

A rapid review of NHSBT's Convalescent Plasma Community Engagement Programme: Lessons for the Healthcare System



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Introduction

For many years now, NHS Blood and Transplant (NHSBT) have been working to increase the representation of Black and minority ethnic people in both blood and organ donation. According to their own figures, only around 5% of current blood donors are from these communities, despite the fact that Black and minority ethnic people make up around 14% of the population. Delivering parity of donations is important because those needing blood transfusions require donations closely matched to their own. Moreover, there are a number of blood conditions, such as sickle cell disease, that are treated through blood transfusions, and are known to disproportionately affect some Black and minority ethnic communities.

In 2020, the Department of Health and Social Care (DHSC) commissioned NHSBT to collect convalescent plasma from recovered COVID-19 patients to support two medical trials - RECOVERY and REMAP-CAP¹. The trials tested whether the transfusion of convalescent plasma from people who have already recovered from COVID-19 could be used to support the treatment of hospitalised patients.

Analysis found that key clinical and demographic indicators correlated with a donor's likelihood of having the antibodies required: if donors had been hospitalised, were male, or were of Black African, Caribbean or Asian ethnicity. Therefore, NHSBT implemented a strategy to increase donations within this group: the 'Convalescent Plasma Community Engagement Programme'. Driven in part by the urgency created by the pandemic, the programme reached a large number of people in a short time and has the potential to inform future efforts around engaging diverse communities.

Effective community engagement is core not only to the success for programmes like this but should become the norm wherever healthcare leaders took to improve the health of their local populations. With the NHS soon to go through yet another restructure, this time putting more power into the hands of localised care systems, there has never been a better time to focus attention on how we are engaging with the many diverse communities across the country.

This report seeks to explore the effectiveness of the programme, to summarise the strengths of the approach, and to draw together recommendations for future work, both for NHSBT's own engagement, and for the broader health and care sector.

¹ <https://www.nhsbt.nhs.uk/covid-19-research/research-and-trials/plasma-trials/>

Objectives

This rapid review examines NHSBT's Convalescent Plasma Community Engagement Programme and offers recommendations to NHSBT and the wider health system on how to improve health engagement with Black and ethnic minority communities.

The review had four objectives:

- To review, capture and summarise the success and learnings from NHSBT's work on community engagement, including a review of the effectiveness of communication materials and the extent of the programme's success in engaging and motivating priority donor segments.
- To gather views on the programme from key stakeholders including active Black and minority ethnic donors engaged through the process; the partners that have supported engagement (hospitals, GPs, community care groups); and community engagement teams.
- To make recommendations on long-term opportunities presented in the course of this programme, including recommendations aimed at achieving NHSBT's broader objectives of improving altruistic donation among priority donor segments.
- To make further recommendations on any newly identified areas of opportunity in the integration of community engagement across NHS bodies and with local community care.
- To promote and socialise these recommendations for maximum impact to service users.

Methodology

The NHS Race and Health Observatory's rapid review of the convalescent plasma Community Engagement Programme adopted the following research methodology:

1. A review of the existing literature on the barriers to altruistic blood, organ and plasma donation within Black and minority ethnic communities.
2. A review of the Community Engagement Programme initiation documentation and communications toolkits
3. Virtual interviews with:
 - NHSBT national staff (n=24)
 - Senior leaders within faith institutions that supported NHSBT during the Community Engagement Programme (n=10).

4. Visits to Stratford and Tottenham donor centres to conduct face to face interviews with:

- NHSBT donor centre staff (n=16).
- Convalescent plasma donors (n=15).

5. Surveys of:

- Individuals from Black and ethnic minority backgrounds who engaged with NHSBT during the Community Engagement Programme (n=235).
- GP Practices that supported NHSBT during the Community Engagement Programme (n=9).

The Convalescent Plasma Community Engagement Programme Campaign Review

During the COVID-19 pandemic, NHS Blood and Transplant (NHSBT) supported two medical trials - RECOVERY and REMAP-CAP² - by collecting convalescent plasma from recovered COVID-19 patients. The trials aimed to test whether the transfusion of convalescent plasma from people who have already recovered from COVID-19 could be used to support the treatment of hospitalised patients. Data gathered during this work found that Black African, Caribbean and Asian groups had a higher likelihood of having the relevant antibodies in their blood. To increase donations among this group, NHSBT implemented a strategy to increase donations within this group: the 'Convalescent Plasma Community Engagement Programme'.

The programme was defined, delivered, and mobilised within six weeks during December 2020 and January 2021, establishing a national team of 60 NHSBT ambassadors. The strategy was tightly focused on regions with the highest numbers of hospitalised patients and ambassadors worked with key stakeholders to be the voice of NHSBT and amplify the message through their channels.

NHSBT's primary focus was collaboration with primary and secondary care, however, due to the reticence patients can feel at discharge from hospital, the strategy sought to engage potential donors in the community, and NHSBT established relationships with religious community organisations to co-produce bespoke hyper-local engagement campaigns.

In total, , NHSBT's work, including the Community Engagement Programme, resulted in the collection of 55,192 units of convalescent plasma donations at 42 donor centres across the country. However, trial results showed that the transfusion of convalescent plasma did not improve clinical outcomes in hospitalised patients^{3,4,5} and NHSBT ceased collection of convalescent plasma at the direction of DHSC in March 2021."

² <https://www.nhsbt.nhs.uk/covid-19-research/research-and-trials/plasma-trials/>

³ Convalescent Plasma for Covid-19 [Internet] remapcap.org. 2021 [cited: 21st May 2021].

⁴ Recovery Collaborative Group, "Convalescent plasma in patients admitted to hospital with COVID-19 (RECOVERY): a randomised controlled, open-label, platform trial" Lancet 2021

⁵ Convalescent Plasma for Covid-19 [Internet] remapcap.org. 2021 [cited: 21st May 2021].

However, the effectiveness of the process led NHSBT to continue the Community Engagement Programme to collect plasma for medicines instead. Despite its changing aims, important lessons can be drawn from NHSBT's approach to collecting convalescent plasma donations from the UK's Black and minority ethnic population.

Co-produced bespoke engagement campaigns

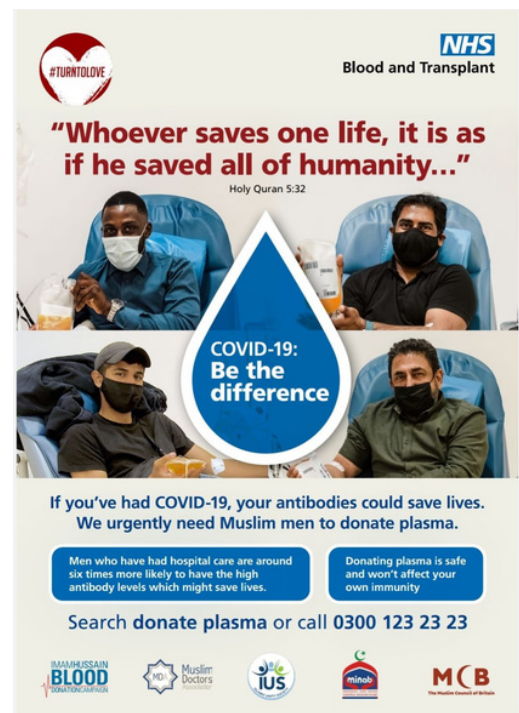
A core component of NHSBT's approach during the Community Engagement Programme was the mobilisation of a 'Faith and Beliefs' team dedicated to establishing relationships with faith organisations and co-producing bespoke local engagement campaigns. The team collaborated with a combination of 10 Islamic, Sikh, Hindu and Jewish organisations to develop culturally specific communication toolkits and distribute these materials via their communications channels.

Case study: Turn to love partnership

The Turn to Love Partnership is a collection of Islamic faith organisations that collaborated with NHSBT on a drive to increase convalescent plasma donations within Muslim communities.

Together, NHSBT and the Turn to Love partnership developed social media collateral and promotional videos that were available in both Urdu and English. All campaign assets featured the line from the Holy Quran (5:32), "Whoever saves one life, it is as if he saved all of humanity...". A decision well received by the Islamic faith leaders and described by Mustafa Khan, Coordinator of the Imam Hussain Blood Donation Campaign within the Islamic Unity Society, as 'bold'. Mustafa Khan also wrote:

"Your collaboration efforts with us were truly a breath of fresh air. I hope to use this experience as a case study and seek to get it rolled out more widely within NHSBT & its partners"

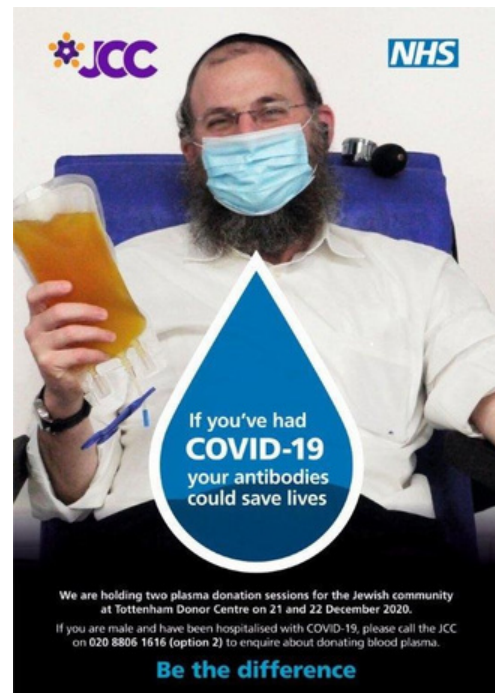


Social Media promotional material from the Turn to Love Partnership campaign

Similarly, the Faiths and Beliefs team co-produced promotional materials with the Jewish Community Council in London for a bespoke donation event for Jewish communities in Tottenham donor centre and partnered with Hindu and Sikh faith organisations for the 'South Asian Appeal' campaign.

Although the Convalescent Plasma Community Engagement Programme ended before the South Asian Appeal was launched, NHSBT's collaboration with faith organisations was similarly well received by this group. Speaker, mentor and educator Sanjiv Patel, who supported NHSBT in the South Asian appeal, stated in an interview:

“This model of developing a bespoke toolkit has to be followed consistently across NHSBT, because it gives more ownership to the communities”.



A poster from the Jewish Community Council Plasma Drive in London event 21st December- 22nd December

Recommendation 1: NHSBT should sustain and develop their approach to engaging with Black, and minority ethnic communities and ensure any campaigns aimed at these groups are bespoke and produced in collaboration with leaders from these communities.

Local community investment

NHSBT relied on the good will of the faith organisations that supported them during the Convalescent Plasma Community Engagement Programme. When interviewed, a number of the leaders within these organisations stated they were primarily willing to help as a result of the severity of the COVID-19 pandemic. However, if NHSBT is to improve donations amongst Black and minority ethnic communities in future, relying on the voluntary efforts of local community and religious organisations is not a sustainable approach. As Kirit Mistry, Director of the Health Portfolio at the Hindu Council UK & chair & founder of South Asian Health Action charity stated,

“Because I suffered with COVID-19, I wanted to help as south Asian patients were not coming forward to donate Convalescent Plasma. But in future, why should I give you my networks, time and energy without being compensated as organisations are funded to deliver these projects.”

Rajnish Kashyap, Secretary General of the Hindu Council UK further emphasised the importance of remuneration to faith organisations:

“Donating and giving us grants goes a long way. It’s about valuing our importance and appreciating our work. It is a small investment that the NHS will be able to reap rewards from in lives saved.”

NHSBT currently operates a ‘Community Investment Scheme’, which funds community and faith organisations that support them in encouraging blood and organ donation within Black and minority ethnic communities.

Recommendation 2: NHSBT should build upon the success of the Community Investment Scheme and extend this practice across blood and plasma engagement campaigns, investing in charitable and religious organisations who actively support them in raising awareness of blood and plasma donations..

Language barriers

To ensure their Faith and Beliefs campaigns were widely accessible, NHSBT made communications toolkits for the Turn to Love Campaign, South Asian Appeal, and JCC Plasma Drive London available in Urdu, Gujarati and Hebrew respectively. However, this approach was not sustained across the entire programme. Due to the pace of the programme, all communications materials distributed within hospitals and GP’s were written in English, as was the donation process from web registration to the donor health checks. This resulted in a loss of potential convalescent plasma donors from Black and minority ethnic backgrounds. One donor recruiter stated:

“I was turned away by a GP who said I won’t get any buy in because many people in the area cannot speak English. They asked if posters could be published in different Asian languages.”

Another donor recruiter commented in an interview:

“During health checks, donor centre managers were having to turn people away as they could not understand English and this posed too much risk. We lost a huge percentage of the population that we really needed. It was the one crucial thing NHSBT missed out on”

NHSBT should build on their experience within blood donation and ensure their engagement processes are tailored and accessible for individuals from Black and minority ethnic backgrounds who do not speak English. As suggested by Sanjiv Patel, a virtual translation service agency could be a viable option:

“There was nobody who spoke Gujarati or Hindi in the donor centre. That would be useful to have when you’re looking for Black and ethnic minority donors. The translator doesn’t have to physically be in the centre, if the last year has proved anything it is that we can work remotely”

Recommendation 3: NHSBT should ensure their engagement campaigns and donation processes are tailored and accessible for individuals from Black and minority ethnic backgrounds who do not speak English, as they do in other areas of their work. This will ensure it does not forego opportunities to collect lifesaving blood and plasma from Black and minority ethnic communities.

The donor experience

On 27th April 2021, the NHS Race and Health Observatory distributed a survey to individuals from Black and ethnic minority backgrounds who had engaged with NHSBT during the Community Engagement Programme. The survey received 235 responses, and 149 of those were from individuals who had donated convalescent plasma.

Survey respondents described an overwhelmingly positive convalescent plasma donation experience:

- 99% of respondents stated that when registering to donate, NHSBT were respectful and inclusive towards them (See appendix A).
- 95% of respondents stated that prior to donating, NHSBT kept them informed and updated in an appropriate and inclusive way (See appendix B).
- 95% of respondents stated their donation experience was culturally inclusive (See appendix C).
- 92% of respondents stated they strongly agreed or agreed with the statement ‘NHSBT donor centre staff were warm, welcoming and friendly’ (See appendix D).
- 94% of respondents described their donor centre experience as ‘Very Good’ or Good’ (See appendix E).

While these numbers are positive, it is important to be mindful of potential sampling bias in these findings. Survey respondents were those who felt able and willing to donate in the first place. Especially underserved communities, including people who don't speak English, will likely not have responded to the survey and their views have not been captured. However, in a healthcare system where Black and minority ethnic communities typically suffer worse health outcomes, and report poorer experiences than White service users⁶, it is encouraging to see reports of positive experiences described by Black and minority ethnic convalescent plasma donors.

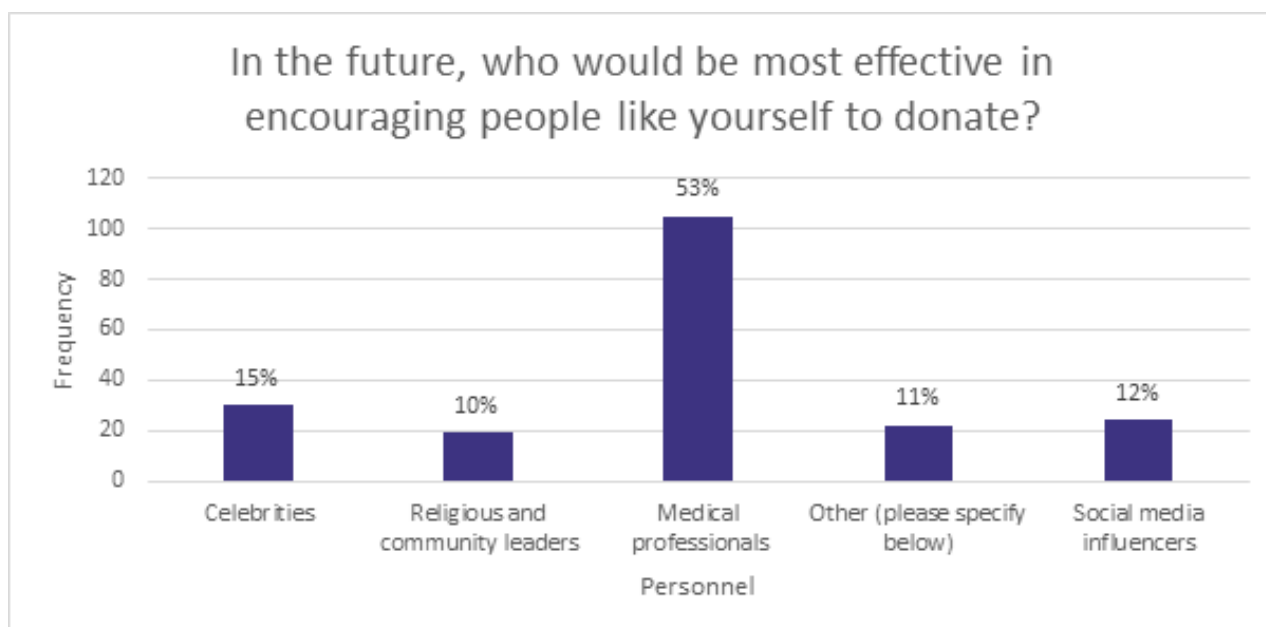
⁶Byrne, Bridget, et al. Ethnicity, Race and Inequality in the UK: State of the Nation. Policy press, 2020.

In visiting Stratford and Tottenham donor centres during this research, the warm, welcoming environment created by donor centre staff was clear to see.

Recommendation 4: NHSBT should continue to seek feedback from Black and minority ethnic donors on how to enhance the donor experience, in order that future donors are encouraged to recommend donation as a valuable opportunity to their friends and family.

Future marketing opportunities

Survey respondents also highlighted potential new marketing opportunities for NHSBT. When asked, “In the future, who would be most effective in encouraging people like yourself to donate?” 52.5% of respondents selected ‘Medical professionals’.



A central component of NHSBT’s approach was outreach with primary and secondary care, a factor that may explain the high frequency of this response. Nevertheless, it is clear that NHSBT should commit to deeper collaboration with medical professionals, medical associations, influencers, and professional bodies to raise awareness and encourage people from under-represented backgrounds to donate blood and plasma. NHSBT should continue to collaborate with faith and community organisations in engagement campaigns, but communications materials and social media collateral distributed through their channels should feature medical professionals where appropriate.

The survey question “Where would you like to see NHSBT advertise future blood and plasma donation opportunities?” also identified areas for NHSBT to promote donation opportunities. The five most popular responses were ‘Social media’, ‘Internet (web advertising)’, ‘TV and Radio’, ‘Workplaces’ and ‘Community centres or places of worships’, all of which were within NHSBT’s Convalescent Plasma Community Engagement Programme engagement approach. ‘Universities’ was also a popular survey response.

Recommendation 5: NHSBT should build on their successes to date and commit to a deeper collaboration with medical associations, influencers, and professional bodies to raise awareness and encourage people from these backgrounds to donate blood and plasma.

Recommendation 6: NHSBT, working with the Department for Education, should continue and build upon the success they have had to date collaborating with universities and should promote donation awareness opportunities within universities with high numbers of Black and minority ethnic students.

NHSBT Staff

The diversity of the staff NHSBT hired for the Community Engagement Programme was evidence that the NHSBT candidate sourcing and recruitment process was inclusive. The Faith and Beliefs team consisted of three South Asian females with theological expertise and local links to religious community organisations. Similarly, the donor recruiters, considered the ‘feet on the ground’ during the Community Engagement Programme, were from a wide range of diverse backgrounds and brought their local knowledge and networks to their roles. The enthusiasm and passion of the donor recruiters was apparent during interviews. Hiring individuals with clear knowledge and familiarity of religions and communities helped with the task, and this was underpinned by their local knowledge, thereby improving trust and confidence to support the programme.

Case study: City central mosque, Stoke

On Friday 5TH March 2021 NHSBT donor Recruiter, Lisa Cresswell attended Jummah at City Central Mosque, Stoke, to raise awareness of the need for convalescent plasma donors. Mosque Chairman of City Central Mosque, Amjid Wazir, stated that:

“Lisa was very respectful and received the same respect back. People were happy she was there; her presence was well received.”

In an interview, Lisa stated that prior to engaging with diverse communities, “you’ve got to do your homework” and she praised the Faiths and Beliefs team for the consistent support and advice they provided to donor recruiters on how to best engage with different Black and minority ethnic communities.



Recommendation 7: NHSBT should build upon the ‘Inclusive Language Guide’ offer and ensure that there are safe and open spaces for all staff to hold frank but respectful discussions, so individuals are comfortable raising donation questions regarding race, misconceptions and health inequalities without censure.

Summary of recommendations

1. NHSBT should sustain and develop their approach to engaging with Black and minority ethnic communities and ensure any campaigns aimed at these groups are bespoke and produced in collaboration with leaders from within diverse communities.
2. NHSBT should build upon the success of the Community Investment Scheme and extend this practice across blood and plasma engagement campaigns, investing in charitable and religious organisations who actively support them in raising awareness of blood and plasma donations.
3. NHSBT should ensure their engagement campaigns and donation processes are tailored and accessible for individuals from Black and minority ethnic backgrounds who do not speak English, as they do in other areas of their work. This will ensure it does not forego opportunities to collect lifesaving blood and plasma from Black and minority ethnic communities.
4. NHSBT should continue to seek feedback from Black and minority ethnic donors on how to enhance their donor experience, so they are encouraged to recommend donation as a valuable opportunity to their friends and family.
5. NHSBT should build on their successes to date and commit to a deeper collaboration with medical associations, influencers, and professional bodies to raise awareness and encourage people from these backgrounds to donate blood and plasma
6. NHSBT, working with the Department for Education, should continue and build upon the success they have had to date collaborating with universities and should promote donation awareness opportunities within universities with high numbers of Black and minority ethnic students.
7. NHSBT should build upon the ‘Inclusive Language Guide’ offer and ensure that there are safe and open spaces for all staff to hold frank but respectful discussions, so individuals are comfortable raising donation questions regarding race, misconceptions and health inequalities without censure.

In addition to the above, there are lessons to be learned for the broader health sector. The following are suggestions for engagement by the government and the wider healthcare system. Leading bodies can improve engagement by:

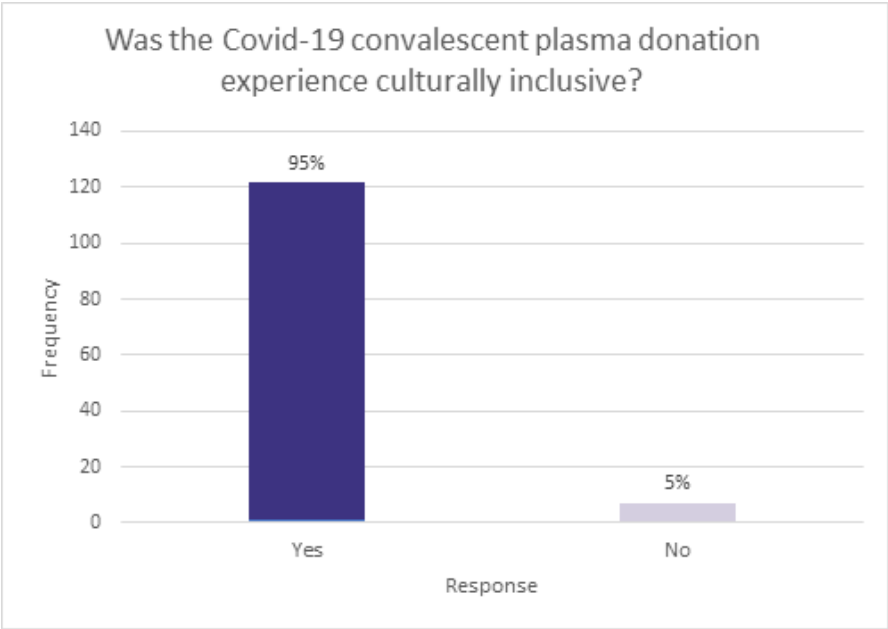
- ensuring health engagement campaigns aimed at Black and minority ethnic communities are bespoke and coproduced with leaders from within these communities.
- dedicating funding to local community and religious organisations who actively support them in engaging with Black and ethnic minority communities.
- ensuring health engagement campaigns are accessible for Black and ethnic minority communities who do not speak English as a first language.
- collaborating with medical professionals from Black and ethnic minority communities to encourage people from these communities to participate in their health initiatives.

Acknowledgements

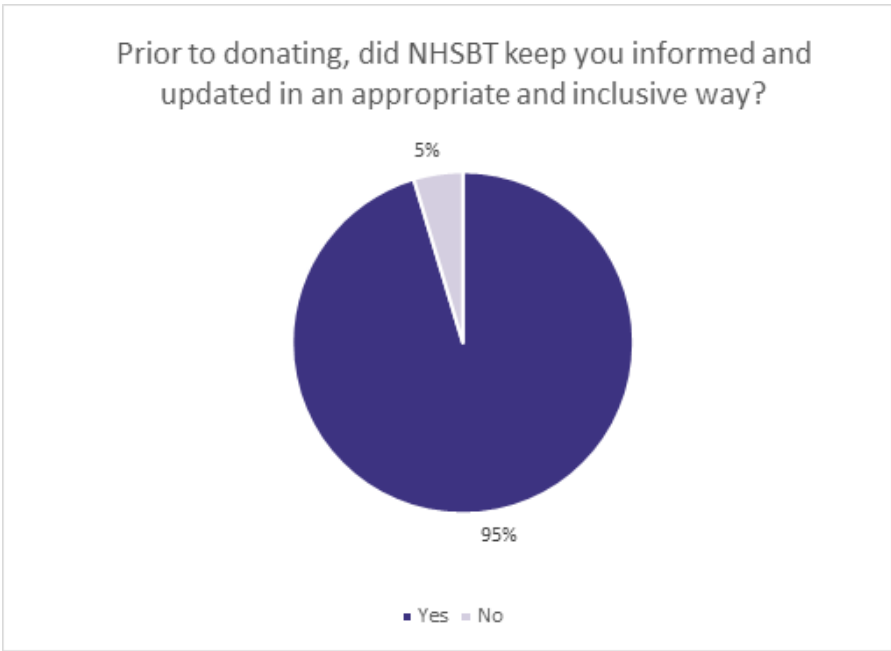
Tyler Thompson led on this research during his secondment with the NHS Race and Health Observatory. The NHS Race and Health Observatory would like to thank everyone who provided evidence for this research.

Appendices

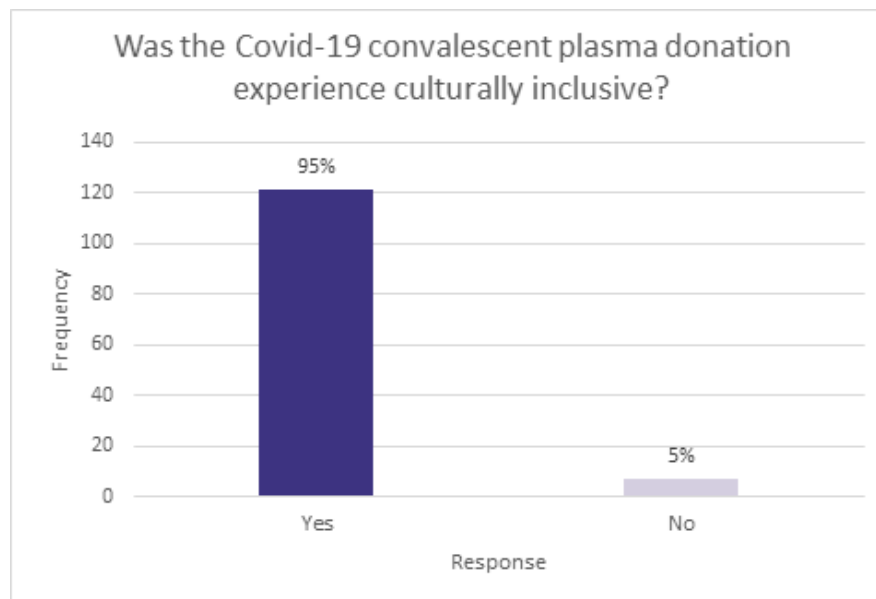
Appendix A: Survey responses to the question, “Was the Covid-19 convalescent plasma donation experience culturally inclusive?”



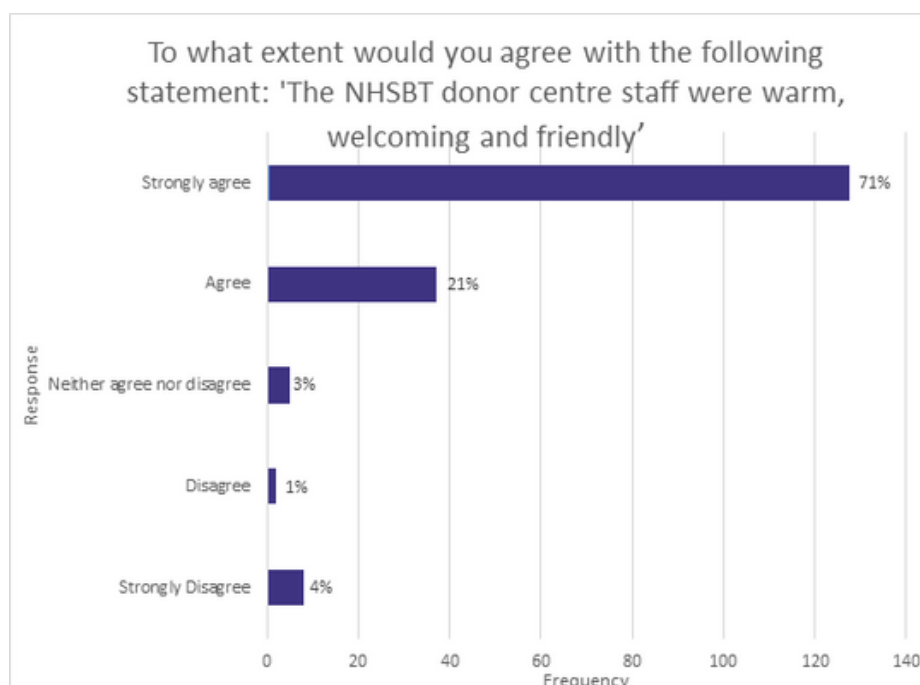
Appendix B: Survey responses to the question ‘Prior to donating, did NHSBT keep you informed and updated in an appropriate and inclusive way?’



Appendix C: Survey responses to the question “Was the Covid-19 convalescent plasma donation experience culturally inclusive?”



Appendix D: Survey responses to the question “To what extent would you agree with the following statement: 'The NHSBT donor centre staff were warm, welcoming and friendly'”



Appendix H: Survey responses to the question, “How would you rate your experiences at the donor centre?”

