NHS
Blood and Transplant

Board Meeting in Public

Monday, 18 May 2026

Title of Paper	Marketing, Communications and Engagement Organ Donation Strategy	**Agenda No.**	4.1
Nature of Paper	☒ Official	☐ Official Sensitive	
Author(s)	Holly Mason – Head of Marketing Helen Duggan – Assistant Director Marketing and Creative Services		
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Non-Executive Director Sponsor	N/A		
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Presented for	☒ Approval ☐ Assurance	☐ Information ☐ Update	
Is there a plan to communicate this to the organisation?	☐ Yes	☐ No	☒ Yet to be determined

Executive Summary

This paper sets out our five-year Marketing, Communications and Engagement Organ Donation strategy, developed in response to a critical and worsening challenge. The strategy is evidence-led and focused on the single most effective lever to increase consent: driving opt-in registrations on the NHS Organ Donor Register (ODR), which remains the strongest predictor of consent. Increasing opt-in registrations at scale is essential to saving lives and reducing health inequalities.

The strategy delivers a step-change from current delivery, proposing a new national-and-local model that focuses NHSBT's role on high-impact, mass-reach levers, while enabling partners to lead where trust, culture and context matter most. It shifts delivery from broad, fragmented activity to a focused, insight-led approach designed to drive scale, improve efficiency and convert intent into action, amongst those more likely to be donors. Two delivery phases are presented reflecting different levels of ambition and investment.

The Board is asked to approve the strategy and Phase 1 delivery which is within current funding. Phase 2 requires additional investment and will be progressed via the Spending Review process. The Board is asked to indicate its preferred Phase 2 option to inform this. Should there be appetite to accelerate delivery and impact, alternative internal NHSBT funding routes could be explored to enable earlier progression.

Previously Considered by

N/A

Recommendation

The board is asked to approve the strategy and phase 1 delivery.

Risk(s) identified (Link to Board Assurance Framework Risks)

P04- Donor Numbers and Diversity

Strategic Objective(s) this paper relates to:

☐ Collaborate with partners
☐ Modernise our operations
☐ Invest in people and culture
☒ Grow and diversify our donor base
☐ Drive innovation

Appendices:	Marketing, Communications and Engagement Organ Donation Strategy APPENDIX

1. Executive Summary and Decision Required

Organ donation is in an acute crisis. The waiting list is the highest it's ever been, one person dies every day waiting for an organ transplant and the consent rate remains static (c60%). Reversing this is critical to saving lives and reducing health inequalities.

Evidence shows that a recorded opt-in decision on the NHS Organ Donor Register (ODR) is the single strongest predictor of family consent at the point of potential donation. Increasing opt-in registrations at scale is therefore the most powerful lever within our control to support an increase in the consent rate.

This evidence-led five-year strategy is tightly focused on driving opt-ins at scale. It prioritises embedding organ donation into government online services, alongside community led engagement and campaign activity to increase intent and action. Activity prioritises those more likely to be donors, 50-69-year-olds, while deliberately over-representing Black and Asian communities.

To maximise impact, the strategy focuses NHSBT's leadership on national, mass-reach levers where scale delivers the greatest return, while enabling partners to lead engagement where trust, culture and local context are critical. This represents a shift from broad, fragmented delivery to a focused, insight-led approach designed to drive scale, improve efficiency, and convert intent into action where it matters most.

Two delivery phases are presented, based on different levels of investment.

- Phase 1 – The plan can deliver approximately 850k – 1m opt-in registrations per year within current funding
- Phase 2 – presents two delivery options. With additional investment, impact can be scaled to deliver approximately 8 million or up to 12.5 million opt-ins over five years, equivalent to around 75% of the UK adult population on the ODR.

It is estimated that 70% of the population on the ODR could result in an additional 220 actual donors delivering a financial benefit of £55 million per annum to the system, plus substantial added life years amounting to considerable further economic benefit[1].

Phase 1 represents a deliverable and impactful plan within current funding and is recommended for approval. To achieve the full transformation outlined, Phase 2 will require additional investment and is intended to be progressed through the next Spending Review process (timings TBC). The Board is asked to indicate its preferred Phase 2 option to inform this submission. Should there be a desire to accelerate delivery of Phase 2, alternative funding opportunities within NHSBT could be explored.

2. Context

Despite high public support for organ donation and the introduction of the opt-out system, outcomes have not improved. Consent rates have remained broadly static over the last few years, which has meant donor numbers have not kept pace with rising demand.

The opt-out system has not removed the need for explicit family consent and families do not view deemed consent as equal to a decision on the ODR. As a result, a decision on the ODR remains the strongest predictor of consent at the point of potential donation, with ~90% of families giving consent. This drops to below 50% if there is no decision recorded.

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[1] Modelling by DHSC, updated in 2025, shows estimated NHS savings of £0.25m per proceeding deceased organ donor. This is based on estimates that take account of all costs and benefits of addressing health conditions where organ transplantation is a definitive alternative therapy (e.g. kidney dialysis).

Increasing the proportion of the population with a decision recorded is therefore essential to improving consent rates.

While overall willingness to donate is high at 75%, firm commitment is significantly lower, and many of those most certain are already registered. Future growth depends on converting those who are less certain and prompting people who support in principle but have not yet acted.

3. Scale and health inequalities

Driving registration growth at scale is critical to reducing health inequalities. Black and Asian patients are over-represented on the transplant waiting list but under-represented as donors leading to inequalities in waiting time. Most patients are waiting for a kidney transplant and despite overall improvements in waiting times, Black patients are waiting three months longer and Asian patients four months longer than white patients[2].

The pool of eligible deceased donors from ethnic minority backgrounds is small and most deceased donor transplants are from white donors. Without increasing overall donor numbers, there is risk that inequalities will persist or widen.

The strategy therefore prioritises population-level scale, while deliberately over-representing Black and Asian communities, ensuring diversity is embedded into the national approach, alongside funding trusted community and faith organisations to drive awareness, understanding and action, and empowering and enabling NHS Trusts and Organ Donation Committees to deliver local and targeted activity that strengthens engagement with Black and Asian communities, in areas where these populations are present. See Appendix 3 for further information.

4. Our strategic focus: increasing consent by driving opt-in decisions

Our new strategic approach focuses on guiding people through a behavioural journey, prioritising the most important action of recording a decision.

4.1 Our single priority objective:

To increase opt-in registrations to the NHS Organ Donor Register, prioritising those who are more likely to be organ donors, 50-69-year-olds (all ethnicities). See Appendix 4 for further detail on the audience.

4.2 The core problem we must solve:

- The gap between positive attitudes and recorded decisions is the central challenge. Research shows most people support organ donation and are willing to donate.
- However, while willingness to donate appears high at 75% of these, only 49% say they would definitely donate and 26% would consider it. With 56% of the UK adult population registered, the pool of easy-to-reach, high intent individuals is shrinking.
- Key behavioural barriers stop people registering their decision — it's not top of mind, people have incorrect assumptions due to the opt-out system, many simply haven't got round to it, some avoid thinking about it, and some are unsure if it aligns with their faith and beliefs.

We will overcome this by guiding people along a clear behavioural journey (see Appendix 5). Across every step of the journey, we apply three key principles to help overcome barriers; make organ donation matter, make it normal and make it easy.

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[2] Waiting times by ethnicity are calculated on data from over five years. In 2019, a new kidney offering scheme was introduced to reduce the disparity in waiting times by prioritising patients who have waited the longest, regardless of ethnicity. The next report on this data, due later in 2026, will only include patients registered after this new scheme was implemented so may reduce the disparity in waiting times further.

The detailed strategic approach can be found in Appendix 7. Securing registration partners is at the heart of this strategy as they are a proven way to scale opt-in registrations, demonstrated by the DVLA partnership which drives 84% of all first-time opt-in registrations (see Appendix 8). However, they can only convert those who are willing to donate which limits their effectiveness on their own, therefore campaign activity is required alongside registration partners to build intent and address barriers among those less certain.

5. How we will deliver impact: a new national and local model

The ecosystem for organ donation (see Appendix 9) is broad and collaborative, with many organisations playing important roles in reaching different audiences. At the centre is NHSBT, which holds the national mandate and responsibility for increasing registrations and the number of organ donors.

We have taken a deliberate and strategic decision to focus our activity on where we can have most impact. NHSBT's unique strength is our ability to lead national, mass reach engagement to drive opt-in registrations at scale. In some areas, other organisations are better placed to lead engagement where trust, cultural relevance or clinical context matters most, so our approach is to enable and empower these partners to lead with their audiences. This approach ensures resources are used where they have the greatest impact, avoiding duplication and maximising overall system effectiveness.

While we recognise the importance of other areas, including living donation and paediatric donation, our limited budget means we are already making difficult choices about where to focus, and we are currently unable to deliver the full breadth of activity to drive the required registration growth. If additional investment was available, we would be able to scale and broaden our national activity. The details of what NHSBT will lead verses what it will enable can be found in Appendix 10.

6. Growth ambition and investment options:

Huge ODR growth is at the heart of NHSBT ambitions. We want to deliver a 46% increase in the size of the opt-in donor base, from 28.7 million to ~42 million. This is equal to 75% of the adult population in the UK, which aligns with the level of willingness to donate.

As we recruit more people to the ODR, growth becomes progressively harder. Early adoption is driven by the easy-to-convert, followed by diminishing returns as we must work harder to convert those who are undecided.

Phase 1, outlined below (and Appendix 11), reflects what can be delivered within current funding. Whilst we will maximise all available opportunities to drive impact, this level of investment will not deliver the step change recommended by the Organ Donation Joint Working Group report. The budget constraints have required challenging prioritisation over the five-year delivery plan. We have prioritised funding for the integration of the ODR into the One Gov Login, while funding to grow intent and therefore maximise the impact of the registration partnerships remains at the baseline level.

In Phase 2, we have modelled two further delivery options (2a and 2b) based on potential funding and projected impact. While these options are currently unfunded, they demonstrate what could be achieved through a more ambitious approach, delivering the step change needed and strengthening our ability to save more lives.

All options include an empowered delivery network, an expanded volunteer programme, digital modernisation (website and registrant communications) and a strengthened organ donation identity, and are subject to detailed planning.

Phase 1 - Innovative plan to maximise investment (funded plan) - A realistic plan that maximises the current budget through investment in registration partnerships, sharper targeting and smarter use of channels (Appendix 2 explains how this is a step-change from now)

Five-year ODR opt-in impact	4.8-5 million opt-in registrations (Annual target 850k-1 million. Baseline 750k in 2025/26)
Cost over five years	£4.85 million – Funded (Existing annual budget of £770k plus one-off investment of £500k in year 1 and £500k in year 2)
Delivery	• ODR integration in the online GP registration process and the One Gov Login, the government single sign-in system to multiple services. Partner activation through the NHS App campaign. • National campaign delivered through earned media and own social media, supported by low level media advertising • Continued investment in Community Grants Programme

Phase 2a - Optimised priority audience – A focused strategy targeting the audience most likely to register to increase intent and maximise effectiveness of registration partnerships

Five-year ODR opt-in impact	8 million opt-in registrations (an additional 3-3.2m registrations on phase 1)
Cost over five years	£10 million (£5.15 million currently not funded).
Delivery	• Sustained campaign targeted at the priority audience, including optimal media advertising to drive behaviour change (reaching 90% of the audience at least 20 times), broadcast media and commercial partner amplification • Scaled Community Grants Programme

Phase 2b) Societal action – a bold, transformation programme that delivers a whole UK-wide mobilization

Five-year ODR opt-in impact	12.5 million opt-in registrations (an additional 7.5-7.7m registrations on phase 1).
Cost over five years	+£30 million (£25.15 million currently not funded).
Delivery	• Large-scale digital infrastructure investment and ODR integration across all government services and commercial platforms enabling us to reach the population at scale across multiple touchpoints to drive UK-wide behaviour change • UK-wide mobilisation - Sustained nationwide mass reach campaign collectively delivered by Government, media, commercial organisation, supported by mass reach advertising • Deep national engagement with ethnic minority communities