

1	Date / title of meeting	28 May 2015 – Board meeting
2	Title of paper	Organ donation behaviour change strategy – allocation of funding for 2015/16
3	Status	Official and disclosable.
4	Tweet (max 140 characters)	Inspiring <b>Action, Conversation</b> and <b>Collaboration</b> to create a revolution in Organ Donation.
5	Executive Summary	<p>Outcome 1 in <i>Taking Organ Transplantation to 2020</i> aims to achieve world class consent/authorisation levels of over 80% by 2020. One of the actions to achieve this is the development of national strategies to promote a shift in behaviour and increase consent. The NHSBT Board approved the overarching organ donation behaviour change strategy in March 2014. The recommendations for action are based on experience and evidence of effective behaviour change initiatives in organ donation, eg Brazil, Scotland, Nottingham and in relation to other health issues, eg Change4Life and Stoptober.</p> <p>The behaviour change strategy sets out three objectives:</p> <ul style="list-style-type: none"> <li>• To increase the number of people on the ODR by at least 50% by 2020 (from a baseline of 20m in 2014), rebalancing it towards BAME groups, people who are older (50+) and from DE socio-economic groups</li> <li>• To stimulate conversations and debate about donation, particularly through leveraging the ODR as a marketing tool</li> <li>• To present donation as a benefit to families in the end-of-life and grieving process.</li> </ul> <p>Northern Ireland, Scotland and Wales all have campaigns in place and the implementation plan for the campaign in England was presented to the Board in July 2014. Cabinet Office approval for the campaign spend in England was secured in October 2014 and again in March 2015 for this financial year.</p> <p>Phase one of the campaign is designed to test a range of behaviour change interventions and is planned to run until 31 March 2016. It will enable us to develop an evidence base in England of what does or doesn't work and will inform planning for future activity by us and our partners and stakeholders helping us to leverage our limited resources by accessing their channels and audiences. The activity includes:</p> <ul style="list-style-type: none"> <li>• Developing content, assets and tools in line with research to address barriers to donation</li> <li>• Developing content to celebrate donors and their families, including making more of the Order of St. John</li> <li>• Developing a relationship management programme with those on the ODR, making more of the organ donor card and other symbols</li> <li>• Updating the education materials</li> <li>• Continually improving the website and aligning it with behaviour change objectives and audiences</li> <li>• Targeted acquisition of new registrants, through digital media and direct mail</li> <li>• Further establishing national partnerships</li> <li>• Increasing face-to-face and community engagement activities, particularly with 'hard to reach' groups</li> </ul>

		<ul style="list-style-type: none"> <li>Establishing local partnerships, particularly with premier league football clubs.</li> </ul> <p>Trials will be carried out in various parts of the country against a plan to test each intervention separately, all interventions working together and alongside other activity that could influence behaviour (e.g. SNOD role changes). The impact will be tracked on a quarterly basis against key performance indicators and used to inform further development of the campaign plan for 2016/17 onwards.</p> <p>Alongside this we continue to explore possible alternative funding options through fact-finding discussions with charities, NHS trusts and PHE where other income generation possibilities (e.g. licensing) have been explored, seeking to establish a sustainable approach for future organ donation campaigns.</p>
<b>6</b>	<b>Action requested</b>	Support the recommendation to allocate £1.2m from Grant in Aid funding to deliver the behaviour change interventions in England in 2015-16.
<b>7</b>	<b>Background and customer promise</b>	<p>On the surface, attitudes to organ donation are overwhelmingly positive but this does not translate into similar levels of positive action when faced with the decision to donate. About half the population have never discussed organ donation, with people in the DE socio-economic group less likely than ABs to have discussed it. 39% of those who believe they are on the ODR have never told anyone about their decision to donate. Donation remains a rare occurrence. Most people who have to make a donation decision will not have the benefit of knowing someone who has received or is waiting for an organ, nor a family who have donated. This makes it an unusual rather than a normal act and therefore a more difficult decision at a time of great distress.</p> <p>One of the 14 recommendations in the original ODTF report was to promote the 'gift of life' to the general public and specifically to the BME population. Research was carried out and the first nationwide campaign started in late 2009. The Coalition Government in 2010 halted spend on nearly all Government marketing activity and we were never able to follow through on this recommendation. The question therefore remains unanswered as to the impact sustained campaigning could have on increasing rates of donation. We have the opportunity this year to trial a range of activity to provide the necessary evidence to us, our stakeholders and partners as to whether this will help create the revolution in public behaviour called for in <i>Taking Organ Transplantation to 2020</i>.</p> <p>Without a change in public behaviour, and a campaign to help stimulate it, it will be necessary to revisit the aim to increase the consent/authorisation rate to above 80%.</p>
<b>8</b>	<b>Why is this important?</b>	With little change in consent rates over the last six years the behaviour change strategy has been developed based on quantitative and qualitative audience research and an extensive audit of past and current public health behaviour change activity at a regional, national and international level. The resulting behaviour change strategy is informed by evidence of measurable outcomes elsewhere and from the work that has been undertaken since the strategy was adopted in March 2014.

		<p>What is clear is that where there is <u>action</u> and <u>investment</u>, and the work can be evaluated, there are demonstrable results:</p> <ul style="list-style-type: none"> <li>• a fully-integrated programme of local activity in Nottingham generated an additional 14 consents in a 5 month period and 19 extra transplant recipients</li> <li>• an additional 963,235 sign ups, of which 191,611 were new registrants, from the DVLA golden page collaboration with the Behavioural Insight Team and the GDS</li> <li>• use of other Government owned channels including NHS Choices, European Health Insurance Card (working with NHS Business Services Authority), Government Digital Service (GDS) and Transport for London creating 11,440 sign ups and 1,430 new registrants.</li> </ul>																						
9	<b>Who else has been involved so far?</b>	<p>Internal: Executive Team, ODT SMT, Comms SMT.</p> <p>External: Sustainable Funding Group for Organ Donation and Transplantation.</p>																						
10	<b>Costs and benefits</b>	<p>The cost of the proposed pilot activity is set out below. The cost of the BAME activity is in the Communications Directorate baseline budget, it is included here as it is part of the England only programme.</p> <table border="1" data-bbox="475 958 1358 1597"> <thead> <tr> <th>Pilot</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td><b>England Only</b></td> <td></td> </tr> <tr> <td>BAME Outreach/Faith Action Plan</td> <td>£120,000.00</td> </tr> <tr> <td>Evaluation/Attitudinal/Research</td> <td>£100,000.00</td> </tr> <tr> <td>Relationship management/member get member. Organ donor re-carding trial</td> <td>£290,000.00</td> </tr> <tr> <td>Case study development</td> <td>£65,000.00</td> </tr> <tr> <td>Digital &amp; other targeted advertising</td> <td>£300,000.00</td> </tr> <tr> <td>Education Materials</td> <td>£55,000.00</td> </tr> <tr> <td>Local assets and Hot House pilots</td> <td>£200,000.00</td> </tr> <tr> <td>Alternative symbols/cards/digital</td> <td>£30,000.00</td> </tr> <tr> <td><b>TOTAL (excl VAT)</b></td> <td><b>£1,160,000.00</b></td> </tr> </tbody> </table> <p>The additional budget required is £1.2m (including VAT).</p> <p>The aim of the pilot activity is to collect the evidence against which to base targets that can then be tracked on an ongoing basis. The ultimate aim is an increase in consent rates. The measurement tools will include the Potential Donor Audit; online panels and face-to-face qualitative surveys; print, broadcast and social media monitoring; Google analytics data; partnership and stakeholder tracking. The intermediate communications output targets for 2015/16 are:</p> <ul style="list-style-type: none"> <li>• 1.9m additional ODR registrants in 2015/16, from a baseline of 0.9m in 2014/15 , including appropriate balance from under-represented groups</li> <li>• A demonstrable difference in 'family conversations' about a 'Yes' organ donation decision in 'hot house pilot' areas vs. national average (based on</li> </ul>	Pilot	Cost	<b>England Only</b>		BAME Outreach/Faith Action Plan	£120,000.00	Evaluation/Attitudinal/Research	£100,000.00	Relationship management/member get member. Organ donor re-carding trial	£290,000.00	Case study development	£65,000.00	Digital & other targeted advertising	£300,000.00	Education Materials	£55,000.00	Local assets and Hot House pilots	£200,000.00	Alternative symbols/cards/digital	£30,000.00	<b>TOTAL (excl VAT)</b>	<b>£1,160,000.00</b>
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pre and post polling)

- A national improvement in ‘family conversations’ about a ‘Yes’ organ donation decision nationally (based on pre and post polling).

Part of the trial will include two hot house areas, Manchester and Leicester, where all interventions will work together. This will enable us to test and track the campaign outputs alongside consent rates to establish better evidence of cause and effect. The two areas have been chosen on the basis of donation committees able to lead local activity, population and demographics that match our target audiences and complementary workforce strategy initiatives.

Success for the hot house pilots lies in getting to the national average over a 1-2 year period. These cities and surrounding area cover a large population and also high potential donor numbers.

April - October 2014 data

Area hospital covers	no living in city	DBD consent rate	DCD consent rate	SHA % on ODR
Manchester	514,000	0%	60%	31%
Rotherham	257,000	100%	0%	31%
Salford	550,000	60%	67%	31%
Leicester	280,000	64%	47%	31%
Burton on Trent	360,000	33%	0%	31%
Nottingham	305,700	60%	42%	31%
Derby, South Derbyshire	248,700	100%	43%	31%
	2,515,400			
UK average		67%	55%	33%

The results of these trials will feed into the development of plans for 2016/17 and beyond and into the work of the Donor Behaviour Research Strategy Group which is proposing commissioning a behaviour change intervention study in organ donation in 2016/17.

These are ambitious targets on a low pilot budget, and success will depend on collaboration and action by our stakeholders, employees, the donation and transplantation community and our partners, including government.

**11 Significant next Actions**

1. Hot house pilot planning – April
2. National and local research to baseline KPIs – May
3. Roll out campaign identity – June
4. Stakeholder mapping and communications strategy – April
5. Build prototype content distribution hub – May
6. Re-design organ donation website (with new ODR options) – June
7. Launch education materials – June
8. Secure premiership partnership for 2015/16 season – June

<b>12</b>	<b>How does this impact on Equality and Diversity?</b>	The interventions detailed in the campaign plan directly link to objectives in the Single Equality Scheme to increase the volume of under-represented groups on the ODR (Over 50s and BAME).
<b>13</b>	<b>What is the impact on sustainability?</b>	None, there are no plans for an increase in printed materials, and the use of the digital Content Distribution Hub will likely decrease the spend on printed materials further.
<b>14</b>	<b>Employee impact?</b>	<p>The strategy requires action on behalf of society and individuals and employees will be key stakeholders in successful outcomes. We will be targeting participation in the strategy by employees as well as making use of existing and new programmes to do so (Shine, Donor Ambassadors).</p> <p>We also aim to learn from the local campaigning experience of the regional Blood marketing teams for use in developing the hot house pilots and the local marketing coordination required to deliver them.</p> <p>We aim to empower the chairs of the local donation committees to deliver campaigning activity through the strategy, there is likely to be an impact on SNODs, Regional Managers and in some cases CLODs in delivering community engagement.</p>
<b>15</b>	<b>Donor impact?</b>	<p>A positive impact is expected for donor families as we make more of their stories and recognise the gift that their loved one has given. We have a very strong recent example of this with the telling of Teddy's story.</p> <p>A positive impact is expected for registrants through easier access to registration through government transactions, an improved web experience and improved symbols of their intent to donate.</p>
<b>16</b>	<b>Taxpayer impact?</b>	The first phase of the England specific campaign activity is a cost per head of population of £0.02.
<b>17</b>	<b>Author</b>	Ceri Rose Assistant Director – Digital and Marketing
<b>18</b>	<b>Responsible Director</b>	Léonie Austin, Director of Communications Sally Johnson, Director of Organ Donation and Transplantation
<b>19</b>	<b>NED input</b>	
<b>20</b>	<b>Additional documents</b>  (available on request)	NHSBT Organ Donation Public Behaviour Change – Strategy – March 2014. Delivering behaviour change in organ donation – a campaign plan – 31 July 2014. Cabinet Office ERG Advertising, Marketing and Communications Request Form with detailed activity plan – March 2015.