Service Specification No.	
Service	24 Hour Ambulatory Blood Pressure Monitoring (ABPM) in Primary Care
Commissioner Lead	NHS Lincolnshire Integrated Care Board
Period	1st April 2023 – 31st March 2024
Date of Review	March 2023

1. Population Needs

1.1 National Context and Evidence Base

In 2016 the Department of Health estimated the prevalence of hypertension (high blood pressure) in England at 23.6% of the population.

Uncontrolled, or undetected, hypertension puts individuals at risk of developing life changing and potentially life-threatening conditions, for example heart attack, stroke, kidney disease or angina. Identifying individuals at risk and developing plans to alleviate or control hypertension, including supporting individuals with lifestyle changes and self-care is, therefore, imperative to improving the longer-term health and well-being of the population and reducing demands on healthcare services.

Ambulatory Blood Pressure Monitoring (ABPM) is the most accurate method for confirming a diagnosis of hypertension and can reduce unnecessary treatment for individuals who do not have true hypertension (for example, those experiencing 'white coat syndrome'). ABPM has also been shown to be more effective than other measurements for predicting blood-pressure related clinical events (NICE QS28, 2015: https://www.nice.org.uk/guidance/qs28).

The ICB recognise the NICE guideline on hypertension has resulted in additional workload for the primary healthcare team in both staff time and resources, but also that NICE guidelines afford the opportunity for better diagnosis and management of hypertension.

1.2 Local Context

Lincolnshire's Integrated Care System and Integrated Care Board

The NHS Lincolnshire Integrated Care System (ICS) was created on 1 July 2022 following an amendment of the Health and Social Care Act 2006.

The ICS is a partnership that brings together providers and commissioners of NHS services across Lincolnshire with local authorities and other local partners (such as the voluntary sector), to collectively plan health and care services to meet the needs of their population.

The 4 aims of the ICS are:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

NHS Lincolnshire Integrated Care Board (ICB) is the statutory body within Lincolnshire ICS responsible for the provision of health services, in accordance with the Health and Care Act 2022.

Lincolnshire ICB will use its resources and powers to collaboratively tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as the population ages
- getting the best from collective resources so people get care as quickly as possible

Lincolnshire ICB statistics

- Lincolnshire ICB has 82 practices
- The total registered population is 813,240 (as of January 2023)
- The registered population live in 7 different lower tier Local Authorities
- As of 2021, the male average life expectancy in Lincolnshire (78.3 years) is slightly lower than the national average (78.7 years). The average Lincolnshire life expectancy for females is 82.8 years, which is the same as the national average
- The 2021 overall premature mortality rate in Lincolnshire (deaths <75 years per 100,000) is 366.3, which is slightly higher than the national figure of 363.4
- The average level of deprivation in England as of 2019 was 21.7. Lincolnshire ICB as a whole is slightly less deprived than this, at 20.2. However, there are pockets of deprivation across the county that are within the national 20% most deprived areas (mainly around coastal and inner urban areas)

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

The primary care service will offer local provision for ABPM, reducing the need for patients to attend secondary care for simple investigations and will be a key tool in confirming diagnosis and facilitating ongoing care. Local outcomes include:

- Reduction in direct access referrals to secondary care for investigations
- Where indicated, the timely referral to secondary care for onward investigations/management to be actioned by patients' own GP Practice
- Patients to receive review appointment as clinically appropriate, from patients own GP Practice
- To confirm diagnosis of hypertension, which will facilitate the offer and monitoring of treatment therapies (trials of anti-hypertensive treatment have confirmed a significant reduction in the incidence of stroke and CHD in patients with treated hypertension).
- Compliance with NICE guidance and quality standards, including:
    1. Aim for a target clinic blood pressure below 140/90 mmHg in people aged under 80 years with treated hypertension, and
    2. Aim for a target clinic blood pressure below 150/90 mmHg in people aged 80 years and over, with treated hypertension

3. Scope

3.1 Aims and objectives of service

Patients will receive high quality efficient services locally, with reduced waiting times and a high degree of responsiveness.

Ambulatory blood pressure monitoring permits the non-invasive measurement of blood pressure over a prolonged period (usually 24 hours). It is essential in the diagnosis and management of hypertension. This service aims to:

1. Avoid unnecessarily labelling patients as hypertensive
2. Identify patients at increased cardiovascular risk because of hypertension more accurately
3. Initiate treatment for hypertension before the onset of target organ damage
4. Introduce the concept of patient self-monitoring.

3.2 Service description/care pathway

The core service will include the decision-making process to refer a patient for ABPM monitoring including consideration of clinical history, examination and previous ABPM outcomes.

3.2.1 Eligibility

While the use of ambulatory monitoring for all patients suspected of being hypertensive would reduce the frequency of misdiagnosis, this would lead to a substantial drain on available resources. For this reason, ambulatory monitoring is recommended as being most useful in evaluating patients with the following conditions:

1. To exclude 'white coat' hypertension in patients with newly discovered hypertension i.e., patients with high readings in the clinic, but with no signs of target organ damage.
2. To confirm the diagnosis of hypertension if the clinic blood pressure is 140/90 or higher
3. In patients with borderline of labile hypertension
4. To assist with blood pressure management in patients whose blood pressure is apparently poorly controlled, despite using appropriate anti-hypertensive drug therapy
5. In patients with worsening end organ damage, despite adequate blood pressure control on clinic blood pressure measurements
6. To assess adequacy of blood pressure control over 24 hours in patients at particularly high risk of cardiovascular events, in whom rigorous control of blood pressure is essential eg diabetes, past stroke
7. In deciding on treatment for elderly patients with hypertension
8. In patients with suspected syncope of orthostatic hypotension
9. In patients with symptoms or evidence of episodic hypertension
10. In hypertension in pregnancy (up to 30% of pregnancies)

3.2.2 Service Outline

1. Day 1 – the patient will be fitted with a 24-hour blood pressure monitoring device. Full instructions will be given to the patient and details of who to contact in case of difficulty (a mobile telephone number). The patient will be encouraged to keep a diary which will be provided at the appointment where the blood pressure monitoring device is fitted.
2. Day 2 – the patient reattends for removal of the device. The device is processed and the mean daytime (systolic and diastolic) (at least) will be recorded on the practice clinical system. The patient should be provided with information on when the results will be available and how to access those results.
3. The result to be provided to the referring Practice within one week, in order for a nurse or doctor from patients own Practice to discuss the results of the measurements with the patient, and to take appropriate action as follows:

a. If hypertension is not diagnosed, measure the person's clinic BP at least every five years subsequently, and consider measuring it more frequently if the person's clinic BP is close to 140/90 mmHg.
b. Regard clinic blood pressure that remains higher than 140/90 mmHg after treatment with the optimal or best tolerated doses of an ACE inhibitor or an ARB plus a CCB plus a diuretic as resistant hypertension and consider adding a fourth antihypertensive drug and/or seeking expert advice.
c. For patients aged 39 or under with stage 1 hypertension and no evidence of target organ damage, CVD, renal disease or diabetes, consider seeking specialist evaluation of secondary causes of hypertension and a more detailed assessment of potential target organ damage.
d. Follow-up of patient as appropriate by either the Provider or the patient's own GP, for any ongoing management or referral (if applicable).
e. Care to be reviewed annually by patients own GP practice, i.e. monitor blood pressure, provide support and discuss lifestyle, symptoms and medication.
f. Lifestyle advice should be offered initially and then periodically to people undergoing assessment or treatment for hypertension.
g. Ascertain people's diet and exercise patterns because a healthy diet and regular exercise can reduce BP.
h. Offer appropriate guidance and written or audio-visual materials to promote lifestyle changes.
i. Inform people about local initiatives by, for example, healthcare teams or patient organisations that provide support and promote healthy lifestyle change.

3.3 Population Covered

Patients must be temporarily or permanently registered with a General Practice within the geographical boundary of Lincolnshire ICB.

3.4 Any Acceptance and Exclusion Criteria and Thresholds

Patients should be managed in accordance with the guidance outlined in this specification, including any referred to documents and guidance.

3.4.1 Acceptance

Any registered patient who presents with suspected hypertension, where ABPM can support a definitive diagnosis.

3.4.2 Exclusions

If a patient is unable to tolerate ABPM, home blood pressure monitoring should be considered by patient's own GP practice.

3.5 Interdependence with other Services/Providers

Rare for this service. Potential links to acute providers.

3.6 Days/Hours of Operation

The service must be available to patients over a minimum of five days per week.

3.7 Equipment

Provider Practices will be responsible for the purchase and appropriate maintenance of equipment associated with the service. Staff members supporting elements of the service should have appropriate training for the equipment.

3.8 Reporting and Audit

The provider must ensure that details of the patient's monitoring as part of this service are included in his or her lifelong record. If the patient is not registered for primary

medical services with the provider of this service, the provider must send this information to the patient's registered GP for inclusion in their lifelong medical record.

- Total number of ABPMs undertaken
- Number of patients subsequently referred to cardiology
- Number of patients referred to a specialist through advice and guidance

Providers should record all the required information detailed on the Minimum Data Set (MDS) which will inform a quarterly report. The required reporting template can be found in Schedule 6A of the contract

It is recommended that the practice use the following codes when recording the delivery of this enhanced service.

Procedure	READ codes	SNOWMED codes
24 hr blood pressure monitoring	662L.	170599006

The provider is encouraged to participate and present any clinical research supporting the further development of this service and improvements for patient care.

4. Applicable Service Standards

4.1 Applicable national standards (e.g., NICE)

NICE NG136 - Hypertension in adults: diagnosis and management (2019): https://www.nice.org.uk/guidance/ng136

NICE QS28 – Hypertension in Adults (2013): https://www.nice.org.uk/guidance/qs28

4.2 System Resilience

Agreement to this specification places on the Provider an obligation to provide the specified service at the level of service, days and hours of operation and at the locations specified. Any variation can be made only with the agreement of the Commissioner. The Provider must plan for and put in place robust contingency arrangements for known or possible events which may include:

- Staff sickness
- Staff turnover
- Maternity
- Annual leave or other types of special leave.

It is expected that periods of expected high demand which could lead to the variation, suspension or restriction of the service provided shall be planned for accordingly, e.g., this may include winter pressure planning. The provider will be expected to actively contribute toward the commissioner-led System Resilience Plan, where required. Providers are strongly encouraged to have contingency plans in place with other local providers for suitably qualified and experienced staff to perform this service in the event that their own staff is not available.

4.3 Professional Standards and Codes of Conduct

1. Providers must be registered with the regulatory body appropriate to their profession and must adhere to the professional standards and codes of practice.
2. Staff assisting in ABPM procedures should be appropriately trained and competent taking into consideration their professional accountability and the

Nursing and Midwifery Council (NMC) guidelines on the scope of professional practice.

3. The services provided and scope of this service will be reviewed with staff as part of the annual appraisal process.
4. The service provider must provide evidence to the ICB that their healthcare professionals have the appropriate knowledge, skills, experience, qualifications and competency to provide the service. This must include but would not be limited to the following requirements:
   - Enhanced Disclosure and Barring Service checks have been completed
   - Where applicable staff will be fully registered with the appropriate professional body
   - All staff will be able to provide evidence of their continuing professional development post qualification.

5. Applicable Activity and Quality Reporting Requirements

Applicable Quality Requirements

5.1 Practices which take part in the scheme must demonstrate that service provision is of high quality, evidence based, safe and effective, with robust governance systems and safeguards in place, staff have received appropriate training and equipment is maintained to the highest standard. Practices may be required to provide commissioners with assurance that services provided are within the criteria of the contract general conditions, service conditions and particulars.

The Service Provider will notify the ICB Quality Services Team, Cross O'Cliff Court, Bracebridge Heath, Lincoln, LN4 2HN directly or by email licb.clinicalriskincidents@nhs.net of all serious incidents. These must be reported by the service provider within one working day of the information becoming known to them.

The service provider will participate in a review of any serious incidents notified to the Head of Quality Services and demonstrate that any learning from the incident is acted upon to minimise future risk.

5.2 CQUIN goals will not be applied.

6. Location of Provider Premises

Service delivery should be from the registered GP Practice, where the GP Practice is a Provider of the service. Alternative service provision locations should be agreed with Lincolnshire ICB.

Where a service provider is providing this service for a population covering several practices, agreement should be reached with the Commissioner as to where these services will be located, in order to ensure access to all patients.

The service may be provided as a home-based service in accordance with the registered provider's normal home-based services policies/guidance.

The provider's premises must meet the clinical requirements to provide primary care services as advised in clinical guidance. The premises must be kept clean and safe for use and should always portray an image of a high quality and professional service.

It is a requirement that all providers have a fully operational NHS N3 (secure) connection and will be required to utilise appropriate NHS IT systems such as NHS mail, NHS SUS, e-Referrals etc. All relevant staff must have their own smartcard.

7. Finance Schedule

Please refer to Schedule 4 (finance schedule) for tariffs.

Payment will be based on the impact and saving on secondary care referrals achieved through contracting with the ‘provider’ on either a population basis or a practice list basis.