

Using behavioural science to design and mainstream a self-service, digitally enabled NHS Health Check model for lower-uptake working-age adults: insights from a workplace cardiovascular screening pilot

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The Complexity Problem



- **NHS Health Checks:** national CVD prevention programme (40–74)
- **Uptake lowest:** routine/manual workers, particularly men
- **Persistent inequity:** despite invitations and reminders
- Interacting structural and behavioural barriers



Behavioural Diagnosis: Using COM-B in Practice



Capability

- Misperception of eligibility and personal risk
- Uncertainty about what the check involves

Opportunity

- Shift patterns and time away from work
- Appointment-based delivery

Motivation

- Low perceived susceptibility
- Prevention seen as low priority
- Social norms around help-seeking



From Diagnosis to Design: Redesigning Opportunity



Capability

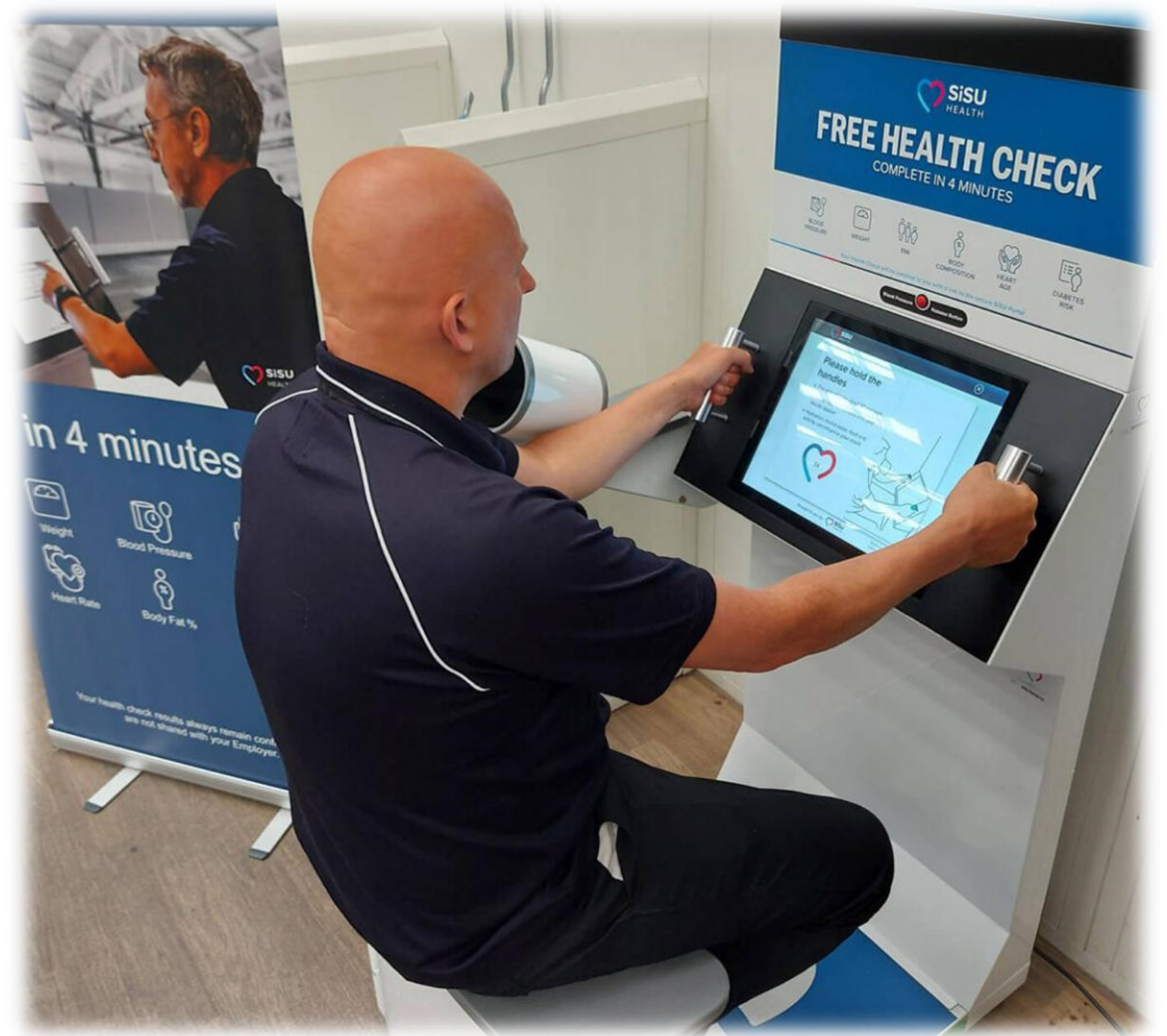
- Clear instructions
- Simple, guided interface
- Immediate personalised feedback

Opportunity

- On-site, high-footfall placement
- 24/7 access
- 4–5 minute completion time

Motivation

- Heart age and instant results
- Private, self-service experience
- Optional follow-up and signposting



Testing the design in complex real-world settings



- 55 workplace sites
- Multiple sectors and shift patterns
- Different organisational cultures
- Delivered within existing *Healthy You* service



Who engaged and what changed



Engagement shifted:

- Median age 39
- Strong engagement from under-40s
- Gender near parity (47% male)
- One-third from most deprived quintiles 64% had not had a BP check in the last year



Risk Identification & System Flow



15,278 checks across 12,317 individuals

Meaningful risk detected

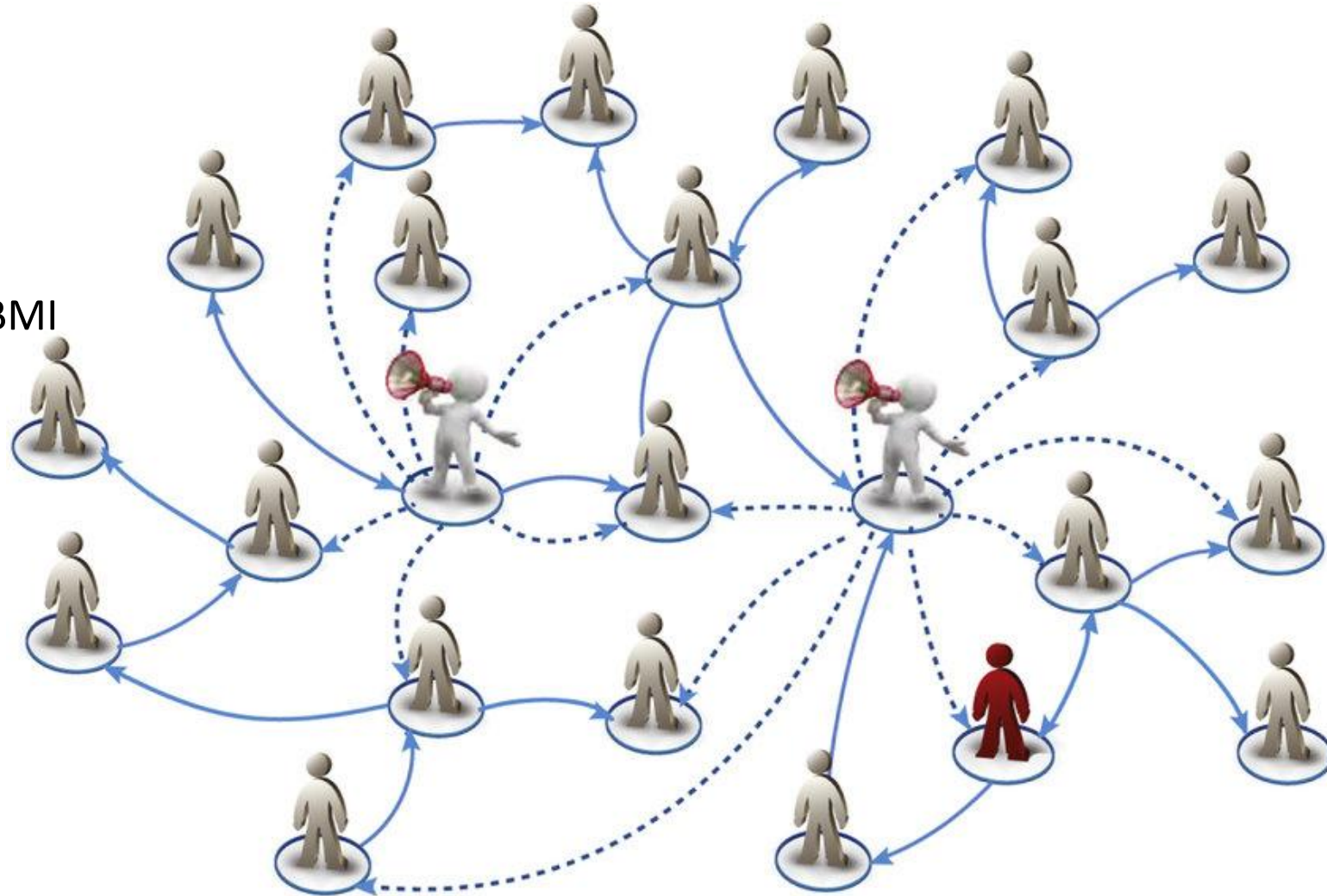
- 3,304 triggered GP call-to-action
- High prevalence of elevated BP and BMI

Clear onward pathway

- Triage into Healthy You
- Follow-up support offered
- Routing into full NHS Health Checks where eligible

Embedded in existing service

- Not a standalone intervention
- Integrated with local prevention pathway





Redesigning Access to Prevention

**We didn't change the core programme.
We changed the access to it.**

When prevention is easier to access, engagement follows.