

# NHS Health Check: webinar instructions

The webinar will start at **13.00pm**

- To hear audio dial: **0800 279 5729**
- Guest code **312 163 4382**
  - your telephone line is automatically muted, please press **\*6** to unmute
- The phone line will be locked two minutes after the start time
- Instructions on how to ask a question will be displayed at the end of this presentation
- This webinar presentation will be **recorded** and **uploaded** on to our website





Public Health  
England

# A Health Opportunity Implementation of the Physical Health Checks in Prisons Programme

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# Outline of Webinar

- Why are Health Checks important?
- What is the new Physical Health Check in Prison Programme?
- What should be included in a Physical Health Check in Prison?
- What are the quality standards for the Physical Health Check in Prison Programme?
- Questions???



# Health Inequalities: Prison & Wider society

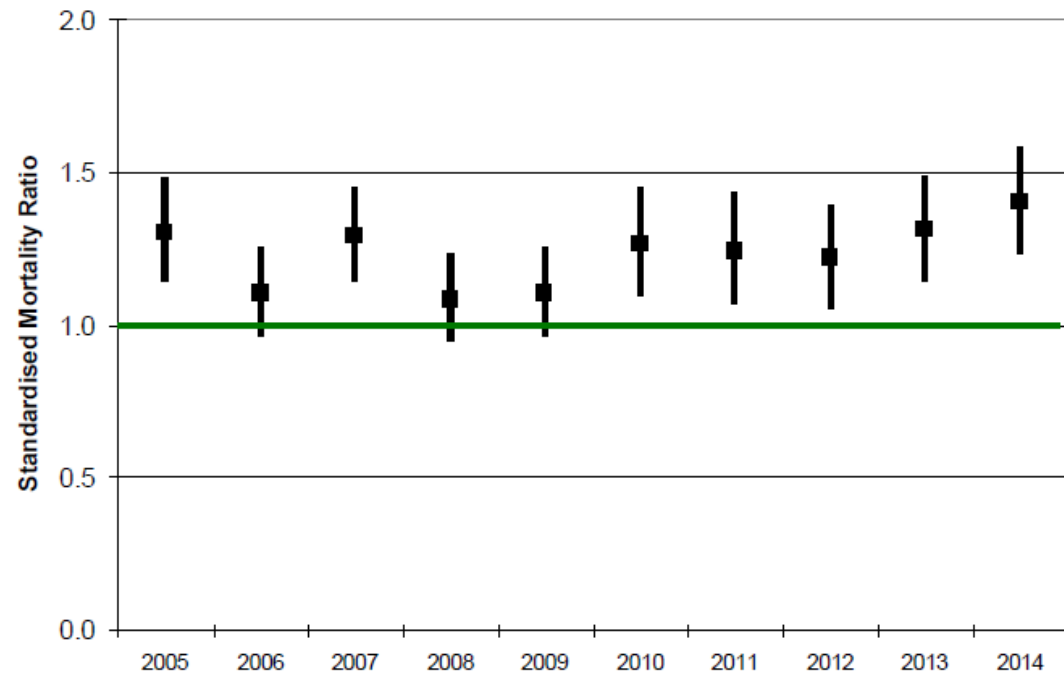
- People in prison suffer **significant health inequalities:**
  - Poor healthcare in prisons can exacerbate previous health issues & increase health inequalities
- Such health inequalities are evident not only when in prison but also **continue to have an affect beyond the prison walls;**
- People in prison and **‘at or near prison social networks & communities’** contribute disproportionately to **wider** societal health and social inequalities.
- Prisons can and do impact positively on health care needs of people they manage but this effect is often **contingent on being in prison:**
- A return to the community currently often results in **‘flipping’** previous health gains including access to health services especially preventive health services like screening and immunisation and chronic care.



# Annual SMR prison population 2005-14

Figure 5: Annual Standardised Mortality Ratio (SMR) for prison population, 2005 to 2014, England and Wales

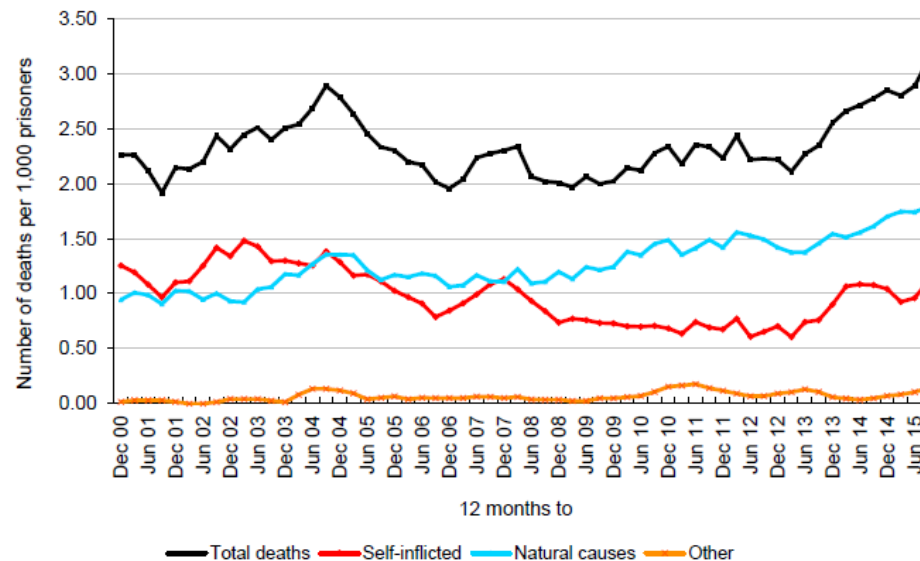
In 2014, the likelihood of prison mortality was 40% greater than in the general population





# All cause mortality in prisoners to Sept. 2015

Figure 2: Deaths per 1,000 prisoners by apparent cause, 12 months ending December 2000 to 12 months ending September 2015, England and Wales (rolling 12 month totals by quarter)

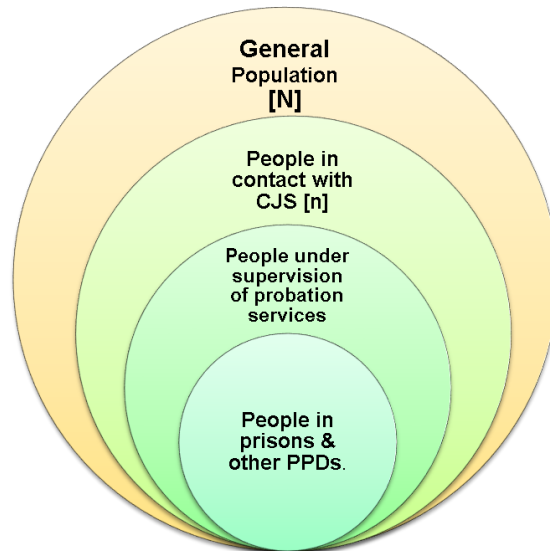


Sept 2014-15

**153 deaths due to natural causes**, up from 136 on the same period in 2014 and 61 in 2000



## 'Community Dividend' for public health interventions in prison populations:



- In E&W, 'underserved' populations passing through prison estate ~160,000 per year (incl. ~100,000 'unique admissions');
- Often belong to **wider social groups and networks** contributing significantly to **health inequalities generally**;
- Delivering **health interventions in prisons** not only benefits prisoners- '**community dividend**' in addressing issues in underserved populations generally.



# NHS Health Checks

NHS Health Check is a national risk assessment and management programme for those aged 40 to 74 living in England, who do not have an existing vascular disease, and who are not currently being treated for certain risk factors. It is aimed at **preventing heart disease, stroke, diabetes and kidney disease and raising awareness of dementia for those aged 65-74 and includes an alcohol risk assessment.** An NHS Health Check should be offered every five years.

The programme systematically targets the top seven causes of premature mortality. It incorporates current NICE recommended public health guidance, ensuring it has a robust evidence base. Economic modelling suggests the programme is clinically and cost effective.

[Ref 4]

### Top seven causes of preventable mortality:

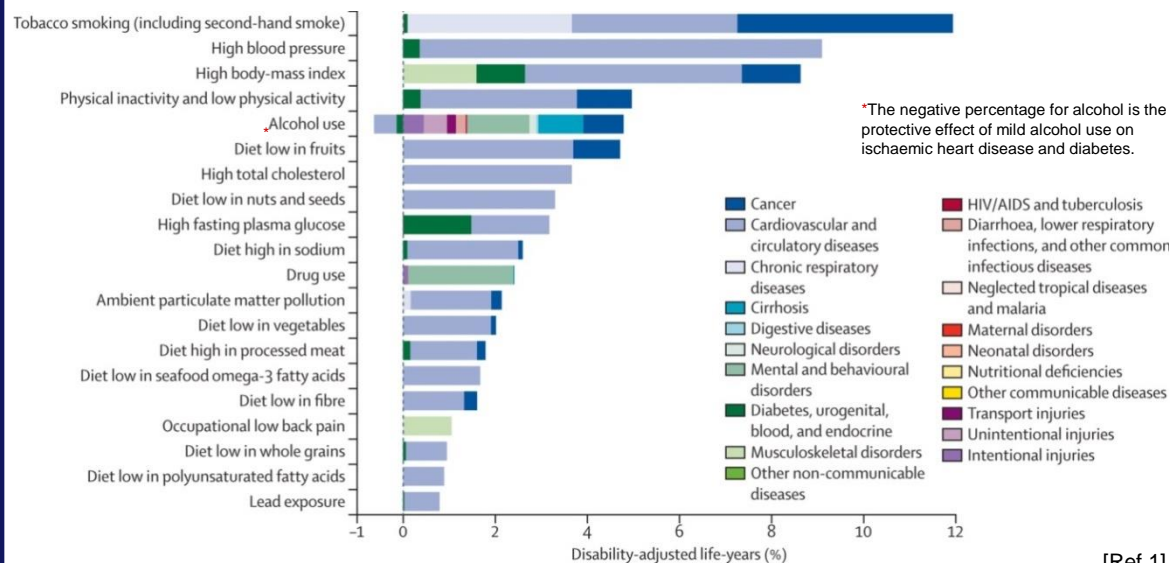
high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.

### Each year NHS Health Check can on average:

- prevent 1,600 heart attacks and save 650 lives
- prevent 4,000 people from developing diabetes
- detect at least 20,000 cases of diabetes or kidney disease earlier

[Ref 5]

Burden of disease attributable to 20 leading risk factors for both sexes in 2010, expressed as a percentage of UK disability-adjusted life-years



[Ref 1]





# Physical Health Checks in Prisons Programme

## **New Population Eligibility Criteria:**

- Individuals not offered an NHS Health Check in the previous 5 years
- Individuals aged 35-74 years
- Individuals incarcerated for at least 2 years or more (e.g. those sentenced to at least 4 years or more (including life), given that most prisoners will serve half their sentence, on average).

## **Content**

- Same NHS Health Check as in the Community based on evidence and NICE guidance



# Identifying the Eligible Population

Work with prison management to identify cohort of patients who are:

- Aged between 35- 74 years
- AND are incarcerated for 2 years or more
- Due to the population churn the eligible population will need to be reviewed every 6 months
- Eligible cohort will provide denominator data for NHSE – shared every 6 months with commissioner
- 100% invited
- Aim for uptake rate of 75%



## The Invitation...

- Easy to read, appropriate for audience
- Take into account low literacy levels
- Invite at least twice and record
- Opportunistic inviting



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# What is a Physical Health Check in Prison?

## Standard Risk Assessment

- 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, see further guidance in Best Practice Guidance<sup>2</sup>)
- 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



# Abnormal Parameters: Carry out additional Risk Assessment

- **Hypertension assessment**
- **Diabetes risk assessment**
- **Chronic Kidney Disease (CKD) risk assessment**
- **Assessment for familial hypercholesterolemia**
- **Full Alcohol risk assessment** (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)



# 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



# Lifestyle advice

ALL patients after a Health Check should receive lifestyle advice on how to maintain/improve their vascular health.

A tailored package of interventions for patients with identified risk factors including:

- Smoking cessation service
- Exercise referral service
- Weight management programme
- Pre-diabetes interventions



# Clinical Follow up of risk factors

- CVD risk above 10% - statin therapy
- High blood pressure – assessment and clinical treatment
- High blood sugar – investigation for diabetes & pre-diabetes
- CKD – clinical management
- Irregular pulse – atrial fibrillation detection and stroke prevention





## Physical Health Checks in Prison Programme Standards

1. Identifying the eligible population and offering a Physical Health Check in Prison
2. Consistent approach to non-responders and those who do not attend their risk assessment
3. Ensuring a complete health check for those who accept the offer is undertaken and recorded
4. Equipment use
5. Quality control for point of care testing
6. Ensuring results are communicated effectively and recorded
7. High quality and timely lifestyle advice given to all
8. Additional testing and clinical follow up
9. Appropriate follow up for all if CVD risk assessed as 10% and greater
10. Confidential and timely transfer of patient identifiable data



# Next Steps

- Insert into spec 29 with new eligibility criteria
- Short guidelines on Physical Health Checks in Prison Programme sent to commissioners
- Standards for the Delivery of Physical Health Checks in Prison Programme issued

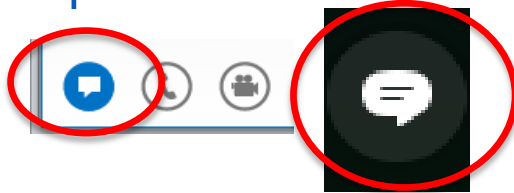
## ALL SYSTEMS GO!!

- Identify new eligible population
- Start inviting this group for health checks
- Look at innovative ways to invite prisoners and use opportunistic inviting
- Monitor own uptake rates for each provider
- Ensure clinical and lifestyle referrals are recorded

# Questions

You can raise a question by:

1. clicking on the speech bubble icon (on web versions it will look like the second bubble)

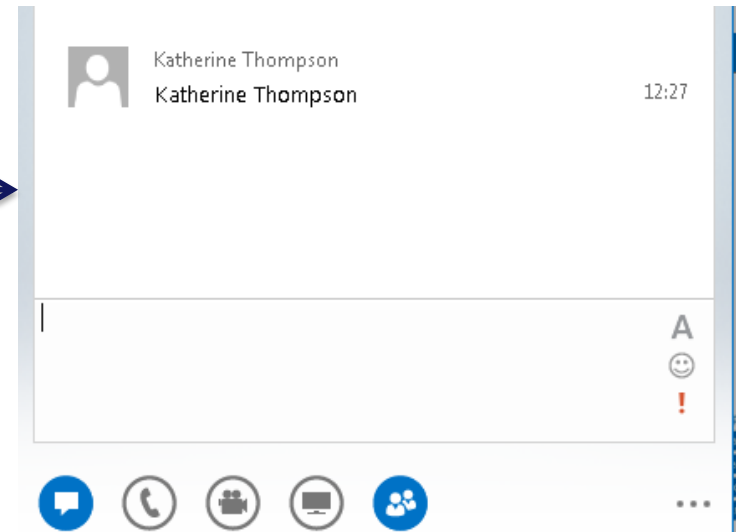


2. typing your question into the text box and pressing enter, it will look like this →

3. the chair will ask the question on your behalf

4. you can also raise a question when the chair invites questions from colleagues on the phone. You will need to **unmute** your phone by pressing \*6

5. to increase the size of the presentation press this button in the top right and click presentation view.



# Thank you

Thank you for attending this webinar.  
A feedback survey will be distributed shortly.

