

Guidelines for Social Media Campaign management for Healthcare Professionals

A social media campaign is an appeal by a recipient or their family members/friends or an organisation on behalf of the recipient which extends outwith the circle of people known to the recipient. These guidelines refer to living kidney or living liver donor appeals. Various forms of media may be used, including newspapers, radio, tv and most commonly online platforms.

People responding to these appeals will be considered as Directed Altruistic Donors (DADs) within the legal framework. For the purposes of these guidelines, a response from multiple directed altruistic donors (DADs) within a one month period would trigger the guideline pathway.

Recommendation	Rationale
• All recipients who may benefit from a living donor transplant will be provided with information on social media appeals, which should include advice on engaging with the transplant team prior to an appeal. • As with current information, this is not designed to encourage appeals, rather provide guidance at an early stage for those considering a social media appeal	• The transplant team can advise on appropriate information which should be shared • Preparations can be made for increased enquiries/offers of donation • Liver patients who have been listed on the super urgent list are not advised to appeal on social media due to time constraints
• A dedicated email address with automated message is prepared	• Avoids any named email contact • Provides immediate signposting for further information • Advises on process and exclusion criteria • Sample email in Appendix 1
• Potential donors asked to provide healthcheck questionnaire completion and blood group	• Information for initial triage on age; medical history and blood group compatibility • If person is a blood donor they can access their blood group on their portal. If not donated blood previously may consider making an appointment to donate • Blood group can be determined on home testing kit (available online and must be rechecked in lab) • General practitioners will not routinely check blood groups.
• Donor selection must be realistically managed within resources available. • Multi-disciplinary (including H&I for kidney appeals) agreement on potential donors to attend an initial appointment (usually 3 – 5 donors at a time).	• Manage expectations of potential donors • MDT joint decision ensures team approach and reduces clinic appointments

• For highly sensitised kidney recipients, or patients where restricted HLA mismatch is desirable, an individual discussion with H&I should be initiated for matching and consideration of UKLKSS. • Respond to all other suitable enquiries who returned questionnaire with thanks and asking if they would consider NDAD, with understanding that should the recipient involved in the appeal still require an organ then this would be revisited.	• Early discussion with H&I specialists ensures appropriate resource management and optimises matching opportunities • Encourages consideration of NDAD and provides back up if other donors not suitable. For potential kidney donors refer to Donate A Kidney Kidney Donation UK Make Your Mark
• Communication with recipient must be regular, consistent and donor identity anonymous in the first instance (if not known already) • Living Donor or Recipient Coordinator provides regular update to recipient	• Recipient fully informed of impact of social media campaign. • Identified coordinator ensures recipient is aware of progress, as this will guide further awareness raising by the recipient and family. • If a potential donor is undergoing assessment, then no further directed altruistic donors will be assessed (offered NDAD route)
• Discussion with donor and recipient concerning anonymity requires to happen prior to the IA assessment and discussed with the HTA	• Clarify with donor and recipient anonymity measures to ensure effective management