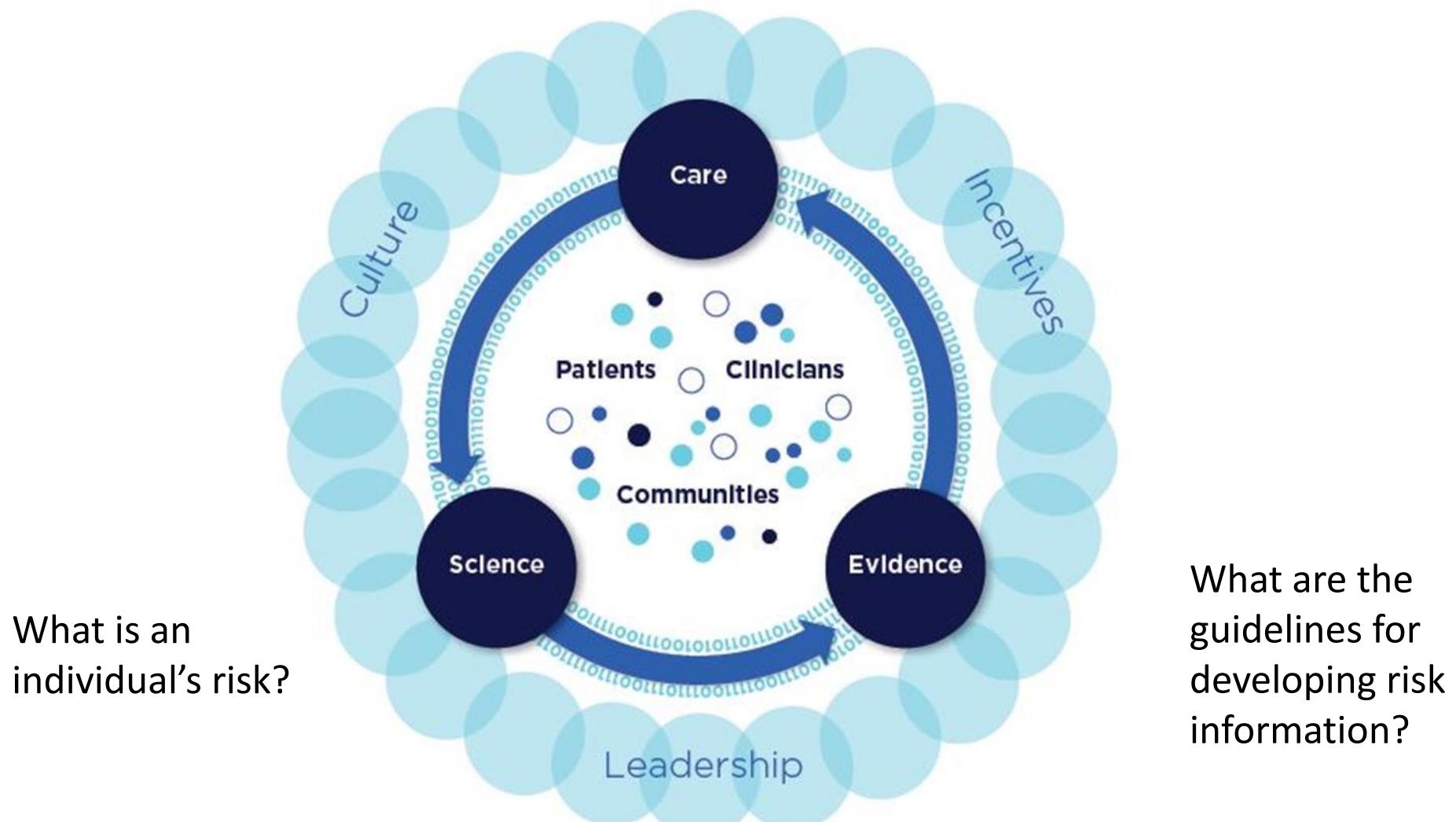


Communicating risk to patients during the pandemic and beyond

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How is this risk
information useful in
an individual's care?



← → ⌂ ⌂ covid19-phenomics.org/OurRiskCoV.html ⌂ ⌂

Apps Tom Server File Station New Tab 4 2014 World Congre... NIHR HTA Amitava Banerjee -... Academic Practice Banerjee Diseases o... Altmetric it!

COVID-19 Phenomics UCL HDRUK Health Data Research UK

OurRisk.CoV

Underlying conditions or ongoing treatments
No moderate or high risk conditions

More than one of the listed conditions?
 Yes No

Age (years)
60-70

Sex
 Man Woman

Calculate risk

Risk calculator Further information

In similar people in England:

1-year risk of death

Baseline	Projected during the pandemic
0.8% (0.7 - 0.8%)	0.8% (0.7 - 0.8%)

Expected deaths amongst individuals with similar characteristics

Alive Deaths Excess deaths

Welcome to OurRisk.CoV

Who is OurRisk.CoV for?

How to use OurRisk.CoV

What should I do with this information?

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Banerjee et al. 2021. Unpublished

Shaping recruitment to a COVID-19 clinical trial – the value of partnership between patients and the public, AstraZeneca and NHS Test and Trace Lighthouse

1. SURVEY, 21 questions (completed by 106 members of the public)

a) Support towards proposed approach to contact positive cases to share the study option but only those who had ticked the 'to be contacted again' consent box during their contact tracing journey



b) Process: phone call + follow up email with how to enrol and more information (sent from the Test and Trace Agile Lighthouse GOV.UK Notify account)

- Emails were preferred and felt to be less intrusive than a phone call but they could lead to delay and be missed
- This process addresses the PPIE findings of additional signposting, 'reduce pressure to say yes on a phone call', 'time to digest information on their own time'



c) Call script and FAQs design

- 'Worry about scams' and confidence building measures
 - Test date is mentioned in the call introduction and the follow up email suggests online search instead of clicking link (if uncomfortable to use the link)
- Questions asked around who has access to and uses of data
 - Call introduction points out that personal details will not be shared with AZ, or anyone else



2. Script, follow up email body and FAQs circulated to patients and public

- Call script and FAQs development
 - Applied suggestion to add FAQs to the follow up email (since individuals would be more likely to participate if they have more information)
- the FAQs were initially used only by call handlers to answer questions from the public.



3. Results

- Increased recruitment into the TACKLE study in the UK: Lighthouse were able to direct potential participants to the study team to be screened and dosed within the required timeframe (8 days from diagnosis)
- High proportion of Test and Trace referrals to the nursing team went all the way to screening (45% during pilot phase)
- Participants that went to the trial sites for screening were found to be well informed

