## **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. |
| Regional Area | East of England |
| **About your proposed clinic**  |
| Postcode | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Date of proposed clinic | Click or tap here to enter text. |
| Regional Area (of proposed clinic location) | East of England |
| NHS Integrated Care Board (ICB Locality) | Choose an item or free-type |
|  | 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? | [ ]  |
| Are you already providing this service in line with the service specification, including following up high blood pressure readings with a satisfactory proportion of ambulatory blood pressure uptake (at least 1 in 5 conversion rate of high readings to ABPM) and timely referral to GP where appropriate. Have you notified the ICB of your intention to provide this service? [ ]  | [ ]  |
| Will the service ‘usually’ be provided on the pharmacy premises?  | [ ]  |
| Are you compliant with the CPCF Terms of Service in respect of the provision of Essential services and an acceptable system of clinical governance? | [ ]  |
| Do you have a consultation room at your pharmacy premises that meet the requirements in the service spec (although in this instance the service will be offered from elsewhere)? | [ ]  |
| Will the 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 made arrangements to ensure that patients can access ambulatory blood pressure measurements? | [ ]  |
| If these arrangements are in a different location then please specify | Click or tap here to enter text. |
| Will you be able to make records that will be appropriately secured and have arrangements for sharing of information between the pharmacy and the patient’s general practice? | [ ]  |
| Do you have appropriate indemnity (clinical negligence / public liability)? | [ ]  |
| Is there any additional information that may influence the ICB 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 use

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| Date received | Click or tap to enter a date. |
| Decision maker | Click or tap here to enter text. |
| Decision made | Choose an item. |
| Reason for decision | Click or tap here to enter text. |
| Date contractor informed | Click or tap to enter a date. |