

# **Physical Health Checks in Prisons**

## Programme Guidance

Supplementary Advice Note (2025)

# Introduction

The current guidance for providing physical health checks in prisons 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.

Since publication, there have been several changes and developments that have resulted in the current guidance document being outdated, and inaccurate in places. There is an intention to complete a comprehensive review of the guidance document in due course; however, as an interim measure this advice note has been issued to provide updated information and to make urgent corrections ahead of the full review.

Therefore this advice note should be read in conjunction with the original guidance which can be found [here](#).

Updates and corrections are listed in the order they appear in the original guidance document, and page references are provided to enable navigation.

## Pages 1-2

It should be noted that Public Health England (PHE) no longer exists. At the time of publication, ownership of this guidance is with NHS England.

## Page 6

The first specific objective of the service currently states:

- *to offer a Physical health Check in Prison to 100% of the eligible population with an uptake level of 75%*

This is now replaced with:

- to offer a Physical health Check in Prison to 100% of the eligible population with an uptake level of 30% (efficiency standard) and 50% (optimal performance standard)

This is in line with the latest Section 7A agreement.

## Page 7

Where the guidance currently states:

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

It should be noted that this arrangement is no longer in place nationally with the Strategic Reporting Unit (SRU) now reporting.

## Page 8

Where the guidance currently includes the following final point under the ***standard risk assessment***:

- *raise awareness of dementia for individuals aged over 65 and signpost to appropriate mental health services*

This is now replaced with the following two points:

- Raise awareness on the risk factors that are common to cardiovascular disease and dementia
- Provide information on the signs and symptoms of dementia to individuals aged over 65, and signpost to appropriate services

## Page 9

Where the guidance currently states under *CVD risk assessment*:

*“The National Institute for Health and Care Excellence (NICE) now advises that QRISK® 2 should be the engine used.”*

This is now replaced by the following:

“The National Institute for Health and Care Excellence (NICE) now advises that QRISK® 3 should be the engine used. Any subsequent iterations of this advice will also be applicable to this guidance”

In addition, reference link 1 from this point which is currently <https://www.nice.org.uk/guidance/cg181> is now replaced with <https://www.nice.org.uk/guidance/ng238>

Under *Hypertension assessment*, where the current guidance states  
*“Please refer to NICE Guidance CG127 Hypertension in adults: diagnosis and management for correct procedure for taking blood pressure.”*

This is now replaced with

“Please refer to NICE Guidance NG136 Hypertension in adults: diagnosis and management for correct procedure for taking blood pressure.”

Reference link 3 from this point which is currently <https://www.nice.org.uk/guidance/cg127> is now replaced with <https://www.nice.org.uk/guidance/ng136>

## Page 10

Under *Chronic Kidney Disease (CKD) risk assessment* where the current guidance states:

*“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.”*

This is now replaced with:

“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 NG203 on chronic kidney disease: assessment and management.”

Reference link 5 from this point which is currently <https://www.nice.org.uk/guidance/cg182?unlid=729107940201612516730> is replaced with <https://www.nice.org.uk/guidance/ng203>

## Page 12

Where the guidance currently states:

*“Individuals identified with a cardiovascular risk score > 10% must be managed according to current NICE guidelines.”* Reference point 7 which currently links to <https://www.nice.org.uk/guidance/cg181> is now replaced with <https://www.nice.org.uk/guidance/NG238>

## Page 13

Where the guidance currently states:

*“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 and Physical Health Check in Prison Programme standards.”*

Link 8 which is currently set as [www.healthcheck.nhs.uk/document.php?o=664](http://www.healthcheck.nhs.uk/document.php?o=664) is replaced with the document that can be found [HERE](#)

Link 9 which is currently set as

[http://www.healthcheck.nhs.uk/commissioners\\_and\\_providers/guidance/national\\_guidance/](http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance/) is replaced with the document that can be found [HERE](#)

## Page 14

Where the guidance currently states:

*“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 health check.”*

This is now updated to

*“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 **lipid lowering therapies, including 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 health check.”*

Under **Exclusion criteria**, the current exclusion list is as follows:

- Coronary Heart disease (CHD),
- Hypertension
- Heart Failure (HF)
- Diabetes
- Stroke
- Peripheral vascular disease (PVD)

- Chronic Kidney Disease (CKD) stage 3-5
- Atrial Fibrillation (AF)

This is now revised as follows:

- Coronary Heart disease (CHD),
- Hypertension
- Heart Failure (HF)
- Diabetes
- Stroke
- Peripheral vascular disease (PVD)
- Chronic Kidney Disease (CKD) stage 3-5
- Atrial Fibrillation (AF)
- **Transient ischaemic attack**
- **Inherited high cholesterol (familial hypercholesterolemia)**

## Page 15

Where the guidance currently states:

*“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.”*

Please be advised that this system is no longer in place with extracts now coming from SystemOne and data sharing now only occurs between NHSE and DHSC.

Where the guidance currently states:

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

Please be advised that all data governance and compliance is now the responsibility of NHSE.

Where the guidance currently states:

*“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.”*

Please be advised that this section is no longer applicable.

## Page 16

Where the guidance currently states *Support from NHSE/PHE*, please be advised that this is now replaced with *Support from NHSE*.

Under *Applicable national standards (eg NICE)* please be advised that the current link to the guidance is updated from:

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

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

The link to the guidance on management and use of IVD Point of Care Test Devices remains in place. However, please note that the publication date has been revised from *December 2013* to January 2021.

## Page 17

Where the guidance currently states

*“The provider will comply with PHE guidance on point of care devices”* this is now replaced with *“The provider will comply with national guidance on point of care devices”*

Where the guidance currently states

*“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.”* Please be advised that this is no longer applicable.

Under *Point of Care Testing (POCT)* where the guidance currently states *“Health care professionals planning to use POCT should be aware of guidance issued by the MHRA in 20103 which supplements previous guidance issued in 2002.2”* this is replaced with *“Health care professionals planning to use POCT should be aware of [guidance](#) issued by the MHRA in 2021 which supplements previous guidance issued.”*

## Page 18

Under *Further Information* the current link to the Specification 29, section 7A agreement that is currently <https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-29.pdf> is replaced with [NHS public health functions agreement 2025 to 2026 - GOV.UK](#)

**ENDS**

**August 2025**