NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

24 Hour Ambulatory Blood Pressure Monitoring in the community 2017-18

1. Purpose of Agreement

This Agreement outlines the service to be provided by the Provider, 24 Hour Ambulatory Blood Pressure Monitoring , as a Local Commissioned Service.

2. Duration of Agreement

This agreement is for a period of twelve months, commencing from **1st April 2017** and ending on the **31st March 2018**.

3. Background

This enhanced service will deliver care and early reassurance to patients in GP Practices, provide early identification of rhythm abnormalities and avoid unnecessary referrals to secondary care. This approach is in line with the current Sustainability and Transformation Programme which aims to provide better access to services, earlier diagnosis, avoidance of unnecessary hospital attendance and integrated care.

Local clinicians in both primary and secondary care believe it is readily feasible to transfer a proportion of 24 hour BP monitoring which are currently taking place in acute hospitals to community settings. The proposal is focused on transferring direct GP referrals currently made to secondary care to primary care services. The expectation is that the majority of direct GP referred BP monitoring can take place in a more convenient locations for patients. This service shift will achieve substantial benefits for patients offering improved access, coupled with enhanced continuity of care.

4. Aim of Service

Ambulatory blood pressure monitoring permits the non-invasive measurement of blood pressure over a prolonged period (usually 24 hours). It has become increasingly popular in the assessment of hypertensive patients. This service aims to:

1. To avoid unnecessarily labelling patients as hypertensive
2. To identify patients at increased cardiovascular risk because of hypertension more accurately
3. To initiate treatment for hypertension before the onset of target organ damage
4. To introduce the concept of patient self monitoring

5. Service Outline

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:

(a) 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.
(b) In patients with borderline of labile hypertension
(c) To assist with blood pressure management in patients whose blood pressure is apparently poorly controlled, despite using appropriate anti-hypertensive drug therapy
(d) In patients with worsening end organ damage, despite adequate blood pressure control on clinic blood pressure measurements
(e) 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 e.g. diabetes, past stroke
(f) In deciding on treatment for elderly patients with hypertension
(g) In patients with suspected syncope of orthostatic hypotension
(h) In patients with symptoms or evidence of episodic hypertension
(i) In hypertension in pregnancy (up to 30% of pregnancies)

Service Outline

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 (Mobile Telephone No.). Patient will be encouraged to keep a diary.

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. Within 1 week, a nurse or doctor must discuss the results of the measurements with the patient.

6. Accreditation

Those doctors who have previously provided services similar to the proposed national enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

Staff assisting in 24 Hour BP Monitoring 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.

7. Pricing and Payment Arrangements

- **Payment Arrangements**

Practices will be paid **£30.30** per 24 hour ambulatory BP monitoring procedure as defined in the service outline above.

- **Payment Arrangements**

Practices will be commissioned based on indicative levels of activity using data from the previous years outturn. Practices will receive 12 monthly payments based on the total indicative budget for the year with any adjustments to be made at year end if necessary.

8. Activity Reporting

Practices are required to submit the number of procedures undertaken on a quarterly basis via the Practice Commissioning Statement to capccg.enhancedservices@nhs.net by the 15th day of the following month, following Quarter end.

Practices will need to record each procedure by the agreed read code.

This should be recorded with any relevant clinical coding entries and any other relevant data to ensure that compliance with this Service Level agreement can be demonstrated. Practices are encouraged to ensure that a clear audit trail exists to support post payment verification.

If Practices require help or advice on clinical recording, coding and reporting, please contact The Primary Care Information team via the following email address: capccg.primarycareinformation@nhs.net

9. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met.

10. Performance

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

11. Safeguarding Adults

It is important that practices protect adults from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

12. Care Quality Commission (CQC)

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

13. Termination

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

14. Signatories to the Agreement

Practices wishing to provide this service are required to complete and sign the application form, and return to the Commissioner for consideration