

University of Portsmouth, School of Pharmacy and Biomedical Sciences.



«AddressBlock»

Title: Accuracy of BP monitors in community pharmacy screening services: a cross-sectional survey, UK

Dear Pharmacist or pharmacy support staff,

Thank you for reading this. The School of Pharmacy at the University of Portsmouth would like to invite you to take part in a study looking to determine community pharmacies' role in blood pressure (BP) monitoring across the UK. You have been identified as a potential participant in this study as you work in a community pharmacy in the United Kingdom.

This survey is intended to be completed by the pharmacist or member of pharmacy staff. We are interested in the opinions of responders who provide free BP monitoring service for the public as well as those who do not. Your participation in this study is greatly appreciated. It is entirely up to you if you want to take part, but there is limited knowledge on this subject and we would be grateful for your contribution. This work is undertaken as part of an MPharm final year student project, and will provide an educational experience in addition to useful data.

The study involves completing the survey questionnaire. You can choose to remain anonymous and not provide any identifiable personal information in this study. As your opinion is valued, at the end of this survey we will ask you if you would like to take part in any future research we conduct. If you say 'yes', we will invite you to give us your name and address so that we can contact you in the future. You do not have to provide this information if you don't want to. Any identifiable information you give us will be stored securely and will not be shared beyond the research team. All reasonable steps will be taken to ensure confidentiality. It should take you approximately 10 minutes to complete the survey.

Responses received will be collated for analysis and the original questionnaires will be archived as per the University data management policy. If you want to know more about this work or the results of this study, you can contact the lead researcher (Mrs Ravina Barrett) using the details at the end of the questionnaire. If you are happy taking part, please read the following instructions.

Instructions: Please complete this questionnaire by placing a tick in the most appropriate box unless stated otherwise, and where spaces or boxes are provided please fill in with your comments and justifications. The responses you provide will remain anonymous therefore please answer honestly.

Demographics

1 What is your role?

Pharmacist

Pharmacy technician

Dispensing assistant or pharmacy assistant

Medicines counter assistant

2 What is your gender?

Male

Female

Prefer not to say

Pg 1, (v0.4, 25Apr18, Ravina Barrett)

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- 3 How many years have you been registered as a pharmacist or technician in the UK?
- 0-2 3-5 6-8 9-11 12-14 15-17 18-20 > 20
-
- 4 Do you work ...?
- Full time Part-time Locum Other
-
- 5 What is the type of community pharmacy do you work in?
- Independent Multiple
-
- 6 What is the location of your community pharmacy?
- Urban Suburban Rural
-
- 7 Are you co-located within a GP practice?
- Yes No
-
- 8 Do you provide a blood pressure monitoring service at your pharmacy?
- Yes No
-
- If 'no', please stop filling in the form and return it in the SAE provided.**
- 9 Do you loan out your BP monitor to patients for self-monitoring at home?
- Yes No
-
- 10 Who does the BP check in your pharmacy?
- Pharmacist Pharmacy technician Dispensing assistant or pharmacy assistant Medicines counter assistant
-
- 11 Where on the body do you measure blood pressure?
- Upper arm Wrist Finger Other
-
- 12 How long has the pharmacy provided the digital blood pressure monitoring service?
- 0-2 years 3-6 years 7-9 years > 9 years don't know
-
- 13 How many members of the public have been provided the service in the last month?
- 1-5 6-10 11-15 16-20 20+
-
- 14 How many members of the public have been provided the service in the last year?
-
- 15 What is the number of patients newly detected with high blood pressure (BP > 140/90 mmHg) in the last month?
-

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**Blood pressure monitor details**

16 What kind of blood pressure monitor do you use for BP screening?

Automatic (Cuff inflation, deflation and blood pressure determination are fully performed by the device automatically)	Semiautomatic (Blood pressure determination is performed automatically but cuff inflation and/or deflation needs manual operation)	Manual (Blood pressure determination is performed manually irrespective of inflation or deflation control)	Other (please tell us more)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 How did you decide which blood pressure monitor to use?

18 What is your monitor 's brand?

19 What is your monitor 's model number?

20 What is your monitor 's batch/ serial number?

21 What available cuff sizes do you keep?

18-22 cm 7.1-8.7" Small	22-32 cm 8.8-12.8" Medium	32-45 cm 12.8-18" Large	'Extra-large'	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22 Date of purchase or date of first use (whichever reflects when you started using this monitor)?

Day	Month	Year
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23 Which monitor do you think provides a more accurate blood pressure reading?

Manual	Digital
<input type="checkbox"/>	<input type="checkbox"/>

24 Why do you think that?

25 Do you replace the blood pressure monitor you use for tests at a fixed interval?

Six months	One year	Two years	Other	Not been replaced
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26 Do you send your monitor for calibration (to have its accuracy checked)?

Yes, back to manufacturer	Yes, back to head office	No (please go to Q28)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27 At what intervals do you send the monitor for calibration?

Six monthly	Annually	Every two years	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28 When was the last time your blood pressure monitor was calibrated (Day, Month, and Year)?

Day	Month	Year
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**Training**

29 Is training provided for the professional who delivers the blood pressure monitoring service?

Yes

No

30 What kind of training? (tick all that apply)

Informal chat with senior pharmacist	Training provided by manufacturer	Read standard operating procedures	Read royal pharmaceutical society guidelines	CPPE training	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31 Please explain if you said 'other', or have additional comments to make.

Visual or manual checks of monitor

32 Do you perform any visual or manual checks on your digital blood pressure monitor to ensure accurate results?

Yes

No

What checks do you perform? (Please skip this if you answered 'no' above)

33

Before taking a patient's blood pressure, what instructions do you provide to your patients?

34

35 Is there any other considerations you make?

36 Would you like to make any other additional comments?

END OF SURVEY. Thank you for completing this survey.

If you have a concern about this research study, please contact: Mrs Ravina Barrett, Phone: 44 (0) 2392843683, Email: ravina.barrett@port.ac.uk