August 2026

Briefing 016/26: Main changes to Hypertension Case-Finding Service specification

NHS England recently published a revised version of the Hypertension Case-Finding Service (HCFS) specification on their website. This revised version has been agreed by Community Pharmacy England and it contains a number of changes to the service requirements which were agreed as part of the 2025/26 CPCF negotiations.

The changes will apply to the service four weeks from the publication of the revised service specification (Thursday 3rd September 2026). This briefing document lists the substantive changes to the specification which will apply to the service from that date.

Changes for external partners

- Changes to the way general practices can signpost to the service: signposting will only be allowed for people without a prior diagnosis of hypertension and who have not had their blood pressure checked in the last 5 years.
- Ambulatory blood pressure monitoring (ABPM) can be offered to adults who are aged 40 years and over at the request of other healthcare professionals such as optometrists and dentists (following clinic checks undertaken at other healthcare settings).
- A recommendation that referrals for ABPM are made electronically to the pharmacy.

Requirements for service provision

- Permission for off-site provision must now be sought from the pharmacy's Integrated Care Board (ICB) by submitting a **request for approval form** – Annex F of the revised service specification.
- Off-site provision is now limited to a **maximum of four days** each financial year.
- Risk assessments to identify and minimise risks to patient safety and the impact on wider pharmacy services must be conducted by pharmacy owners and provided to the ICB where permission for off-site provision is requested.

- There is clarification of the requirements for clinical oversight of the service when provided off-site, with a pharmacist or pharmacy technician needing to be present to supervise the provision of the service.
- A requirement for the standard operating procedure for the service to include the process for escalation of any clinical and non-clinical issues identified, signposting details, record keeping, equipment maintenance and validation and staff training.

Inclusion criteria

- Clarification that the service is only for people who do not have a current diagnosis of hypertension.
- Changes to the inclusion criteria wording: Patients, by exception, under the age of 40 who do not have a current diagnosis of hypertension, but who request the service because they have a family history of hypertension or who are at increased risk of developing hypertension (South Asian and African-Caribbean populations).
- Where discretion is applied to the offer of the service (e.g. family history or high risk of CVD) for people under the age of 40 years, a requirement for contemporaneous notes to be made in the clinical record of the reason for inclusion of the individual in the service.
- For patients signposted from their general practice, clarification that the service can now only be used to assist with clinic checks of adults aged 40 years and over without a prior diagnosis of hypertension.
- Inclusion of patients aged 40 years and over who have had an initial clinic blood pressure check at another healthcare setting and are referred for ABPM (e.g. by optometrists and dentists).

Exclusion criteria

- Exclusion of any patient who seeks a blood pressure check, but who is already being treated for hypertension.
- A general exclusion of people who have had their blood pressure checked at the pharmacy via this service in the last five years. Repeat blood pressure checks are out of scope of the service.
- In exceptional clinical cases (detailed in the service specification), one repeat blood pressure check may be warranted within a five-year. Justification of the repeat check must be recorded in the clinical record and be available at the premises for post-payment verification (PPV) purposes.

Consultation with the patient

- Clarification that prior to provision of the service, the service should be explained to the patient, including the possibility of them being offered ABPM and their consent should be gained for the clinic check.
- Clarification that all blood pressure checks should be carried out with due consideration for the patient's overall health. For example, if the patient has a clinic check and their blood pressure is in the normal range but they report other related symptoms, pharmacy staff should consider the use of National Early Warning Score (NEWS) 2 to determine the global clinical impression of the patient. Where required, patients may need referral to another healthcare provider.
- Where pulse rate is recorded as part of the blood pressure check and other symptoms co-exist, the pharmacy staff should consider referring the patient to their general practice if a pulse rate below 50 beats per minute (bpm) or greater than 110 bpm is noted, even if their blood pressure is normal.

ABPM

- The average ABPM measurements to record are those taken during the **waking day** and the average **must be calculated using at least 14 measurements**. Best practice would, therefore, be to arrange ABPM appointments so patients are fitted in the morning.
- Every effort should be made to encourage patients to wear the ABPM device for as long as possible to obtain **wake** and **sleep time** readings.
- If pharmacy staff are fitting an ABPM in the afternoon, because removing it in the evening may not provide sufficient readings to inform any diagnosis, patients should be encouraged to carry on wearing the device into the next day to obtain the appropriate number of wake hours readings. This will also allow the diagnosing clinician to view how blood pressure changes over the day and night.
- A clinic blood pressure measurement, where undertaken in another healthcare setting, should not be repeated in the pharmacy. Where a clinic blood pressure reading has been provided, this should be recorded in the clinic notes. Where it has not been provided as part of the referral for an ABPM, this should be noted in the clinical record.
- Where ABPM equipment is temporarily unavailable and the full service cannot be offered, the pharmacy's NHS website profile should be amended via NHS Profile Manager to temporarily remove the service offer from the pharmacy's profile.

- If a patient fails to attend for an ABPM appointment, the pharmacy contractor should make at least two attempts, on separate occasions, to contact the patient to rearrange the appointment **within 7 days** with the **general practice team being notified on or after the 7th day** of the patient's failure to attend.

Withdrawal from the service

- Clarification that de-registration from the service will result in the pharmacy owner being unable to re-register for a period of four months from the date of de-registration.

Monitoring and post-payment verification

- Clarification that pharmacy owners must have a working and appropriately calibrated blood pressure monitor and ABPM monitor (subject to current patient loan) available for inspection at the pharmacy.
- Other changes to align the wording with that used in other Advanced service specifications.

Annex F: Framework for ICB approval of off-site provision of the service

- Addition of guidance for pharmacy owners on the process for seeking permission from their ICB Commissioning Manager to provide the service off-site.
- Publication of the framework to be used by ICBs when they review and assess applications from pharmacy owners to offer the service off-site.

If you have any questions or require more information, please contact: services.team@cpe.org.uk