



Public Health  
England

Protecting and improving the nation's health

# Physical Health Checks in Prisons Programme Guidance

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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## Summary

All prisoners aged between 35 and 74, AND with a period of incarceration of two years or more should be reviewed and offered a physical health check, delivered in accordance to the best practice guidance, to assess their risk of heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia. Prisoners identified as higher risk should be given lifestyle advice and referred to a lifestyle intervention.

# Introduction

This guidance aims to clearly set out the requirements for the Physical Health Checks in Prisons Programme. It is aimed at both commissioners and providers to enable the fulfilment of the requirement for delivering the Physical Health Check in Prisons Programme under the Section 7A Agreement.

People in contact with the criminal justice system often come from marginalised and under-served communities in the wider population and by tackling health inequalities in this population we can address wider health inequalities, benefitting not only those in prisons, but wider society. People in contact with the criminal justice system have a higher risk at a younger age and those incarcerated for two years or more risk not being included in community based programmes.

The Physical Health Check in Prison Programme systematically targets the top seven causes of premature mortality (high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol consumption). By identifying risks early, individuals can then take action to reduce and manage those risks, increasing their chances of maintaining or improving their health.

The Physical Health Check in prison programme is a mandatory public health programme in prisons. The programme is a systematic risk assessment and management programme that covers the major risks factors and conditions driving premature death, disability and health inequalities in England.

The eligible cohort includes all those prisoners aged between 35 years and 74 years AND with a period of incarceration of two years or more, to reflect the high health risks associated with this population.

IRC populations will be exempt from the Physical Health Check in Prison Programme, while they are in immigration detention. Those returning to the community will be supported in accessing primary care and informed of the NHS Health check programme in the community.

The check is offered once every five years. The physical health check in prison should be offered to 100% of the eligible population and the offer recorded.

The provider will identify who is eligible and operate a call/recall process that ensures that every eligible prisoner in the cohort is invited to have an Physical Health Check once every five years. The provider will ensure that the most appropriate mix of invitation methods are used (taking into account low literacy levels) to encourage uptake of the programme. It is the responsibility of the provider to ensure that ALL prisoners who are in the 'normal community age range' for the NHS Health Check ( 40-74 years) with a shorter period of incarceration (less than two years) should be registered with a GP on release so they can access community NHS Health Checks.

# Aims and objectives of the Health Check in Prison Programme

This service aims to improve health outcomes and quality of life amongst prisoners by identifying individuals at an earlier stage of vascular change, and provide opportunities to empower them to substantially reduce their risk of cardiovascular morbidity or mortality. In turn this will lead to a reduction in the incidence of acute cardiovascular events in the whole population.

Specific objectives of this service include:

- to offer a Physical health Check in Prison to 100% of the eligible population with an uptake level of 75%
- to identify behavioural risk factors for cardiovascular disease
- to enable the early detection of hypertension
- to enable the early detection of atrial fibrillation
- to enable the prevention and early detection of diabetes
- to enable the early detection of chronic kidney disease
- to identify individuals with a high risk of future cardiovascular disease
- to initiate the appropriate medical management of newly diagnosed chronic diseases
- to identify level of potentially harmful drinking
- to increase population level awareness of dementia specifically among 65 to 74 year olds
- to work collaboratively with individuals whom require lifestyle modification and offer them on-going support through referral to one or more of the following lifestyle intervention services:
  - Smoking cessation service
  - Pre-diabetes service
  - Exercise on referral programme
  - Weight management services

The Physical Health Check in Prisons will include a 20- 30 minute face to face consultation. A consent form will be completed by the individual prior to commencing the check and will be stored with any clinical records of the individual held by the provider.

Any tests/measurements undertaken or decisions made must be in partnership with the individual and with the individual's informed consent.

## Health and justice indicators of performance

The Physical Health Check in Prison Programme will be monitored through HJIPs and audits.

KPI/Info. Measure	KPI ID	KPI Description	Numerator/ Denominator
NHS Health Check Screening Uptake	A01K04	The % of patients that underwent screening of the total patients eligible during the reporting period.	NHS Health Checks - Number of patients screened
			NHS Health Check - Total Number Eligible
Smoking Prevalence	A17K01	Number of patients at reception who are smokers	Smoking Prevalence - Number of patients at reception who are smokers.
			Total Number of Receptions
Smoking Cessation Uptake	A17K02	Number of smokers who take part in regular smoking therapies	Smoking Cessation Uptake - Number of smokers who take part in regular smoking therapies
			Smoking Prevalence - Number of patients at reception who are smokers.
Smoking Quitters	A17K03	Number of smoking quitters on discharge from prison	Smoking Quitters - Number of smoking quitters on discharge
			Smoking Prevalence - Number of patients at reception who are smokers.

## Call/recall service

The provider will operate a call/recall process that ensures that every eligible prisoner in the cohort is invited to have an Physical Health Check in Prison once every five years. The provider will make up to two attempts to invite the prisoner for a Physical Health Check. At least one of these attempts should be through a formal written letter with an accompanying leaflet. Providers should choose the most appropriate mix of invitation methods for their population, taking into account lower literacy levels amongst the prison population. All attempts to contact patients will be recorded using an agreed template. DNAs should be managed in line with the provider's own DNA policy.

## Risk assessment

ALL eligible prisoners will receive a standard risk assessment as described below. In addition some patients will require additional risk assessments for diabetes, hypertension or chronic kidney disease.

## Standard risk assessment

The provider will assess and record the following information, on the agreed local template, for ALL eligible prisoners who attend for an Physical Health Check in Prison Programme:

- age
- gender
- ethnicity
- smoking status
- family history of coronary heart disease (history of CHD in first-degree relative under 60 years)
- level of physical activity using the General Practice Physical Activity Questionnaire<sup>1</sup>
- body mass index
- pulse check to detect atrial fibrillation
- blood pressure measurement (systolic and diastolic)
- initial alcohol screening test (AUDIT-C or FAST may be used as the initial screening tool)
- non fasting total cholesterol and HDL (either point of care sample or a venous sample within the last six months)
- cardiovascular risk score – a risk score for the patient's likelihood of suffering a cardiovascular event in the next ten years
- raise awareness of dementia for individuals aged over 65 and signpost to appropriate mental health services

Further appropriate assessments for hypertension, chronic kidney disease, diabetes, full alcohol risk assessment and familial hypercholesterolemia will be carried out on



prisoners with abnormal parameters after the initial standard risk assessment (see below).

## CVD risk assessment

The Physical Health Check in Prison risk assessment requires the use of a risk engine to calculate the individual's risk of developing cardiovascular disease in the next ten years. The National Institute for Health and Care Excellence (NICE) now advises that QRISK® 2 should be the engine used.<sup>1</sup>

## Hypertension assessment

The provider will measure blood pressure to detect undiagnosed hypertension. For patients with a blood pressure at or above  $\geq 140/90$  mmHg or where either the systolic or diastolic blood pressure exceeds the respective threshold, the provider will refer to the prison health care service for further investigation and management<sup>2</sup>.

Please refer to NICE Guidance CG127 Hypertension in adults: diagnosis and management for correct procedure for taking blood pressure.<sup>3</sup>

## Atrial fibrillation assessment

Where the pulse is found to be irregular, the provider will refer to the prison health care service for further investigation and management.

## Diabetes risk assessment<sup>4</sup>

The provider will perform a diabetes risk assessment to detect NDH and Diabetes Mellitus for any patient who meets any of the following criteria:

- BMI  $\geq 30$  (or  $\geq 27.5$  if Indian, Pakistani, Bangladeshi, other Asian or Chinese).

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<sup>1</sup> National Institute for Health and Care Excellence (2014) Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease [www.nice.org.uk/Guidance/CG181](http://www.nice.org.uk/Guidance/CG181)

<sup>2</sup> **Threshold:** if the individual has a blood pressure at, or above, 140/90mmHg, or where the SBP or DBP exceeds 140mmHg or 90mmHg respectively, the individual requires:

- a non fasting HbA1c test or a **fasting plasma glucose** (FPG) (see section on diabetes risk assessment). This is part of the risk assessment element of the NHS Health Check and providers will need to consider its provision
- an **assessment for hypertension**. Providers need to ensure people receive appropriate clinical follow up
- an assessment for CKD (see the section on additional testing and clinical follow up).

<sup>3</sup> <https://www.nice.org.uk/guidance/CG127>

<sup>4</sup> The diabetes risk assessment is under review and may change in the near future.

- blood pressure is at or above 140/90mmHg, or where the SBP or DBP exceeds 140mmHG or 90mmHg respectively

Those patients identified at higher risk should have a plasma glucose test – either an HbA1c which is recommended, or a fasting plasma glucose test.

### Chronic Kidney Disease (CKD) risk assessment

The provider will perform a serum creatinine test to calculate the estimated glomerular filtration rate (eGFR) for any patient who has a raised blood pressure at or above either a 140 mmHg systolic or 90 mmHg diastolic. However if the patient has already had a serum creatinine within the past six months then the test need not be repeated.

Where eGFR is below 60ml/min/1.73m<sup>2</sup>, management and assessment for chronic kidney disease is required in line with NICE clinical guideline 73 on chronic kidney disease.<sup>5</sup>

### Full alcohol risk assessment

A full AUDIT assessment is indicated by either

- a. An AUDIT C score >5 or
- b. A FAST score >3

If the individual meets or exceeds the AUDIT threshold of 8 brief advice should be given. Referral to alcohol services should be considered for individuals scoring 20 or more. If an alcohol risk assessment has been carried out on reception this can form part of the physical health check and does not need to be repeated.

### Assessment for familial hypercholesterolemia

Patients with a total cholesterol >7.5mmol/L should be formally assessed for familial hypercholesterolemia.<sup>6</sup>

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<sup>5</sup> <https://www.nice.org.uk/guidance/cg182?unlid=729107940201612516730>

<sup>6</sup> Familial hypercholesterolaemia: identification and management. NICE clinical guideline 71. August 2008.

## Risk communication

The staff delivering the Physical Health Check in Prison should be trained in communicating, capturing and recording the risk score and results, and understand the variables used by the risk engine to calculate the risk score.

The provider will explain and discuss the results of the Physical Health Check in Prison, including the cardiovascular risk score, with each prisoner. This communication will be face-to-face and tailored to the each individual to maximise patient understanding. It is important to consider low literacy levels in prisons and to make provision for this.

When communicating individual risk, staff should be trained to:

- communicate risk in everyday, jargon-free language so that individuals understand their level of risk and what changes they can make to reduce their risk
- use behaviour change techniques (such as motivational interviewing) to deliver appropriate lifestyle advice and how it can reduce their risk
- create a two-way dialogue to explore individual values and beliefs to facilitate a client-centred risk-reduction plan

Individuals receiving a Physical Health Check in Prison should be given adequate time to ask questions and obtain further information about their risk and results. Appropriate written information should also be provided. This should include personalised feedback explaining their:

- BMI
- cholesterol level
- blood pressure
- AUDIT score (AUDIT C or FAST)
- CVD risk score and what this means
- lifestyle advice given
- referrals onto lifestyle or clinical services

## Risk management/referral criteria

The Physical Health Check in Prison Programme is a preventative programme which is intended to help people live longer healthy lives. The risk management element of the programme is essential if the programme is to benefit the public's health.

To maximise these benefits, everyone who has a Physical Health Check in Prison, regardless of their risk score, should be given clinically appropriate lifestyle advice, to help them manage and reduce their risk. So, unless it is deemed clinically unsafe to do so, everyone having the check should be provided with individually tailored advice that

will help motivate them and support the necessary lifestyle changes to help them manage their risk.

It will be the responsibility of the provider to work with prison management to provide adequate lifestyle and behavioural change programmes such as smoking cessation, weight management, access to a healthy diet and access to physical activity and a referral pathway for those identified as at risk.

The provider will provide lifestyle advice to ALL patients after a Health Check on how to maintain/improve their vascular health. The provider will provide a tailored package of interventions for patients with identified risk factors including:

- CVD risk score  $\geq 10\%$
- physical inactivity
- smoker
- pre-diabetes
- BMI  $>25$
- audit score  $> 8$

Individuals identified with a cardiovascular risk score  $> 10\%$  must be managed according to current NICE guidelines<sup>7</sup>. The provider must record the offer of statin and whether this was accepted or declined. Any individual identified with a high-risk score for CVD must be entered onto a provider high-risk register and subsequently be offered annual review as per the NICE guidelines. Once entered on to a high-risk register these individuals will leave the Physical Health Check in prison programme.

For the other risk factors, the provider will provide brief advice and offer referral to

- exercise referral service
- smoking cessation service
- weight management programme
- pre-diabetes service

The provider will manage newly diagnosed diabetes, hypertension or chronic kidney disease according to existing local clinical pathways and relevant NICE guidance, under the terms of their contract with NHS England. Newly diagnosed patients with diabetes, hypertension, chronic kidney disease or patients at high-risk of a CVD event will be placed on the respective register. These patients will exit the Physical Health Check in Prison Programme and will not be eligible for recall, as they will be followed up separately on an annual basis.

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<sup>7</sup> <https://www.nice.org.uk/guidance/cg181>

## Staffing competencies

The provider shall ensure that all staff carrying out the Physical Health Check in prison programme have the required competencies as identified in the NHS Health Check Competency Framework<sup>8</sup> and Physical Health Check in Prison Programme standards<sup>9</sup>. It is required that the service provider will have completed the Dementia eLearning training prior to commencing the service.

The service provider will be expected to provide evidence of training and protocols regarding infection control, blood tests and providing lifestyle advice, including motivational interviewing. Staff may be required to attend training prior or during service provision provided by NHSE. It is the provider's responsibility to ensure that all staff are trained to use the equipment according to the manufacturer's instructions.

There are several criteria relating to blood tests that must be met:

- staff must demonstrate competency in taking blood tests using the finger-prick method
- staff involved in taking blood samples, or handling blood products should be or have been vaccinated against Hepatitis B infection, and shown to have made a serological response to the vaccine
- staff involved in blood testing must have appropriate Infection Control training and be able to demonstrate good clinical practice with regard to the infection control process, including hand hygiene, standard precautions, sharps safety, clinical waste and cleaning and disinfection of equipment, and have access to and knowledge of using blood spillage kits

Service providers will ensure that there is a contingency plan in place in case of staff sickness or unforeseen changes to premises.

Further training resources can be found at:

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/training/elearning\\_resources1/](http://www.healthcheck.nhs.uk/commissioners_and_providers/training/elearning_resources1/)

## Referral route

It will be the responsibility of the provider to design referral routes into the service and that individuals meet the eligible criteria. It is expected that the provider uses innovative

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<sup>8</sup> [www.healthcheck.nhs.uk/document.php?o=664](http://www.healthcheck.nhs.uk/document.php?o=664)

<sup>9</sup> [http://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/guidance/national\\_guidance/](http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/)

methods to fill appointments and that these will be made up of both fixed and opportunistic slots.

## Response time and prioritisation

Should the provider identify an individual with symptoms of a coronary event or other medical emergency they are expected to call 999 immediately.

Should the provider identify an individual with risk factors that need reviewing within 24 hours by a General Practitioner, the provider will be expected to assist the service user in arranging the appropriate appointment following their Physical Health Check in Prison.

## Criteria

### Inclusion criteria

The Physical Health Check in prison programme will only be offered to those who;  
Are aged between 35-74 years AND with a period of incarceration of two years or more, to reflect the high health risks associated with this population, who 1) have no previous diagnosis of CVD and 2) are not currently taking statins 3) have not received an NHS health check in the community in the previous five years. If there is any doubt please offer the physical healthcheck.

### Exclusion criteria

People with existing cardiovascular disease should be routinely managed through their GP.

- Coronary Heart disease (CHD),
- Hypertension
- Heart Failure (HF)
- Diabetes
- Stroke
- Peripheral vascular disease (PVD)
- Chronic Kidney Disease (CKD) stage 3-5
- Atrial Fibrillation (AF)

People aged outside the age range 35-74 and who have a period of incarceration of less than two years.

## Service user empowerment

The provider shall in the delivery of the service empower individuals:

- to have confidence, personal control and choice in managing and maintaining their health and wellbeing
- improve services by involving the individual in the planning and development of the service and support they receive
- at the individual level, provide information and support to assess their personal risk, and to access and use services effectively to improve their health and wellbeing
- by providing clear, unambiguous information and support, including information and exploration of risk management strategies for achieving and maintaining positive health and wellbeing

## Information

The provider shall ensure that each individual is provided with information that:

- is made available to them in a format or form that is acceptable and appropriate to their need
- is aligned to the individuals preferences
- is agreed, and endorsed by the individual
- empowers and supports them in decision about their own care
- is evidence based practice

## Data and monitoring requirements

The provider will record patient information concerning invitation, risk assessment and risk management using the standardised clinical data template.

The provider will identify the eligible population working if necessary with the prison management and this will be shared with NHSE. The provider will upload the data return search provided by NHSE and run the quarterly data return searches and export the summary of activity to NHSE. NHSE will share the data returns with PHE. The provider should always use a secure NHS net email account to send data to NHSE.

Public Health England has published guidance to ensure that all data flows comply with national guidance and the Data Protection Act 2014.

The data flow from provider to NHSE will be anonymised and the provider undertakes to maintain its Level 2 IG Toolkit compliance and also to ensure that all data is stored on a secure server with access restricted to Health Checks programme staff.

The provider will submit the number of eligible prisoners to NHSE.

This number will be used as the baseline denominator for performance monitoring.

The provider will invite 100% of its eligible cohort annually to attend for a Physical Health Check in Prison. Invited individuals must be from the eligible cohort and must not have received a Physical Health Check in the preceding five years.

## Support from NHSE/PHE

Individuals will be referred to the lifestyle interventions where appropriate:

Individuals who are newly diagnosed with a long-term chronic condition will be managed in accordance with NICE guidelines and locally agreed pathways.

Responsibilities of the Commissioner

To facilitate the delivery of this service NHSE will:

- update the provider on any changes to the pathway and protocols for the Health Checks programme
- organise annual update training on the health checks pathway
- conduct monitoring and evaluation of service
- supports the sharing of best practice amongst primary care providers including the implementation of the Physical Health Check in Prison Programme QA standards

## Applicable national standards (eg NICE)

The provider should refer to the following guidelines for the delivery of the Health Check in prison programme:

- Physical Health Check in Prison Programme Standards
- National Competency Framework

All can be found at;

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/guidance/national\\_guidance/](http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/)

If the provider uses point of care testing then it must comply with the following national guidance or any subsequent update:

**Management and Use of IVD Point of Care Test Devices. Medicines and Healthcare Products Regulatory Authority. December 2013.**

The provider will have a named Physical Health Check in Prison Programme champion who is responsible for ensuring that:

All provider staff who conduct a Physical Health Check in prisons are familiar with this guidance, available lifestyle interventions and the referral criteria for these interventions.

All healthcare professionals who wish to participate in the delivery of this service achieve and maintain appropriate clinical competence and that they have undertaken



suitable education and training including training on how to deliver lifestyle advice. An appropriate training programme will be organised by the provider for staff who require initial or update training in line with Physical Health Check in Prison Programme Standards

The provider has considered how they will deliver the programme, to ensure that the service is accessible and reduces, rather than widens health inequalities.

The provider will comply with PHE guidance on point of care devices (if applicable). There will be a robust quality assurance programme for any point of care device used by the practice including:

- a. up-to-date register of trained/competent operators
- b. name of POCT coordinator
- c. records of results of quality control performed
- d. evidence of registration in an accredited EQA scheme reporting to NQAAP

NHSE will audit 5% of all prisons and their submitted data returns annually. All providers will agree to co-operate with any request to audit activity data. This will include audit of the follow-up of high-risk individuals who have exited the Physical Health Check in prisons programme.

## Equipment

The provider will be responsible for the procurement of all equipment and consumables required to provide the service which is subject to this specification. The provider must ensure that equipment used meets the requirements to complete the checks. All devices used for near patient testing (NPT) should be CE-marked, denoting compliance with the relevant essential requirements of the Medical Devices Directives covering aspects of safety and performance.

All equipment must be used, cleaned, calibrated and serviced as advised by the manufacturer.

## Point of Care Testing (POCT)

POCT is defined as any analytical test performed for a patient by a healthcare professional outside the conventional laboratory setting. Users of POCT should have a sound understanding of the relevant analytical principles, issues such as quality assurance (QA), and interpretation of test results. Health care professionals planning to use POCT should be aware of guidance issued by the MHRA in 2010<sup>3</sup> which supplements previous guidance issued in 2002.<sup>2</sup> In addition the NHS Purchasing and Supply Agency issued a Buyer's guide for POCT cholesterol measurement.

The provider will be expected to carry out POCT.

POCT protocols must be in place directing the use, cleaning, quality assurance (internal and external), calibration and servicing of POCT equipment and they must be followed.

### Further Information:

Specification 29, section 7A agreement

<https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-29.pdf>

Please look at section under Physical Health Checks in Prison Programme.

<http://www.healthcheck.nhs.uk/>

Physical Health Check in Prison Programme Standards

<http://www.healthcheck.nhs.uk/>