

SCHEDULE 2 – THE SERVICES

A. Service Specifications

1. Population Needs

1.1 National/Local Context and Evidence Base

National Context

This Service specification is one of a number of contracts across Frimley Health Integrated Care System. Community pharmacy is viewed as an underutilized resource when it comes to screening the population. Across the Integrated Care System (ICS) there are a large number of people who access community pharmacy on a daily basis and present an opportunity to receive healthcare support. Many people accessing community pharmacies are not high users of healthcare, but through simple interactions it provides an opportunity to prevent cardiovascular disease.

A project has been running through the Frimley ICS aimed at enabling opportunistic blood pressure screening and pulse checks, especially in areas of high deprivation and need, such as Slough. Public Health England has identified prevention as a key priority for the next 5-10 years and this specification forms part of the delivery of an effective way of identifying people with hypertension (high blood pressure) and atrial fibrillation (AF).

The Secretary for State for health and social care quoted “prevention cannot be solved purely by the health and social care system alone”, it needs the input of everyone.

This will be a targeted approach delivered from areas identified within the Frimley ICS footprint with high levels of deprivation and high risk of cardiovascular disease mortality. The service will be offered to 35 pharmacies situated within the identified areas (or within 1 mile distance for accessibility). The identified areas include:

- Brittwell and Northborough
- Chalvey
- Elliman
- Foxborough
- Baylis and Stoke
- Central (Slough)
- Colnbrook with Poyle
- Farnham (Slough)
- Cherrywood (Rushmoor)
- Aldershot Park (Rushmoor)
- Old Dean (Surrey Heath)

The Frimley ICS expects to identify 1000 people with hypertension or AF over the next two years, undertaking 5000 tests in total, representing 20% of the overall tests performed.

Local Context (NEED TO ADD LOCAL CONTEXT FOR NEHF)

The borough of Surrey Heath is the third least deprived local authority in England. Life expectancy at birth is significantly higher than the national average for both men and women but variations and inequalities exist. The population is predominantly white British with 5% of the residents not speaking English as their main language.

Working age adults represent 58% of the population and there is a more rapid growth in the older population between now and 2025 than the Surrey or national average (22% increase in over 65 year olds and 58% increase in over 85s). The CCG (hereby known as The Commissioner) has the highest rate of excess weight (67%) in adults in Surrey and the second highest rate of inactivity in Surrey at 26%.

There is one acute provider within The Commissioner's boundaries, Frimley Park Hospital (Frimley Health NHS Foundation Trust).

More informed decision making by patients has the potential to impact on our current intervention rates. The Surrey Heath CCG Health Profile 2015, prepared by Surrey County Council (<http://www.surreyi.gov.uk>) contains more information about the Surrey Heath population.

Making the best use of limited resources and prioritising how public money is spent is of crucial importance in providing the best possible NHS service across Surrey Heath. To help prioritise, national and local policies are used to ensure that the treatments and medicines commissioned have a clinically proven benefit in meeting the health needs of the population.

Evidence Base

In line with the NHS Health Check this scheme will only be available to people over 40 years of age, this is because younger people have a lower risk of the health conditions tested for during the check.

Over 10 years, an estimated 7,000 quality adjusted life years could be saved, and £120m not spent on related health and social care costs, if England achieved a 15% increase in the proportion of adults who have had their high blood pressure diagnosed.

However, half the adult population in England do not know what their blood pressure reading is.

Since its launch in February 2015, over a million people (1.18 million) have completed the Heart Age tool. Just over half (52%) knew their blood pressure.

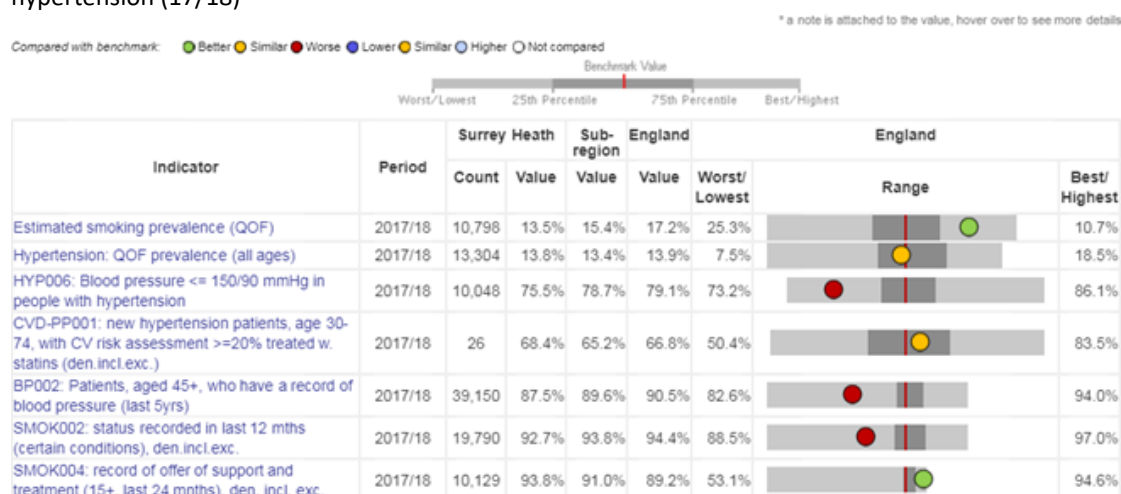
NICE recommends that people get their blood pressure checked at least once every 5 years, and more frequently for people with high-normal blood pressure.

The British Heart Foundation (BHF) is supporting a blood pressure programme aimed at implementing and evaluating community based early detection and management interventions, reaching high risk groups and those least likely to take up invitations for blood pressure testing through traditional routes.

The Healthier lives: high blood pressure interactive variation atlas presents performance data on blood pressure risk factors, prevalence, detection and care.

This data is available at local authority, CCG and general practice level, bringing together existing public data.

Surrey Heath data below shows opportunity to improve prevalence and improve management of hypertension (17/18)



2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

This Service will play a role in contributing to a number of the NHS Outcome Framework Domains and indicators as illustrated below:

Domain 1	Preventing people from dying prematurely	<input checked="" type="checkbox"/>
Domain 2	Enhancing quality of life for people with long-term conditions	<input checked="" type="checkbox"/>
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	<input checked="" type="checkbox"/>
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	<input checked="" type="checkbox"/>

2.2 Local Defined Outcomes

- This service is expected to identify 1000 people with high BP or AF over the next two years, and undertake 5000 tests in total. That is 20% of the overall tests performed.
- This project is aimed at increasing the awareness of hypertension within these deprived wards.
- Pharmacies performing these tests offer a viable alternative to primary care for health checks.
- This project aims to reduce the risks of cardiovascular problems such as heart attacks and strokes by helping pharmacists to diagnose hypertension accurately and treat it effectively.
- We may wish to extend the opportunity to continue this project if the data demonstrates a clear benefit. This is subject to securing additional funding.

3. Scope

3.1 Aims and Objectives of Service

Objective:

Deliver a targeted approach from areas identified within the Frimley ICS footprint with high levels of deprivation and high risk of cardiovascular mortality.

Aim: Improving population health

- ❖ Increase awareness of hypertension within deprived areas of Surrey Heath
- ❖ Pro-active identification of people with high blood pressure or AF in order to prevent future possible cardiovascular events
- ❖ Reduce the risk of cardiovascular problems leading to premature death
- ❖ To raise awareness of the importance of lifestyle choices in reducing the risk of developing cardiovascular diseases

.2 Service Description

This service will provide opportunistic health checks using the WatchBP device to people accessing community pharmacy and will offer blood pressure screening and pulse checks. This is primarily aimed at people in the areas of high deprivation and need within the Frimley ICS.

The blood pressure checks are intended to identify people who may have high blood pressure or AF and be a proactive referral to their GP for further diagnosis and possible treatment in order to prevent possible future cardiovascular events.

In addition to the blood pressure and pulse checks, this service is intended to provide people with brief advice and signpost people to other local services that they may benefit from depending on any lifestyle adjustments they may wish to make.

Acceptance and exclusion criteria

❖ Acceptance criteria

Patients will be accepted for the service providing:

- ❖ No previous cardiovascular history
- ❖ No previous cardiovascular medicines
- ❖ Must live within Surrey Heath and be registered in a GP Practice in Surrey Heath.
- ❖ Above the age of 40

❖ Exclusion criteria

- ❖ Not registered with an eligible GP practice
- ❖ Requiring emergency treatment
- ❖ Cardiovascular history
- ❖ Taking or has previously taken cardiovascular medicines
- ❖ Below the age of 40

Referrals and Demand Management

This is an opportunistic service and therefore there is no referral route. Potential patients should be identified or request the screening when visiting a participating pharmacy.

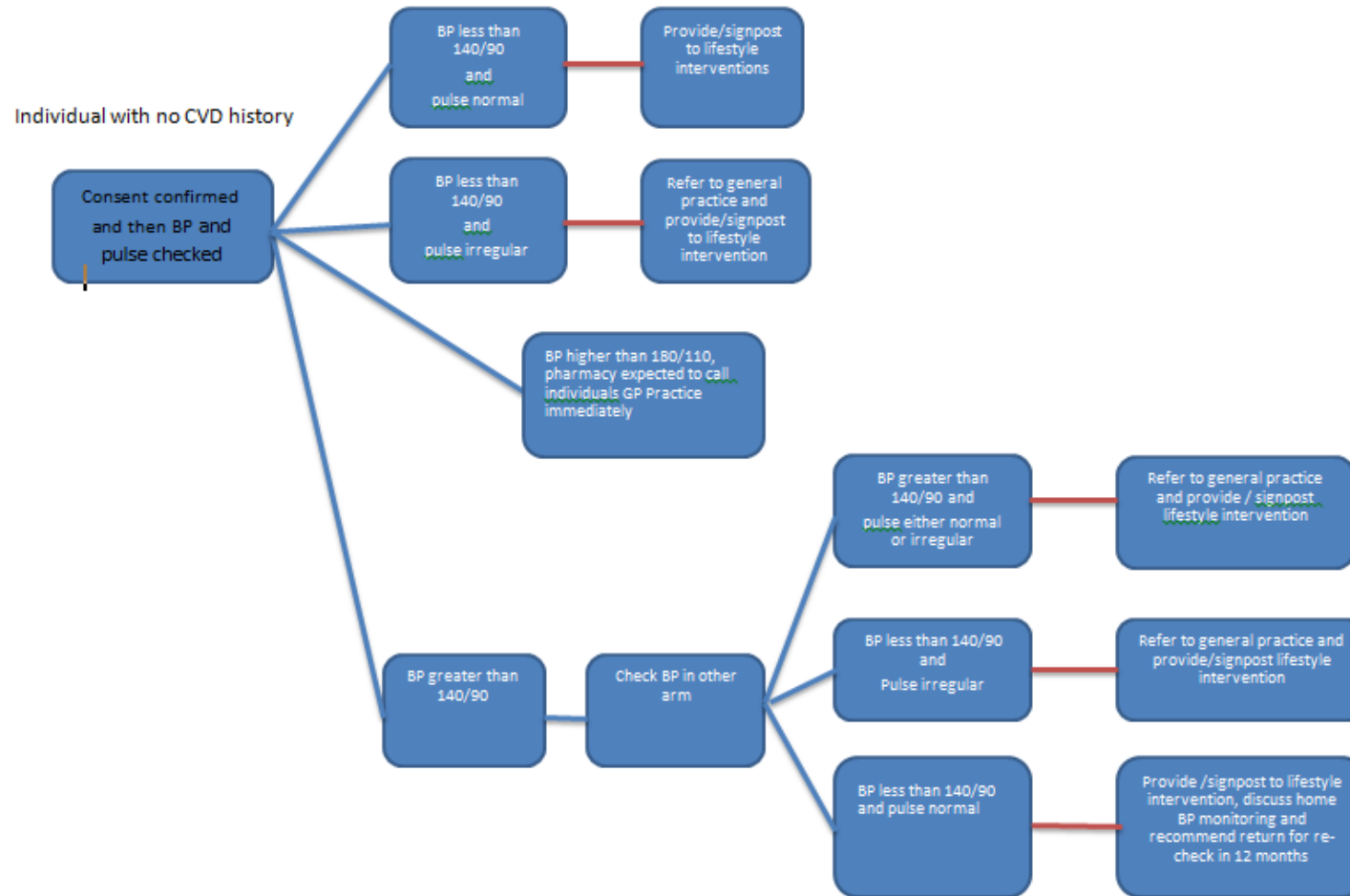
A maximum of 14 tests per month will be undertaken by the provider, the Commissioner will review the pharmacies performance through quarterly reporting. If the provider reaches the maximum limit but anticipates further activity the provider must contact the Commissioner.

Information to Patients

Prior to the health check patients should be informed of:

- ❖ Consent obtained
- ❖ What to expect from the Health Check
- ❖ Advice on self-care
- ❖ Posters will be shown in pharmacies to promote the service.
- ❖ Leaflets would also be shared to people walking into the pharmacy

Figure 1: Blood Pressure Community Pharmacy Service Pathway



Guidelines for critical or urgent aspects of the service

- Patient BP is above 140/90 mmHg, refer to their registered GP Practice for further investigation
- Priority is given only to people over 40.
- If a measurement of 180/110 mmHg is recorded an urgent response is required, or go A&E if needed.

Guidelines for routine entry into the service

Blood Pressure Checks

- A single measurement should be taken
- If the result is above 140/90 mmHg the measurement should be repeated on the other arm
- If this result is also above 140/90 mmHg the patient should be referred to a clinical pharmacist or GP in their registered practice

Pulse Checks

- A measurement will be taken using WatchBP, if this is irregular a referral should be made to a Clinical Pharmacist or Practice Nurse in order for an ECG to be arranged.
- It is not a requirement that the pharmacist performs a manual pulse check

Education and Signposting

- In addition to blood pressure and pulse checks the service is intended to provide people with brief advice and signpost people to other local services that they may benefit from including but not limited to:
- Physical activity
- Weight management
- Nutrition
- Smoking
- Professionals working in the Service should be working towards applying the principles of Make Every Contact Count (MECC). MECC is a method of helping people to make healthier choices to achieve positive long-term behaviour change based on the 2007 behaviour change NICE Guidance. <http://www.nice.org.uk/guidance/ph6>.

A guide of applying this in practice can be found here:

<https://www.england.nhs.uk/wp-content/uploads/2014/06/mecc-guid-booklet.pdf>

Data and monitoring requirements

The provider will record patient information as agreed using the standardised Pharma Outcomes template. Data sent to the patients GP Practice must be sent securely via Pharma Outcomes.

The provider will submit quarterly data returns to the commissioner, this will include activity data only for monitoring purposes and will be completely anonymised.

Waiting time standards

All patients who enquire or who are offered the service should be seen during their visit to the pharmacist.

Onward Referrals

- The Provider should refer any red flags as appropriate

Management of Medicines

Not applicable to this contract. As a result of the health check if any further checks are required the provider should refer to the GP to which the patient is registered.

Operational Principles

Relationships with General Practice

A positive relationship with local practices is critical to the success of this service model.

Record Keeping

- The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery and audit.
- The accredited pharmacist will record all relevant information using the Pharma Outcomes collection software.
- Patient information will remain confidential and should be stored securely and for a length of time in line with local NHS record retention policies and the Data Protection Act 2018 with compliance to the General Data Protection Regulation (GDPR).
- The provider will undertake an agreed assessment of patient experience
- To ensure the security of confidential information the provider should be at least
- No patient information should be shared other than to the GP practice to which they are registered and only via Pharma Outcomes.
- Faxed or posted test results will not be accepted.

Education and Development

- The provider must ensure all staff involved in the provision of the service have the relevant knowledge and skills and are appropriately trained in the operation of WatchBP, Pharmacy Outcomes and follow local and national standard operating procedures and NICE guidelines.
- The provider will attend any future required accreditation training updates, as required.

Communication

Providers will be required to establish excellent two way mechanisms of communication with general practices throughout the patient journey. An increased use of electronic information sharing is required with the use of pharma-outcomes.

Complaints and Serious Incidents

Providers should report complaints and serious incidents to the commissioner as per the requirements in Schedule 4 of this contract.

Equipment and Software

At the commencement of the contract, the Commissioner will provide a Watch BP Home A with Atrial Fibrillation detection to the Provider, as this approved by NICE.

The provider is expected to maintain the equipment as per the manufacturer's instructions. The equipment should be calibrated every two years.

The Watch BP device is under warranty for the first 2 years, any issues or problems should be raised with the Commissioner.

Interdependencies with other services

As part of a national Programme, some pharmacies offer the NHS Health Checks, which offer a range of health checks including blood pressure and pulse testing.

All patients with >140/90 mmHg are referred to their registered GP Practice for further investigation and possible treatment.

People who would benefit from lifestyle intervention are referred to appropriate local services.

4. Applicable Service Standards

4.1 Applicable National Standards (e.g. NICE)

The Service is expected to comply with current national and local guidelines applicable to delivery of the service and to keep up to date with changes to policy and guidance.

NICE Guidance and recommended pathways <https://www.nice.org.uk/guidance?unlid>

Including:

- ❖ Hypertension in adults: diagnosis and management (NICE, 2011, CG127)
- ❖ Cardiovascular disease: risk assessment and reduction, including lipid modification (NICE, 2014, CG181)

Infection Prevention & Control

<http://www.ukqcs.co.uk/useful-guides/catching-the-bug-for-infection-control/>

Health & Social Care Act 2012

www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf

4.2 Applicable Standards Set Out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges)

The Service must comply with the guidelines produced by the following organisations (where applicable):

4.3 Applicable Local Standards

Facilities and Access

The premises must be accessible by patients and should be compliant with the Disability Discrimination Act (2005).

- ❖ All premises must meet national minimum standards set out by the Care Quality Commission including an accredited consultation area where privacy can be maintained.
- ❖ A consultation area, at least the level required to carry out the health check including equipment and computer which is required for the provision of the service.
- ❖ A computer with internet access should be available within the consultation area to allow use of the Pharma Outcomes software.
- ❖ The WatchBP device should be kept available and stored securely.
- ❖ A secure lockable cabinet will be required for storage of completed consent forms and any other printed related confidential information.

Availability of the service

- ❖ Pharmacies must have the service promoted within easy sight of the main pharmacy area.
- ❖ A maximum of 14 health checks per month has been set and it is important that the provider proactively markets the programme.
- ❖ If the Lead Pharmacist is on leave for more than a week, they should inform the commissioner of their absence.

Clinical Qualifications

The Provider must identify a named individual with responsibility.

The Commissioner reserves the right to audit this information.

Workforce Capacity

The Provider must ensure that they have the capacity to continue delivering the Service maintaining the target of health checks during periods of staff holiday, study leave, training, sickness and maternity leave.

Clinical Governance

The Provider will be responsible for their own system of clinical governance. This will include but not be limited to the following:

- ❖ An appointed Clinical Governance Lead
- ❖ Development and implementation of Clinical Governance policies (see Contract Schedule 6)
- ❖ Adherence to the Serious Untoward Incident reporting
- ❖ Compliance with Infection Control policies
- ❖ Development and implementation of Complaints policies in line with the requirements contained in The Commissioner's Complaints and Concerns Policy (see Contract Schedule 6)
- ❖ Use of Quality Assurance metrics
- ❖ Risk management

5. Applicable Quality Requirements

5.1 Quality Requirements (Schedule 4)

The quality requirements have been designed to incorporate the aims and outcomes identified in the specification and are detailed in schedule 4 of the draft contract, with reporting timelines as outlined in schedule 6A.

5.2 Contract Management, Reporting and Information Requirements (Schedule 6)

All Providers will be required to provide activity data on a monthly basis to support their invoice and this will form part of the contract monitoring process. Refer to Schedule 6 for reporting requirements.

6. Location of Provider Premises

Location of Service Delivery

Days and Hours of Operation

This service is expected to be offered during the pharmacies operating hours and at the pharmacy premises

Day of the week	Opening Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Premises

The Provider must comply with all relevant legislation and standards including Equality Act (2010).

The following criteria should be considered by providers when assessing whether premises, facilities and treatment rooms are suitable:

- ❖ Location e.g. proximity to referring GP practices
- ❖ Logistics e.g. proximity to transport networks
- ❖ Accessibility for all patients (to comply with Equality Act 2010)
- ❖ Communication services available
- ❖ Facilities and support services
- ❖ Dignity, respect and privacy

The Provider must demonstrate how they meet equal opportunity requirements, if requested as part of this service.