

Use and usefulness of self-service kiosks to deliver health checks: insights from a process evaluation of the “heart health checks in the workplace” pilot

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BACKGROUND

The **NHS Health Check (NHSHC)** is a cardiovascular disease (CVD) prevention programme introduced in England in 2009. Traditionally **delivered face-to-face in GP surgeries**, uptake has remained low, particularly among younger people and men. In 2024/25, the **government piloted workplace-based CVD health checks** across 48 local authorities (LAs) delivering 46 programmes to reach under-served groups. Aim: We **examined the reach of alternative modes of delivery** (self-service kiosks and digital self-testing) and how they compare to traditional face-to-face approaches.

PROCESS EVALUATION

- 1.Semi-structured interviews with all 46 LA programmes (n=102 participants)
- 2.Follow-up interviews in two LA programmes using kiosks (6 interviews, n=8)
- 3.Analysis of total number of checks delivered based on LA data returns.

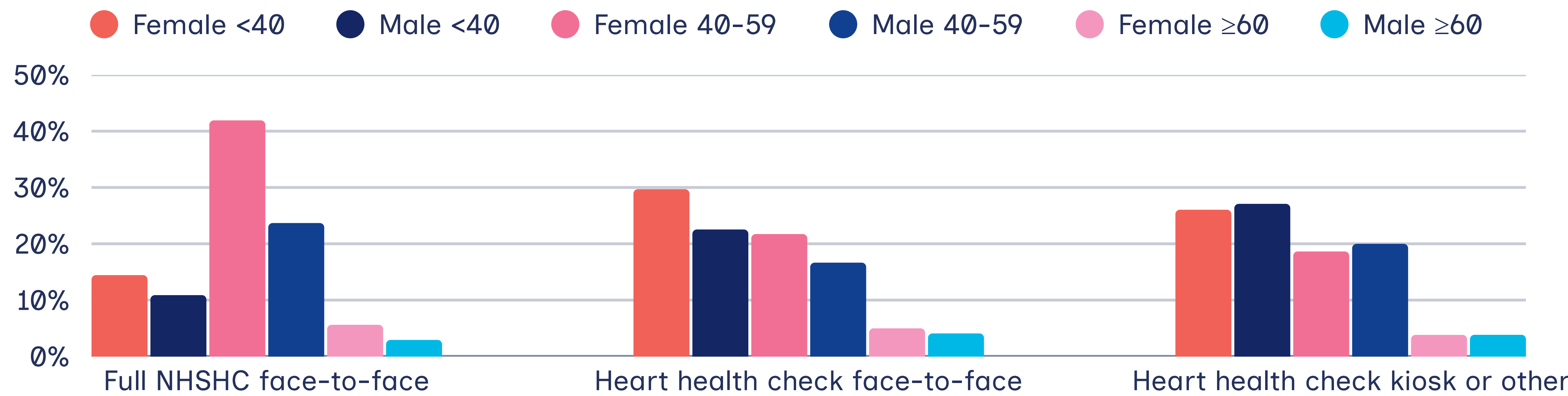
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KEY FINDINGS

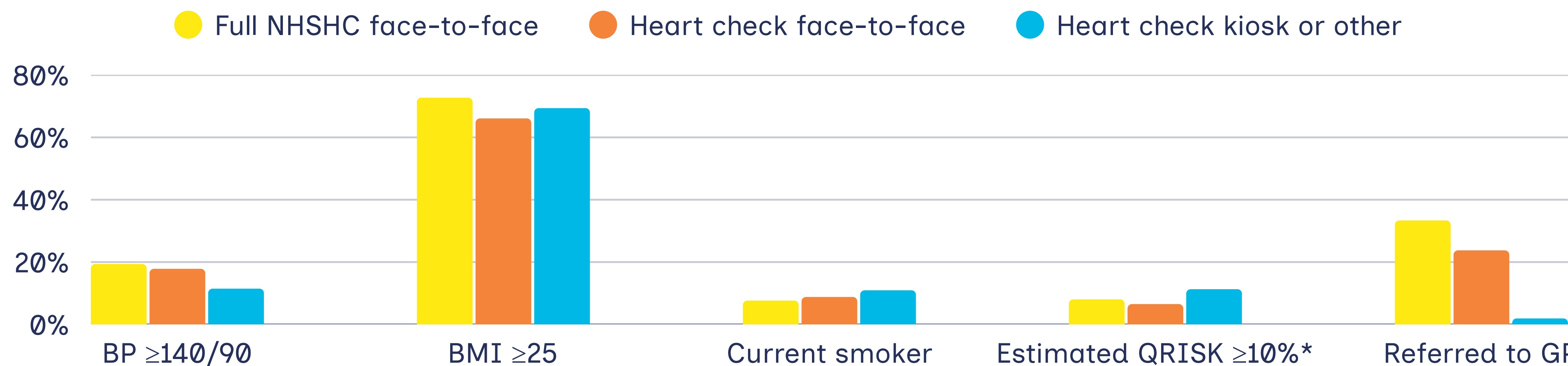
- Seven programmes (15%) used kiosks (n=6) or digital self-testing at home (n=1); they delivered 24% of all checks.
- Kiosks were more common in larger workplaces, reflecting high installation costs and the need for high use to be cost-effective. But this limits reach of smaller employers.
- Kiosks provided greater flexibility; they were particularly beneficial for shift-based workplaces and for undertaking checks outside of typical working hours.
- Kiosks reached a younger demographic and proportionally more men, but individuals with limited English language proficiency and certain disabilities faced barriers to their use.

Fig 1. Alternative modes of delivery reached younger age groups and more men than traditional approaches



- Kiosks don’t capture all components of the NHSHC such as blood cholesterol testing, but they supported repeat monitoring of CVD risk factors.
- CVD risk-factor detection was comparable across different delivery modes, but the absence of direct personalised interaction resulted in fewer GP referrals.

Fig 2. Alternative modes of delivery identified comparable levels of risk factors but resulted in fewer GP referrals than traditional approaches



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The kiosk and the digital check, complements the face-to-face service. The face-to-face service is the real value

The fact that there is a kiosk and there is no one sat in front of you, people have felt braver to go on and check their weight

CONCLUSIONS

Kiosks **may help address inequalities** by engaging population groups that have historically been less likely to take up an NHSHC. They expand the menu of options to widen access to checks in different contexts and often add value as a **complement to face-to-face delivery**, but they are **unlikely to replace** it. Wider roll-out should **consider the costs of installing and maintaining kiosks** and ensure they are implemented in settings that maximise reach without exacerbating inequalities.

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