacy and any previous off-site location, where relevant)
2. Must demonstrate that they have enough ABPMs for anticipated demand
3. Must demonstrate a practical and feasible plan for ABPM monitoring and follow up of identified cases, e.g. Very high clinic BP, low BP with symptoms, high ABPMS.
 |  |  |
| **Clinical Supervision****(4 points)***(Notes: Refuse if no pharmacist on site)* | Provision from premises other than the registered pharmacy premises must be under the supervision of a pharmacist who is available to provide clinical advice where required. This means a pharmacist must be physically present. |  |  |
| **Record keeping.****(3 points)***(Note: Refuse if no contemporaneous recording of the consultation)* | Arrangements for contemporaneous recording of the consultation outcomes and sharing of information between the pharmacy and the patient’s general practice must be in place. The pharmacy contractor must have appropriate measures for secure record keeping. A clinical record of the service provision must be made.The necessary records specified in the service specification required for reimbursement must be kept for a period of three years to demonstrate service delivery in accordance with the service specification, and to assist with post-payment assurance activities. These records must be provided by a contractor when requested by the NHSBSA Provider Assurance Team |  |  |
| **Risk Assessment****(3 points)** | Pharmacy contractor has undertaken a risk assessment to identify and minimise risks to patient safety and impact on wider pharmacy services, this includes measures to be taken where a very high blood pressure reading is obtained. |  |  |
| **Appropriate indemnity****(2 points)** | The pharmacy contractor must show appropriate indemnity to cover such services. For example, clinical negligence/ public liability |  |  |
| **Time for Approval****(2 points)** | Submission for approval is made at least four weeks before approval is needed. |  |  |
| **Additional Information** |  |  |  |