

CHAMPIONING CARDIOVASCULAR HEALTH

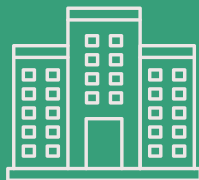
A year into the NHS Community Pharmacy Blood Pressure Check Service

MARCH 2023

IN THE FIRST YEAR



Nearly **600,000** blood pressure checks



44% of checks were in the 30% most deprived communities



More than **25,000** cases of high blood pressure detected

BY 2026



Community pharmacies will have screened **15 million** people



Over **650,000** cases of high blood pressure detected



This will prevent at least **5,800 future heart attacks and 8,800 future strokes**

Community pharmacies: at the heart of preventing cardiovascular disease

Community pharmacy teams have long held a key public health role through lifestyle advice, targeted support services, or help with prescribed medication.

Community pharmacies are conveniently located on high streets and in supermarkets, often open across weekday evenings and at weekends, providing greater access than many other parts of the health care system. With over 600,000 hours of access every year, they are ideally placed to reach a large proportion of the population, including those who traditionally don't access other parts of the NHS.

Whilst access to healthcare often tends to be more limited in **communities of higher deprivation**, where the need is greatest (the "inverse care law"), the reverse is true for community pharmacy. [1]

TACKLING HIGH BLOOD PRESSURE

High blood pressure is a risk factor for **cardiovascular disease (CVD)**. High blood pressure affects more than 1 in 4 adults in England, of which almost **6 million are undiagnosed**. [2]

CVD is a leading cause of premature death in England and the biggest cause of death in deprived communities. In England, the most deprived 20% of the population account for nearly a third of avoidable deaths from CVD under the age of 75. [3]

Early detection of high blood pressure is critical to avoiding heart attacks and strokes.

As hypertension is more prevalent in deprived communities, community pharmacy-led screening is vital to preventing CVD. A small drop in blood pressure can lower the risk of strokes and heart attacks. [4]

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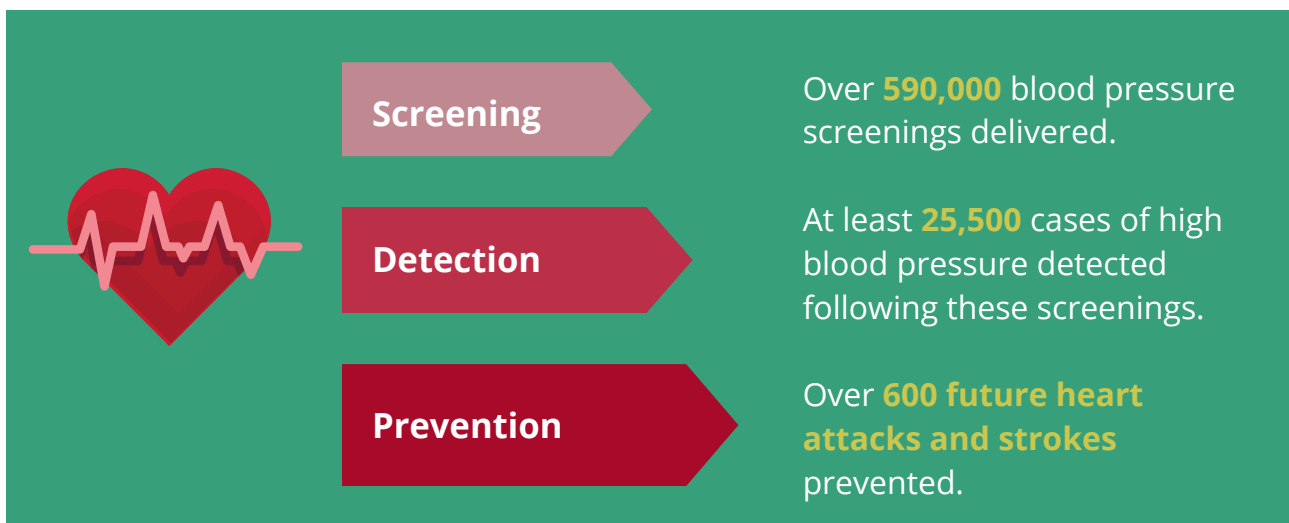
Hypertension case-finding: saving lives and supporting the NHS

Since October 2021, eligible people have been offered NHS blood pressure checks at their local pharmacy, without the need for an appointment. [5] Where cases of high blood pressure are identified, patients receive advice promoting healthy behaviours and are offered ambulatory blood pressure monitoring to confirm the diagnosis. If appropriate, they are then referred to their GP.

The NHS Long Term Plan highlights CVD prevention as the biggest area where the health service can save lives and prevent ill health. Pharmacy teams are increasing access to screening services, and helping people get diagnosed quicker.

First year of the service

Between October 2021 and October 2022, pharmacies provided just **over 590,000 blood pressure checks**. [6] Subsequently, **25,500 ambulatory monitoring** consultations were provided, totalling **over 600,000 interventions**. [6] Modelling from UCL shows the number of heart attacks and strokes that can be prevented through early detection. [7]



44%

of the blood pressure screenings were in the 30% most deprived communities

15M

blood pressure screenings could be provided over five years

The government measures the relative deprivation of areas across the country and divides them into 10 groups. More blood pressure screenings were provided to the most deprived communities, directly reaching those groups most in need of care. Pharmacy teams diagnosed over 10,000 cases of high blood pressure in the most deprived neighbourhoods.

44% of the blood pressure screenings were in the 30% most deprived communities.

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Benefits for millions of people

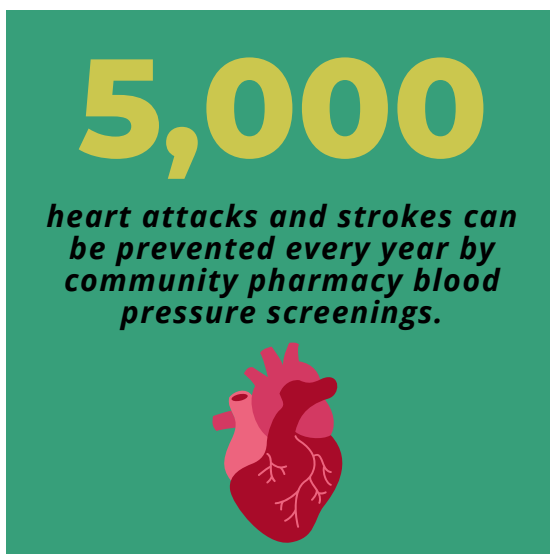
Our projections suggest community pharmacy could provide approximately **15 million blood pressure screenings over five years** (2021-2026). Based on this forecast, community pharmacies could detect over **650,000 cases of high blood pressure over five years**.

Early detection is critical to good outcomes. By identifying people earlier, community pharmacies will save lives. After being identified by community pharmacies, GPs will be able to ensure hypertensive patients receive the appropriate treatment. Over five years this will **prevent up to 15,000 cardiac events** – 8,800 strokes and 5,800 heart attacks.


A 'new normal' in hypertension screening

Once the service is fully implemented, community pharmacies will screen 5 million people each year, identifying over 200,000 people with high blood pressure each year. This will prevent approximately 2,000 heart attacks and 3,000 strokes over the following 5 years, each year.

The potential for community pharmacy to transform cardiovascular care in England is ready to be unlocked. However, this relies on long term investment by the government.



5,000
heart attacks and strokes can be prevented every year by community pharmacy blood pressure screenings.



Community pharmacies are suffering a debilitating funding crisis, it is estimated that there is currently an annual funding shortfall of more than £67,000 per pharmacy in England. [8] We are concerned this will prevent the potential of this screening programme. It is essential that the government recognises the value of community pharmacy hypertension screenings, and act to safeguard this access.

£67,000 funding shortfall per pharmacy in England

Pharmacy-led cardiovascular care: building on firm foundations to create capacity and resilience across primary care:

If this service is scaled up, community pharmacy has the potential to identify over 200,000 people who need treatment from their GP annually. Identifying people in need of care will improve people's health. However, we are concerned that GP access is already overwhelmed. Community pharmacy has the skill, potential, and (with funding) the capacity to provide for these patients' needs. Rather than referring patients to their GP, where appropriate, community pharmacy can become a 'one-stop-shop' for initial cardiovascular care.

Building on the existing screening service, community pharmacy should become the default first point of contact for CVD prevention in primary care, providing an end-to-end care offer for thousands of patients with, or at-risk of, CVD.

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1



2



3



SCREENING AND MONITORING

By screening millions of patients each year pharmacies can identify people unknowingly at risk. Pharmacies can provide ongoing monitoring of peoples' blood pressure, ensuring they receive the right treatment.

TREATMENT AND MANAGEMENT

As community pharmacists routinely become Independent Prescribers, they will be able to treat, oversee and manage patients.

EXPANDED END- TO-END CARE

Over time, increasing numbers of people will have their blood pressure managed by pharmacies. GPs will also refer existing patients to pharmacies, transferring workload to community pharmacy.

There are an estimated 7 million people diagnosed with high blood pressure and receiving monitoring or treatment by their GP. [2] With investment, the care for many of these patients could be transferred to community pharmacy, increasing the capacity of general practice for more complex patients.

This capacity can be unlocked through ambitious commissioning and investment in community pharmacy – to deliver better outcomes for patients.

We are calling on NHS England to take the opportunity presented by community pharmacy to improve vital cardiovascular patient care, increase access, whilst reducing pressure on general practice. To do this they need to address two key factors:

Funding: Community pharmacy is already under greater financial pressure than ever before, having suffered a real term cut in funding of 30% over the past 8 years. The current funding for the sector will not cover the potential screening volume. To truly transform and create the clinical capacity needed, there is a need for immediate and continued investment in the sector. This will allow the physical, operational, and technical changes needed.

Workforce: Following changes to the initial education and training, from 2026 all newly qualified pharmacists will join the register as independent prescribers. However, there are currently no clear roles in community pharmacy for them to use these skills. In 2021, only 5% of community pharmacists are trained to prescribe medicines. There is a need to accelerate current plans to train the other 95% of community pharmacists to prescribe by 2030.

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Glossary

Ambulatory Blood Pressure Monitoring – If a reading of high blood pressure is returned during a screening, patients are offered ambulatory monitoring. Patients are fitted with a cuff on their arms which is connected to a small box on a belt around their waist. This is worn for 24 hours and automatically measures blood pressure at regular intervals whilst the patient goes about their day.

Hypertension – Hypertension, or high blood pressure, is a condition where the pressure (i.e., the force of blood) against the blood vessels is persistently high. This means the heart has to work harder to pump blood around the body. Whilst blood pressure can fluctuate over the course of a day, persistently high blood pressure can cause the arteries to narrow and harden. This increases the risk of heart attack and stroke.

Cardiac event – Strokes and heart attacks combined.

References

1 Todd, A, Copeland, A et al. (2015) Access all areas? An area-level analysis of accessibility to general practice and community pharmacy services in England by urbanity and social deprivation. *BMJ Open* 2015;5:e007328

2 Public Health England (2017) Health matters: combating high blood pressure. <https://www.gov.uk/government/publications/health-matters-combating-high-blood-pressure/health-matters-combating-high-blood-pressure>

3 Ahmad, S, and Webb, D (2022) How people can 'know their numbers' to prevent cardiovascular disease. <https://www.england.nhs.uk/blog/how-people-can-know-their-numbers-to-prevent-cardiovascular-disease/>

4 Ettehad, D, Emdin, C, et al. (2016) Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis, *The Lancet*, 387(10022): 957-67

5 NHS (2021) NHS community pharmacy hypertension case-finding advanced service (NHS Community Pharmacy Blood Pressure Check Service) <https://www.england.nhs.uk/wp-content/uploads/2021/11/B0953-NHS-community-pharmacy-blood-pressure-check-service-specification.pdf>

6 NHS Business Services Authority (2022) Dispensing contractors' data. <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data>

7 UCL Partners (2022) Size of the Prize – England, BP Optimisation to Prevent Heart Attacks and Strokes at Scale, <https://uclpartners.com/project/size-of-the-prize-for-preventing-heart-attacks-and-strokes-at-scale/>

8 A parliamentary written answer revealed the difference between real and nominal funding provided through the Community Pharmacy Contractual Framework, according for changes in GDP, in each year since 2015/16. In 2015/16, the value of the contract was £2.8bn. If the value of the contract increased in line with GDP, it would be worth £3.3684bn in 2022/23. This value (3.3684bn) minus the value of the current contract (£2.592) is £776.4m. Therefore, under the current five-year contract, there is currently an annual shortfall of more than £750m per year. Assuming there are 11,500 active community pharmacies (see NHSBSA, 2021/22 data) that equals a shortfall of £67,513 per pharmacy.



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