

# Convalescent Plasma Programme

## NHSBT September Board 2020

16<sup>th</sup> Sept 2020

*This document is a draft and the information contained herein is subject to change*

# Agenda

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# Convalescent Plasma: Objectives

## Phase 1

**To rapidly scale the access to and use of Convalescent Plasma to treat people who are critically ill with COVID-19 across the UK**

The initial aims were to supply ~4,000 units of plasma for two clinical trials (REMAP-CAP and RECOVERY), while simultaneously scaling up collection, production and distribution of CP in bulk to hospitals

## Phase 2

**To put in place a sustainable operating model whilst scaling up collection capacity of CP during a potential 2nd wave**

The aim in Phase 2 is to build in additional capacity to collect up to ~7.5k CP units per week in total with a flexible collection footprint to respond to localised outbreaks

# Key messages



## Phase 1 achievements

- We have **now successfully collected ~30k units in total** with **8k validated HT units**
- **The challenge is identifying and recruiting high/medium titre donors**
- At current low infection rates trials unlikely to deliver **results until early 2021**, this could change



## Phase 2 objectives

- **Scale up capacity** to collect up to **~7,500 units per week** (i.e. providing no donor supply constraints), to increase our ability to treat patients during a potential second wave
- Short term focus on **retaining medium/high titre donors** and in the medium term **recruiting new donors in the next wave**



## Phase 2 activities completed

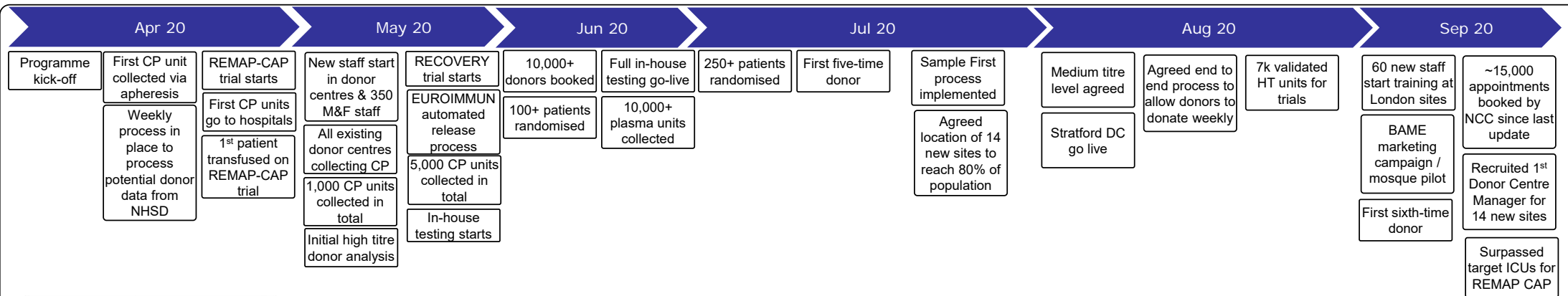
- Increased collection capacity by securing **~100 apheresis machines**, agreed **14 new plasma donor centre locations**, and **recruiting additional staff** in collection sites and across the supply chain



## Phase 2 key next steps

- **Recruit and train collection staff** (incl. Nurses, DCs and DCMs) and open **14 new plasma donor centres**
- Maximise collection and **stockpile plasma in advance of second wave**
- **Launch home sampling pilot** to test antibodies in advance of donations
- **Agree on how medium titre units are going to be deployed** (e.g. 2:1 dosage)
- **Support trials to get to completion**
- **Agree protocols for period between trial ending and once stockpile is released**

# CP Programme progress to date



<b>Achieved by Sept 20:</b>	28,000+ donors booked in	~30k units collected	~1.7k units issued to hospitals	~500 patients randomised across 2 clinical trials
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# Capacity ramp up | People

● Completed
● On track
● Potential risks with mitigating actions
● Risk of delaying overall programme

/ AS OF 11 SEPT

Critical path activity	Description	Baseline Date	Actual/ Forecast Date	Current status	Comment
<b>Recruit and on-board donor centre staff for new sites</b>		<b>Wed 21/10/20</b>	<b>Wed 28/10/20</b>		
<b>Nurse recruitment (x71)</b>				●	
- Engage Partners	Provide detailed resourcing requirements to agencies	Thu 27/08/20	Thu 27/08/20	●	Complete
- Interview candidates	Interviews being undertaken by Sanctuary	Wed 16/09/20 – Thu 15/10/20	Wed 16/09/20 – Mon 19/10/20	●	Interview panels being scheduled
- Candidates selected	Offer made to candidate	Thu 17/09/20 – Fri 16/10/20	Mon 24/09/20 – Tues 20/10/20	●	Planning is still ongoing re phasing of recruitment
- Onboarding	Candidates on boarded	Thu 24/09/20 – 21/10/20	Mon 25/09/20 – Wed 13/11/20	●	Process is being expanded for BAU
- Induction / training	Candidates completed training	Fri 25/09/20 – Mon 30/11/20	Mon 05/10/20 – Mon 11/12/20	●	Process known and in place for Nurses
<b>Donor carer recruitment (x289)</b>				●	
- Engage Partners	Provide detailed resourcing requirements to agencies	Thu 27/08/20	Thu 27/08/20	●	Reed recruitment system in place Advertising from 11 Sept onwards.
- Recruitment of candidates begin	Interviews being undertaken by REED	Fri 25/08/20 – Mon 12/10/20	Wed 16/09/20 – Mon 19/10/20	●	NHSBT will quality check 1 in every 15 interviews. Interviews must start on 16/09/20
- Candidates selected	Offer made to candidate	Mon 14/09/20 – Tues 13/10/20	Mon 24/09/20 – Tues 20/10/20	●	42 DC required to be confirmed & accepted by 24 <sup>th</sup> September
- Onboarding	Candidates on boarded	Mon 28/09/20 – Wed 21/10/20	Mon 25/09/20 – Wed 13/11/20	●	42 DC onboarding completes 4 <sup>th</sup> October
- Induction / training	Candidates completed training	Tues 29/09/20 – Mon 30/11/20	Mon 05/10/20 – Mon 11/12/20	●	42 DC begin Induction Training by 5 <sup>th</sup> October

# Capacity ramp up | Venues

● Completed
● On track
● Potential risks with mitigating actions
● Risk of delaying overall programme

/ AS OF 11 SEPT

Critical path activity	Baseline Date	Actual/ Forecast Date	Current status	Comment
Complete all searches for new locations	01/09/2020	04/09/2020	●	Complete – Guildford  Venue assessments commenced 07/09 due to securing access with landlords. Please see path to green slide.
Select preferred venue at each location	7/09/2020	16/09/2020	●	
Sign leases or hire agreements	12/10/2020	12/10/2020	●	
Complete fit out of each location	26/10/2020	26/10/2020	●	
Conduct deep cleaning and temperature mapping	w/c 26/10/2020	w/c 26/10/2020	●	
<b>Operational go-live</b>	<b>02/11/2020</b>	<b>02/11/2020</b>	●	

# Capacity ramp up | Machines

● Completed
● On track
● Potential risks with mitigating actions
● Risk of delaying overall programme

/ AS OF 11 SEPT

Critical path activity	Baseline Date	Actual/ Forecast Date	Current status	Comment
Raise PO for 100 Devices, 50,000 new modified harnesses, 8,000 existing harnesses	30/07/2020	30/07/2020	●	Complete
Meet with Scinomed to agree on validation, training, implementation plan and key dates	30/07/2020	30/07/2020	●	Complete
Confirm location for Phase 0 and OQ and secure location and collection resources (BNS)	29/07/2020	29/07/2020	●	Complete
Confirm CDL resources and plan for Phase 0	29/07/2020	29/07/2020	●	Complete
Machines delivered to Scinomed Northampton warehouse	04/09/2020	11/09/2020	●	Complete
Phase 0 validation complete (IQ/VAL 6)	14/09/2020	14/09/2020	●	
Phase 1 validation complete (OQ/VAL 7)	12/10/2020	12/10/2020	●	
Commence roll out of Scinomed machines to DCs	12/10/2020	12/10/2020	●	
Phase 2 validation complete (OQ / VAL 7)	30/10/2020	30/10/2020	●	
<b>Commence Operational CP Collections with Scinomed machines</b>	<b>02/11/2020</b>	<b>02/11/2020</b>	●	<b>Dependent on availability of new donor centres and trained staff</b>

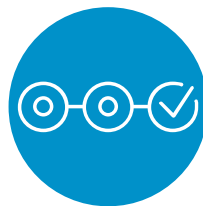


# NHSBT has three key levers available to maximise HT unit production in any given scenario



1

**Acquisition:** of contact details of potential donors



2

**Conversion:** of available contacts to bookings



3

**Retention:** encouraging donors that give H/MT donations to return

1

# Acquisition: To date we have targeted potential donors across four main channels

## Activity to date

170,000 web registrations/inbound calls to date

### Earned media

**Achieved extensive high profile coverage on broadcast news, breakfast shows**, national and regional print and online media including personal stories of our most engaged donors

Over **1,371 items of news coverage** (~80% NHSBT generated) **69 pieces and 27M reach per week on average**

News has driven **significant peaks of web traffic to website** and web registrations of interest



### Partnerships

**500 partners** engaged with 30M reach

Extensive NHS engagement strategy over **260 NHS partners engaged** to date

**Key worker targeting** across health, social care, transport and retail sectors **50 partners engaged** / reach of 863K (ex. NHS workers)

Working with commercial employers inc. **Barclays, Boots, Sky, ASDA, Morrisons** (450K reach)

Engagement with ~**140 BAME/faith organisations** including City Sikhs, Muslim Council of Britain

Engagement with every **LAs, MP and local community near 25 Donor Centres**

Materials on **PHE resource centre** which has **160,000 contacts** across the NHS, Local Authorities, charities and commercial partners

**Pilot with 35 mosques in Birmingham**



### Paid media

**13.4M estimated reach** @ 6.2 frequency (17-66 England adults). £300K + £100K free media space from Facebook

**Geotargeted** radio, social and search advertising around donor centres

**Hyper-local advertising** in proximity to hotspots and to reach Asian populations

**Male interest targeting** e.g. sports

### Owned

**NHBT websites, social and internal channels** promoting plasma donation

**1.6M visitors** to our **plasma pages** to date - a weekly average of 135K page views

We have targeted our whole blood donor base - **~700K men**



1

# Acquisition: Plans in place to scale our impact further in advance of a second wave

## Earned media

Increased **urgency of messaging**

**Support from PM, SoS and CMO** at COVID-19 briefings to promote plasma donation

**Key milestones:** Trial results, Donor Centre openings, collection milestones

**Emotive stories** of plasma recipients and donors

**Influencer support** e.g. Kate Garraway, Hall Cruttenden, Dan Lobb



## Partnerships

**Access to data from new testing pillars:** social care and Moonshot to gain patient contact

**Scaled NHS engagement strategy:** spanning staff and patient facing channels (expanding to pharmacies, dentists etc)

**Extensive key worker partnerships with employers** across sectors

**NEW Facebook tool (pro bono)** promoting available appointments to local community. Launch promotion to all FB users aged 18-65.

**Nationwide Local Authority engagement** to integrate with local test and trace efforts

**National Asian/BAME engagement strategy** including national Muslim engagement



## Paid media

Always on **geotargeted** radio, social and search advertising **scaled as infections rise**

**Agile hotspot targeting;** increased flexibility to increase digital spend in hotspots

**BT Sports partnership:** high profile media partnership leveraging key talent for PR and social

**VOD:** to increase reach, frequency and impact

## Owned

**Increased urgency** of messaging

**Donor get donor** strategy

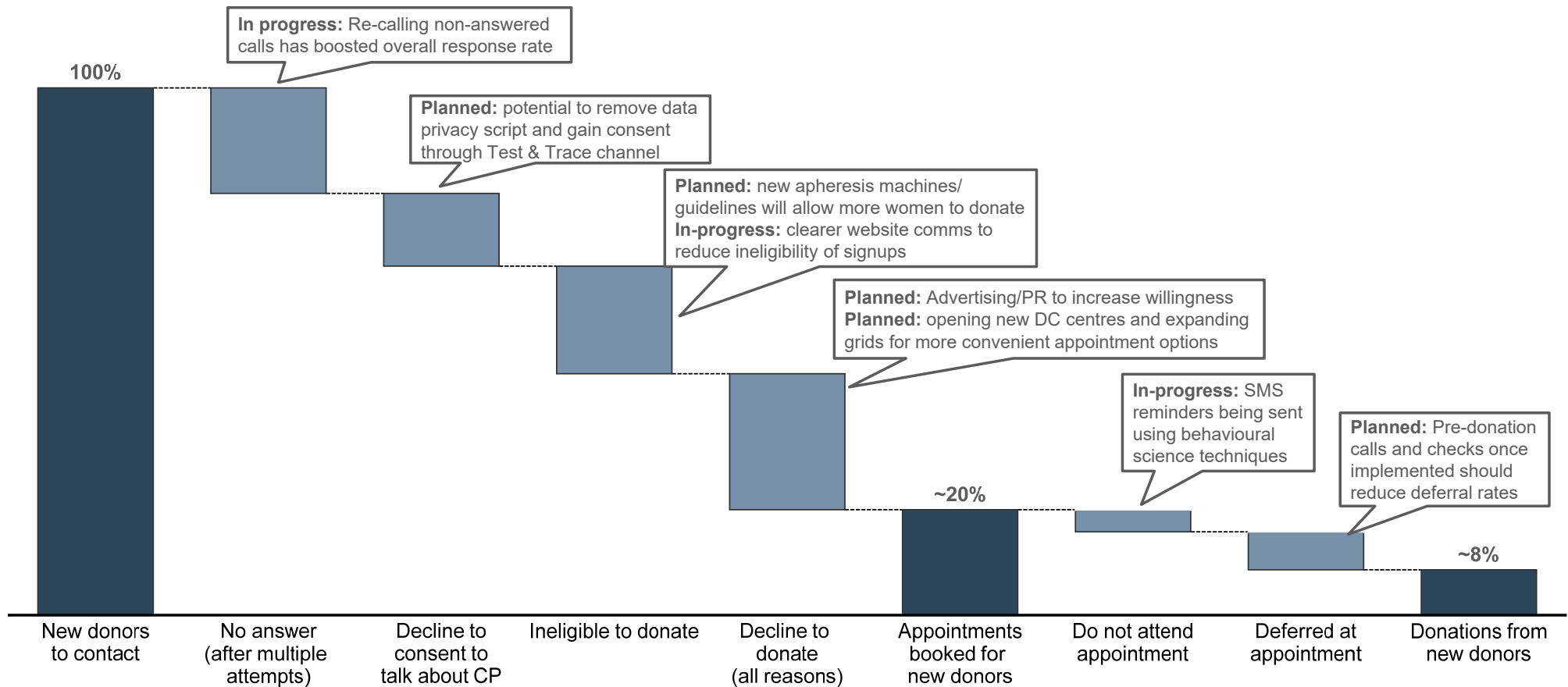
**Use of blood and organs channels**



Scaling  
our reach  
and  
impact

# ② Conversion: Range of initiatives to optimise our contact strategy to increase appointments booked and reduce no-shows

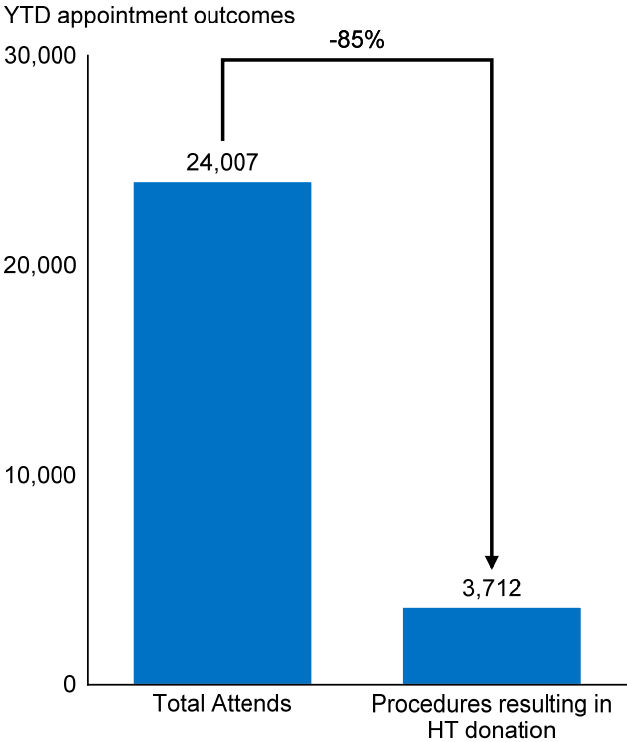
/ ILLUSTRATIVE



③

# Retention: High titre donors are difficult to find, but have an outsized impact if retained

Only ~15% of appointments result in a HT donation



(1): excludes 16% first-time donors that are ineligible to redonate (2) Includes donors returning from sample-first appointment






But HT donors are largely retained and contribute ~65% of HT units collected

- 67% • **First-time HT donors<sup>1</sup>** rebook for a follow-up appointment
- 80% • **Returning HT donors** rebook for follow-up appointments
- 65% • **HT units collected** from w/c 20/07-24/08 were **from returning donors<sup>2</sup>**

Set of initiatives are ongoing to further boost retention

- Launching loyalty scheme**, leveraging best practice from successful First Responders programme
- Extensive comms programme to encourage lapsed donors to redonate** (18 contact attempts over three weeks)
- Roll-out of bedside rebooking** (w/ additional supporting staff if needed)
- Extending grid of available appointments** (to 3+ months)
- Comprehensive messaging review across all channels** to stress importance of repeat donation
- Boosting awareness of importance of retention within donor centres**, cross-pollinating best-practice

# Phase 2 risks

Risk	Mitigation
<b>Recruit / retain &amp; train additional staff (front line and mgmt team)</b>	 <ul style="list-style-type: none"><li>• Recruitment – collaborate with NHS and partners to source suitable and qualified personnel</li><li>• Training – transform and modernise the approach to training, train additional Trainers, put trainers on to new sites to provide consolidation</li></ul>
<b>Finding and securing new venues</b>	 <ul style="list-style-type: none"><li>• Leverage existing large mobile sessions (if suitable) as much as possible</li><li>• Collaborate with Government and commercial estate specialists (as required)</li><li>• Work at risk where opportunity presents itself for fit out whilst undertaking lease</li></ul>
<b>Supply of consumables not available in time</b>	 <ul style="list-style-type: none"><li>• Working closely with suppliers to give us assurance of on time delivery</li></ul>
<b>Unused / excess plasmapheresis capacity</b>	 <ul style="list-style-type: none"><li>• Excess capacity at sites could be utilised for:<ul style="list-style-type: none"><li>✓ Plasma for fractionation (subject to MRHA approval and new tender for machines/harnesses)</li><li>✓ Stock build ahead of Brexit Jan'21</li></ul></li><li>• Demand for RBCs and plasma likely to go up as hospitals ramp up BAU activities</li></ul>
<b>Demand increases, such that we cannot meet it</b>	 <ul style="list-style-type: none"><li>• NHSE to design clinical protocol for patient populations</li><li>• Potential to use “medium titre” units if evidence shows patient populations could benefit</li></ul>

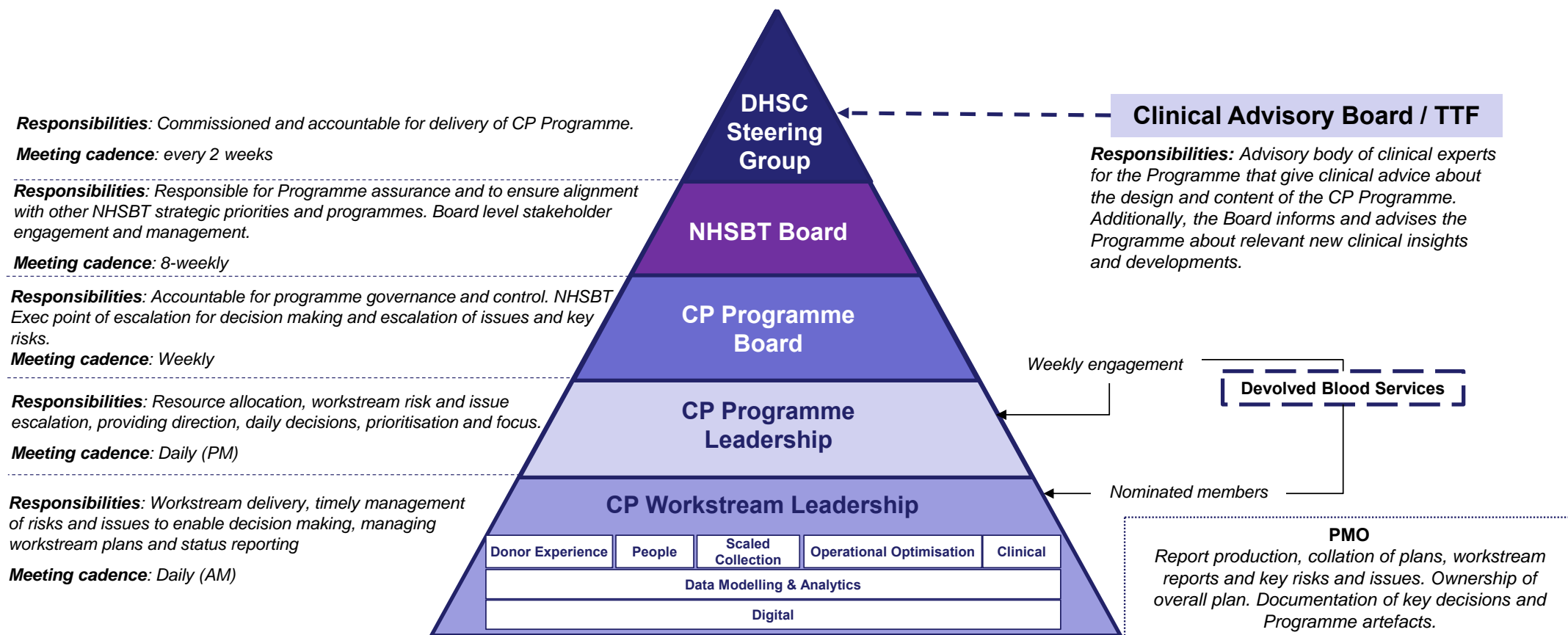
# External Dependencies

No		Area	Where we could use additional support
1	External Dependencies	Trial Recruitment	<ul style="list-style-type: none"> <li>Promotion of trials across hospital trusts with CEOs/Research leads across NHS to help recruit remaining ICUs and hospitals to the convalescent plasma arm of the REMAP-CAP and RECOVERY trials</li> <li>Support trial recruitment e.g. targeting a 15% of patients admitted to hospital to be recruited into convalescent plasma arm of trials</li> </ul>
2		Government promotion of Convalescent Plasma	<ul style="list-style-type: none"> <li><b>Promotion of donation:</b> Signed Secretary of State / Chief Medical Officer letters for NHSBT's high titre donors PM/Ministerial support promoting plasma donation e.g. COVID-19 lectern briefings</li> <li><b>Promotion of trial:</b> Encourage patients to join the trials</li> </ul>
3		Consent in testing process	<ul style="list-style-type: none"> <li>Building convalescent plasma recruitment into developments of programmes such as Project Moon shot and the social care testing programme e.g. consent, data transfer and information for tested patients</li> <li>Individuals to consent to be contacted by NHSBT / and for their contact details sent to be sent to NHSBT if they test positive</li> </ul>
4		Convalescent Plasma in discharge protocols	<ul style="list-style-type: none"> <li>Instruct hospitals to include convalescent plasma information in discharge letter/discharge protocols to hospitals / trusts</li> </ul>
5	Proposed response	Steering Committee	<ul style="list-style-type: none"> <li>We propose strengthening the membership and remit of the steering committee to address these cross system issues</li> </ul>

# Appendix



# Governance for Phase 2 (updated projects & workstreams)



# Programme Finance

Initial Target Scenario 85,000 units	Estimate Provided to DHSC (£'K)	Forecast total cost (£'K)	Currently Incurred (£'K)	Comment
Project Staffing including Deloitte	£1,500	£2,100	£1,831	Deloitte to end Oct
Temporary Donor Centres	£500	£1,000	£849	Additional rent and equipment costs
Freezers	£500	£875	£565	
Storage & Distribution	£0	£800	£651	Freight, Transport Boxes, Warehousing
Donation Couches	£250	£122	£122	Based on 35 chairs + 30 adaptive pads
Other one-off costs	£0	£600	£514	Including 4 x DS2 Analysers
<b>TOTAL PROJECT/ SET-UP COSTS</b>	<b>£2,750</b>	<b>£5,497</b>	<b>£4,532</b>	
Test Kits	£2,580	£1,082	£498	Micro, NAT, HLA/HPA Antibody, COVID antibody
Consumables	£3,615	£1,923	£1,300	Harness, Transfer Packs etc.
MTHS Staff	£310	£314	249	30 WTE until 31/10
H&I Staff	£0	£340	181	Charged at £23 per test
Blood Donation Staff	£2,975	£4,200	2,876	310 Additional WTE until 31/10
<b>TOTAL PRODUCTION COSTS</b>	<b>£9,480</b>	<b>£7,859</b>	<b>6,901</b>	
<b>Donor Recruitment (Based on £50 per donor)</b>	<b>£2,125</b>	<b>£2,459</b>	<b>£1,480</b>	Includes cost of NCC Agents & Allowance for Marketing
<b>CONTINGENCY</b>	<b>£3,590</b>			25%
<b>TOTAL ESTIMATED COST</b>	<b>£17,945</b>	<b>£15,815</b>	<b>£12,913</b>	

Forecast difference to Estimate	£M
Contingency	£3.6
HLA / HPA Typing not required	£1.4
Consumables	£1.7
Temporary Donor Centres	-£0.5
Project Staffing	-£0.6
Donor Recruitment costs	-£0.3
Storage and Distribution	-£0.8
Staff Costs	-£1.6
Freezer Costs	-£0.4
Additional PHE Testing Costs	-£0.1
Other one of Costs	-£0.6
Other	£0.3
<b>Total Difference</b>	<b>£2.1</b>

- Forecast spend for phase 1 remains stable at £15.8M
- Project now forecast to use £1.5M of £3.6M contingency in Phase 1.

# Phase 2: Tier 1 Work plan

TIER 1 WORKPLAN			August				September				October				
Critical path activity			w/c 03/08	w/c 10/08	w/c 17/08	w/c 24/08	w/c 31/08	w/c 07/09	w/c 14/09	w/c 21/09	w/c 28/09	w/c 05/10	w/c 12/10	w/c 19/10	w/c 26/10
Programme overview	Tony Staincliffe	Management structure	Agree management structure / names in boxes												
		Enabling functions	Procurement plan for centre supplies												
Donor Experience	Helen Duggan	Recruitment & conversion	Identify mktg. channels & donor conversion levers		Priority initiatives being implemented										
		Retention	Develop donor retention programme					Launch and track donor retention programme							
People	Stephen Dixon-Mould	Recruitment	Agree recruitment plan		Recruit nurses and donor carers for new centres: identify & interview resources; select & on-board										
		Training	Backfill current gaps and convert contracts to full time							Train for new centres: schedule training; induction; training, sign off, deployment					
Operational Optimisation	Peter Wright	Replacing capacity	Finding new sites	Design site	Sign new leases					Set up new locations		Operationalise new locations			
		Optimising capacity	Extend leases								Operationalise existing locations				
Scaled Collection	Ben Hume	New sites	Agree regions for new sites		Search and select new sites				Negotiate and sign leases / Hire Agreement		Complete fit out of each location		Deep clean temp. map		
		Scinomed machines	Phase 0 validation complete (IQ/VAL 6)						Phase 1 validation complete (OQ/VAL 7)			Phase 2 validation complete (OQ/VAL 7)			
Digital	Marian Zelman	Operational Optimisation	Prioritise changes					Protein / MT testing							
		Donor experience	Assign product owner / agree scope		Recruit Donor Experience scrum team			DE Initiatives Sprint 1			Sprint 2		Sprint 3		

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# Donor recruitment summary

## Summary of activity so far

- The Donor Experience team is responsible for **filling donation slots with the highest proportion of high and medium titre donors** through attracting, converting and retaining our active donor base
- **Acquisition:** Primary focus is on acquiring direct contact details of patients who have been tested and hospitalised (140K total leads) but this is not enough to fill slots so we are boosting our recruitment efforts through: hyper targeted PR and paid activity in hot spots and around donor centres; major partnership strategy with NHS, Local Authorities, employers and commercial brands; engagement with blood and organs donors through NHSBT channels, resulting in 170K self generated leads
- **Conversion:** We have booked in 17K unique donors (~8% of leads generated); 35-40% of leads do not pass health checks so we are selectively focusing our efforts on converting high and medium titre donors (both active and lapsed) through a significant comms effort dedicated to lapsed donors, improving call centres scripts, and SMS reminders to keep no-show rates down as well as prep phone calls ahead of appointments from last week
- **Retention:** We are bolstering our retention capabilities, ensuring we get more donors to come back and come back quicker, currently 67% of HT donors re-book for a second appointment with a median delay of 20 days<sup>1</sup>; activities include launching loyalty programmes, encouraging onsite rebooking and extending slot availability
- We have built an active HT donor base, made up of both **new donors (~35%) and existing / retained donors (~65%<sup>2</sup>)**
  - Recent evidence suggests that **titre levels drop slower than we had originally thought** (~1 level every three weeks), thus the importance of retaining donors
  - A very small proportion of people who have had COVID-19 will currently have high titre levels. However, **repeat donors now deliver the majority of our HT units collected** (~65% of total HT units), which is why we need to focus our energies on improving retention

## Short-term focus

- For the short term (next ~4 weeks), **there will be very few new donors** coming through our doors due to low levels of infection; this has resulted in a lower number of donation appointments in recent weeks and has allowed us to lend some capacity to whole blood collection without impacting our ability to collect from our active donor base
- We are using this time to prepare for a possible second wave: build a robust retention engine, book media campaigns and build partnerships, ensuring that **in a second wave scenario we are filling available slot capacity with the highest quality donors**

## Medium-term focus

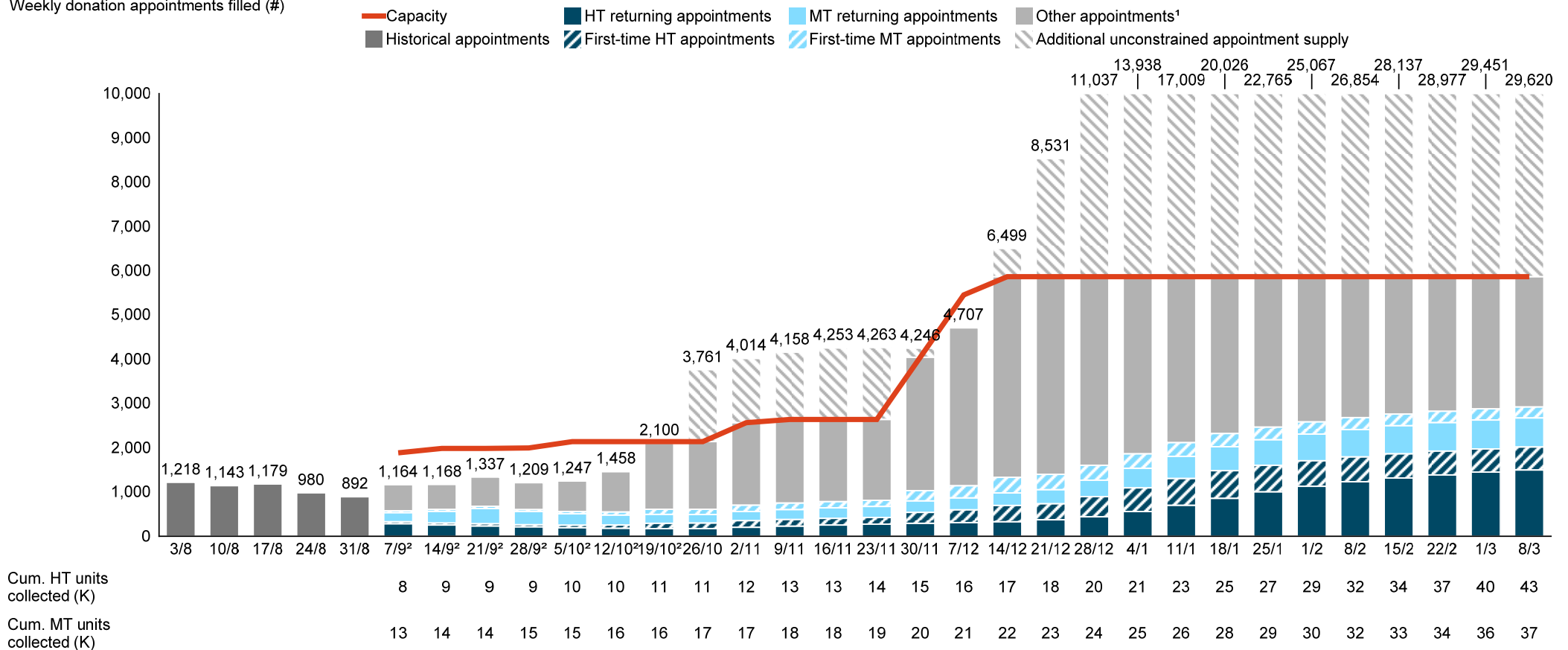
- Looking ahead, given the uncertainty of a future wave, we have developed a series of forecast scenarios and will **proactively deploy our marketing spend in reaction to latest trends and local infection spikes**, balancing investment to ensure we garner public interest at the right moments

Notes: (1) Excludes ~16% of HT donors that are ineligible to rebook (2) For w/c 20/07-24/08

# SAGE RWC: growth in available donor pool surpasses capacity before the end of the year

## / SCENARIO 3: REASONABLE WORST CASE

Weekly donation appointments filled (#)



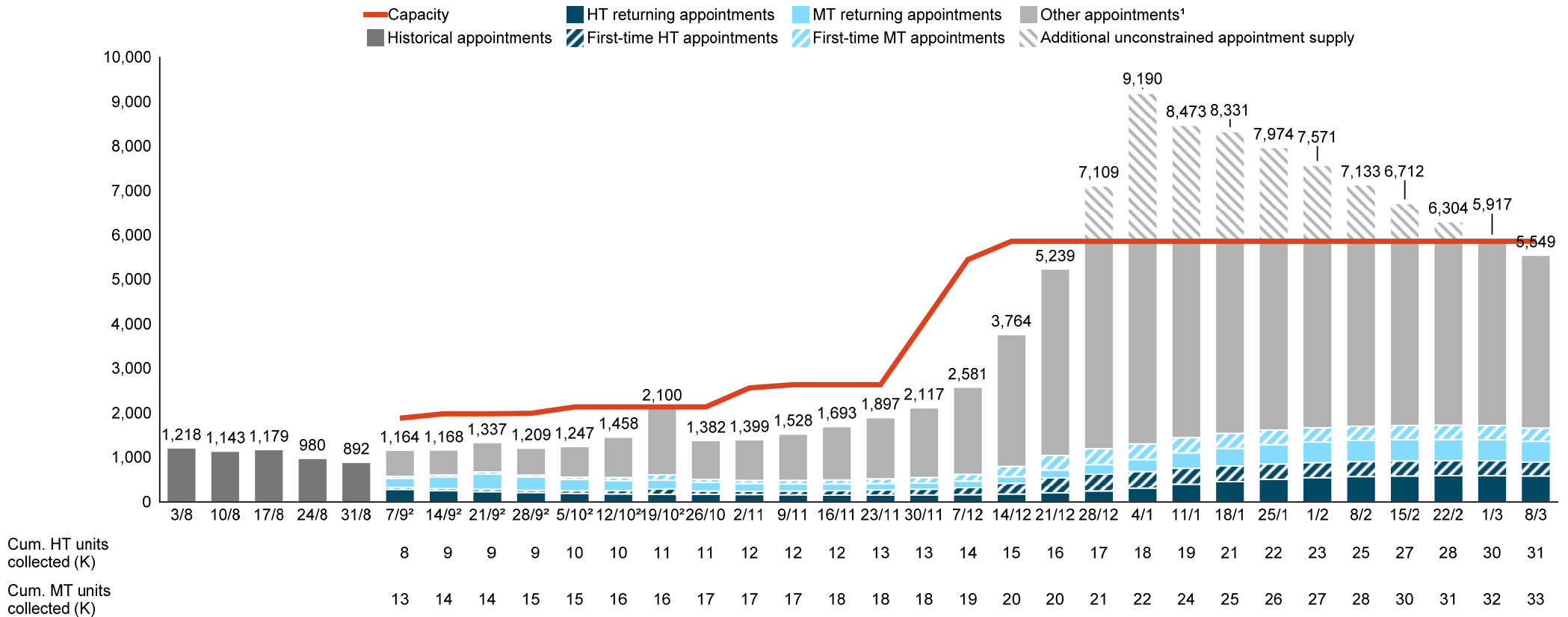
(1) Other appointments made up of first-time donors that are not confirmed as H/MT (due to DNA, deferral, wastage, low/neg titre levels) (2) Based on recorded case data (6 week lag to donors becoming available)

Note: Capacity target includes loans to WB in Sept & Oct; excludes sample-first pathway (SF confirmed HT/MT donors classified as returning donors); assumption that rate of HT donor confirmed per new booking increases from ~7% to ~14% in Q1'21

# SAGE Winter resurgence: supply exceeds capacity by Q1 '21

## / SCENARIO 2: WINTER RESURGENCE

Weekly donation appointments filled (#)

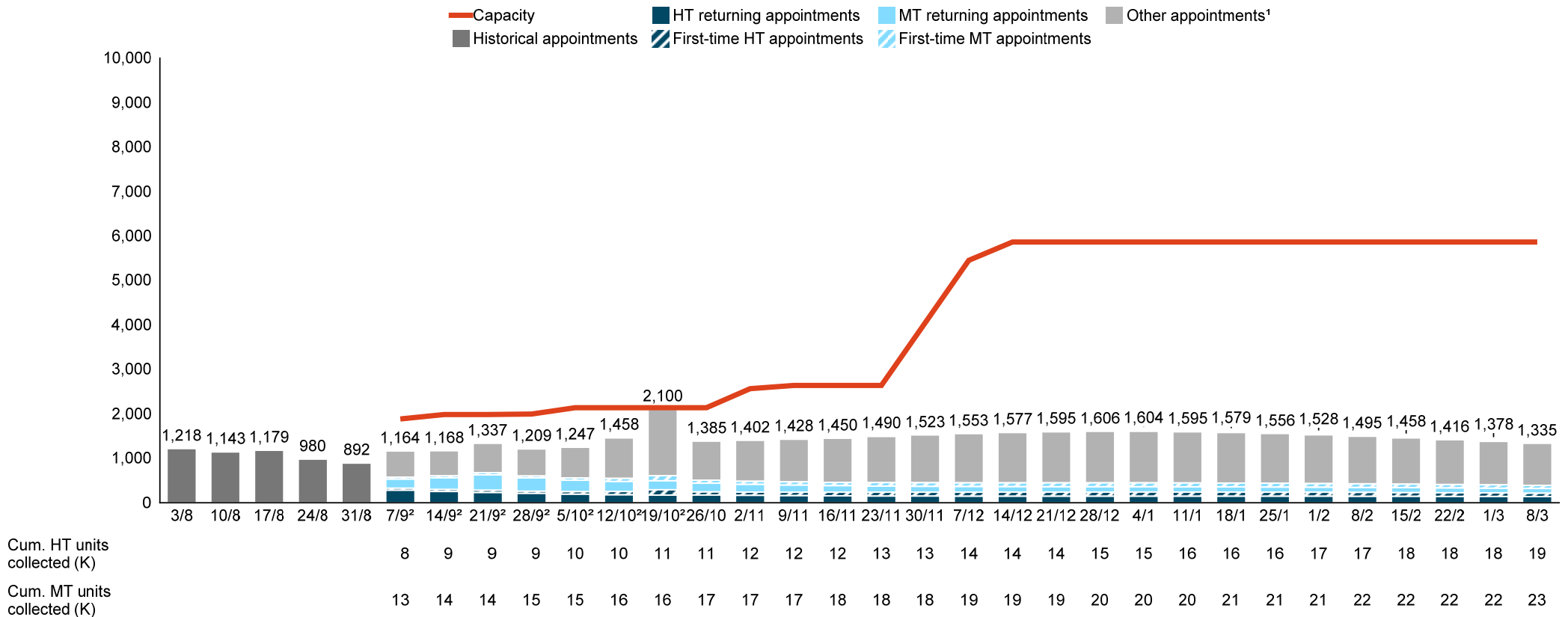


(1) Other appointments made up of first-time donors that are not confirmed as H/MT (due to DNA, deferral, wastage, low/neg titre levels) (2) Based on recorded case data (6 week lag to donors becoming available)  
 Note: Planned capacity target includes loaned capacity to WB in Sept & Oct; excludes sample-first pathway (sample-first confirmed HT/MT donors classified as returning donors)

# SAGE Low incidence: reduced case rates limit volume of available donors, scaled appointment capacity not filled

## / SCENARIO 1: LOW INCIDENCE

Weekly donation appointments filled (#)



(1) Other appointments made up of first-time donors that are not confirmed as H/MT (due to DNA, deferral, wastage, low/neg titre levels) (2) Based on recorded case data (6 week lag to donors becoming available)  
Note: Planned capacity target includes loaned capacity to WB in Sept & Oct; excludes sample-first pathway (sample-first confirmed HT/MT donors classified as returning donors)

# Acquisition: Birmingham mosques pilot

- Activation **11<sup>th</sup> - 25<sup>th</sup>** September
- Engaging **25** high profile Birmingham mosques with combined reach **+1m** British Muslims
- Co-created campaign, with ownership and buy-in from participating mosques
- Each mosque to record **short videos** – Imam sharing message about plasma donation or a person that has registered to donate encouraging others
- Quoting the Qur'an “**Whoever saves one life, it is as if he saved all of humanity...**”
- **#mosquesplasmadrive**





# NHS Engagement

Five key objectives:

**1**

Increasing recruitment of NHS staff to donate plasma

**2**

Increasing NHS advocacy to patients and public

**3**

Increasing access to tested patient data

**4**

Integrating plasma donation into patient journey

**5**

Increasing clinical support for plasma programme

# 1. Increasing recruitment of NHS staff to donate plasma

Key actions completed to date: c260 NHS organisations engaged to date



## Hospitals:

**Letter to all NHS Trust CMOs:** personal letter from Gail Milfin asking for support to recruit staff donate plasma (end of August)

**NHS Hospitals, community Trusts, ambulance trusts, and CCGs comms teams** provided with toolkit of assets to plasma donation to staff

**Trust CEOs** near DCs approached with request for support and toolkit.

**170 trial hospital research teams** provided with toolkit to promote to their staff

In-depth pilots: outreach to Barts and other Trusts to do in-depth recruitment drive



## Other NHS:

**NHS clinician** contacts provided with recruitment toolkit including SNODS, Transfusion labs, consultants and chairs of hospital transfusion committees

**Email to all GP practices, Local Medical Councils and GP federations** in radius of Donor Centres encouraging them to donate plasma (6 weeks ago)

NHS Workforce COVID App: push messages asking for donors

NHS regional testing team: requests to staff members to donate plasma



## National bodies:

**National bodies:** NHSEI, NHSD, NHS Confederation, NHS property, NHS Employers, PHE, DHSC , NHSBT contacted and promoting plasma through internal channels.

**NHS ALBs:** comms contacts briefed and provided with toolkit of assets

**Royal Colleges:** comms contacts briefed and provided with toolkit assets

**PHE Campaign resource centre:** toolkit of resources with reach to large number of NHS, pharmacy and GP contacts

**NHS Unions:** engaged and provided with comms toolkit



## Engaging and supporting NHS staff:

**NHS donors prioritised by call centre** to ensure they are booked in

**National news coverage and social media** content prominently featuring case studies of NHS donors to create social norm

## Asks to support our next steps



**CMO/DCMO** promoting plasma donation to NHS staff e.g. letter to all NHS trusts/ GPs



**Trust CEOs** actively promoting plasma donation to staff



**Plasma donation included in HR information for staff in NHS Trusts**



**Can staff be given paid time off to donate plasma?**



**Can this be mandated for those who have had COVID-19?**



**Data list of private suppliers of front line support staff**



**Data lists for contacts within NHS across England.**



**Dentists:** support to engage and recruit dentists who are at high risk

## 2. Increasing NHS/system advocacy to patients and public **NHS** Blood and Transplant

Key actions completed to date: c260 NHS organisations engaged to date



### Hospitals:

**Letter to all NHS Trust CMOs:** personal letter from Gail Milfin asking for support (August)

**NHS Hospitals, community Trusts, ambulance trusts and CCGs comms teams** provided with toolkit of assets to promote plasma donation, extra focus on areas with higher infection rates

**170 trial hospital research teams** provided with toolkit

**Leaflets available for free** to all NHS Trusts



### Other NHS:

**NHS clinician** contacts provided with recruitment toolkit including SNODS, Transfusion labs, consultants and chairs of hospital transfusion committees

**Email to all GP practices, Local Medical Councils and GP federations** in radius of Donor Centres (6 weeks ago)

**Asian plasma recruitment toolkit** provided to clinicians to use for community engagement e.g. places of worship

**Webinars** with NBTC and wider clinical community

**Briefings** on media messaging for key clinicians



### National bodies:

**Plasma donation** facilitated for the SoS

NHSEI, NHSD, NHS Confederation, NHS property, NHS Employers, PHE, DHSC, NICE, NHSBT etc contacted and promoting plasma through owned channels and stakeholder updates

**NHS ALBs:** comms contacts briefed and provided with toolkit of assets

**Asian doctors groups:** BAPIO, BIDA, BIMA, Muslim Doctors contacted with assets for clinicians to share in their communities.

**Royal Colleges:** comms contacts briefed and provided with toolkit assets

**PHE Campaign resource centre/NHSBT hub:** toolkit of resources with reach to large number of NHS, pharmacy and GP contacts

**All MPs and Local Authorities** engaged and provided with comms toolkit in proximity of Donor Centres



### Engaging and supporting NHS staff:

**Blood donor base:** direct contact to recruit plasma donors

### Asks to support our next steps



**Pharmacy multiples and professional bodies:** engage and create toolkit to promote plasma donation to customers



**Dentists:** engage and create toolkit promoting plasma donation to patients



**Directors of Public Health:** we are starting to outreach to local DPHs to explore how we can build plasma donation messaging into local test and trace efforts; and built bespoke toolkits for Local Authorities.



**Recipients:** Request to NHS trusts to share recipient stories which can be used in campaigns.



**NHSE:** senior direction for trusts to support.

### 3. Increasing access to tested patient data

#### Key actions completed to date:



**Pillar 1:** regular tested patient data from NHSD



**Pillar 2:** regular tested patient data NHSD and texts to people after recovery with donation link



**Pillar 3:** contact data poor. Ongoing conversations with PHE/NHSD



**GP data:** GP data – agreement to receive patient contact details for those who are recorded as having had COVID-19



**Zoe App:** weekly messages are being sent to symptomatic users of the app

#### Asks to support our next steps



**Social care testing:** we need to build consent to contact people and messaging into this testing programme. Initial conversation with Tom Fowler this week who has emailed colleagues.



**Operation Moonshot:** we need to build consent to contact people and messaging into this testing programme, for example leaflets in with the test kit. Initial conversation with Tom Fowler this week who has emailed colleagues.



**Consent to contact patients for pillar 1/2:** explore getting consent built into testing process; and additional information on plasma given to patients at point of testing/results. Ensuring that this does not negatively affect the 84% consent rate we have achieved to date



**Pillar 4:** contact at DHSC to explore any untapped potential to access data



**Pillar 1 and 2 Wording:** Explore potential for changes to the legal wording which we currently must use to start any call using NHSD supplied data



**Whole of market private testing mapping** so that we can integrate plasma messaging

## 4. Integrating plasma donation into patient journey

### Key actions completed to date:



**Links on key COVID websites:** Nhs.uk; gov.uk, YourCOVIDRecovery.nhs.uk (these are driving high value traffic to registration from); NIHR; NHS Employers; some trusts.



**DWP Isolation Note:** Agreement for online journey to be updated with plasma donation information.



**NHS App:** Agreement to push plasma message in September.

### Asks to support our next steps



**Test and trace / 119:** opportunities to enhance plasma messaging in these channels



**Guidance:** Including plasma information on NHS pages aimed at people exploring information around such as the self isolation and test and trace pages at nhs.uk



**Links:** All trusts asked to add plasma donation link to their coronavirus website pages.



**GP texts:** Support to include plasma donation information in GP practice texts.



**GOV.UK:** Including plasma donation on website page on stay at home guidance.



**Volunteer responders:** Support to include plasma donation information in services provided by NHS Volunteer Responders



**NHS Employers support guidance:** Seek inclusion of plasma donation on their website support page



Approach the **UCL Virus Watch** programme for support with tested participants

## 5. Increasing clinical support for the plasma programme

### Key actions completed to date:



#### Hospitals:

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**Asian plasma recruitment toolkit** provided to clinicians to use for community engagement e.g. places of worship

**Webinars** with NBTC and wider clinical community

**Clinical articles and blogs** for NHSD, NHSE, NHS Confederation and BBTS



#### National bodies:

NHSEI, NHSD, NHS Confederation, NHS property, NHS Employers, PHE, DHSC, NICE, NHSBT etc promoting plasma through owned channels and stakeholder updates.

### Asks to support our next steps



**GPs:** Including plasma donation information in the CKS.



**RECOVERY:** Support for hospitals to participate including the plasma arm.



**Discharge:** Embedding plasma donation into the patient discharge and follow-up care process.



**Guidance:** Plasma donation information in NHSE clinician information on COVID at [nhs.uk](https://www.nhs.uk)