

Offsite Blood Pressure Checks service (Hypertension Case-finding Advanced Service)

This form is to be completed by the pharmacy contractor where approval is being sought from NHSEI to offer a Blood Pressure Checks service (Hypertension Case-finding Advanced Service) in a location other than their pharmacy. It should be submitted to the england.pharmacy-westmidlands@nhs.net at least a week before approval is needed, although in some cases this may be granted sooner.

Name of person completing form	
Pharmacy ODS code	Click or tap here to enter text.
Pharmacy name	Click or tap here to enter text.
NHS Integrated Care System	Choose an item or type other.
About your proposed clinic	
Postcode	Click or tap here to enter text.
Address	Click or tap here to enter text.
Operational Date(s)	Click or tap here to enter text.
NHS Integrated Care System (Location)	Choose an item or type other.
Applicant Contact Details	Click or tap here to enter text.
Is this site used to provide other Pharmaceutical Services? Y/N	
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?	<input type="checkbox"/>
Have you notified NHS England and Improvement of your intention to provide this service?	<input type="checkbox"/>
Will the service 'usually' be provided on the pharmacy premises?	<input type="checkbox"/>
Are you compliant with the CPCF Terms of Service in respect of the provision of Essential services and an acceptable system of clinical governance?	<input type="checkbox"/>
Do you have a consultation room at their pharmacy premises that meet the requirements in the service spec (although in this instance the service will be offered from elsewhere)?	<input type="checkbox"/>

Will the premises meet GPhC Premises standards during the time that services are being offered?	<input type="checkbox"/>
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?	<input type="checkbox"/>
Have you made arrangements to ensure that patients can access ambulatory blood pressure measurements?	<input type="checkbox"/>
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?	<input type="checkbox"/>
Do you have appropriate indemnity (clinical negligence / public liability)?	<input type="checkbox"/>
Is there any additional information that may influence NHS England's 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?	As patients are coming for the covid vaccinations, it's a good time to target the missed opportunities.

For Regional Team use

Date received	Click or tap to enter a date.
Decision maker	Click or tap here to enter text.
Decision made	Choose an item.
Conditions of approval / alternatives agreed	Click or tap here to enter text.
Reason for decision	Click or tap here to enter text.
Date contractor informed	Click or tap to enter a date.