WHC (2023) 008

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| **Issue Date: September 2023** |  |  |
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**STATUS: ACTION / INFORMATION**

**CATEGORY:** **QUALITY & SAFETY / POLICY**

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| **Title:** SaBTO FAIR III recommendations to tissue and cell donation process |

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| **Date of Expiry / Review 18 September 2023**  |

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| **For Action by:** All health boards, NHSBT, Velindre NHS Trust  |  | **Action required by: 18 September 2023** |

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| **Sender:** Prof Chris Jones, Deputy Chief Medical Officer, Health & Social Services |

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| **Enclosure(s):** None |

**SaBTO FAIR III recommendations on tissue and cell donation**

**Summary**

In May 2022, the For Assessment of Individual Risk (FAIR) III Steering Group submitted a report and recommendations for implementation to extend the changes already made to questions that used to be asked of men who have sex with men (MSM) and partner MSM blood donors, to the tissue and cell donation process.

**Action**

Health boards and trusts are asked to ensure implementation of the recommendations outlined in the FAIR III report for any living or deceased tissue or cell donations. These include activities such as bone donation during hip replacement surgery. Colleagues are also asked, where required, that additional communications be made available within pre-donation information for donors and families.

**BACKGROUND**

In 2019, the FAIR I steering group took an evidence-based approach to reviewing whether a more individualised risk-based blood donor selection policy could be introduced in the UK. The work focused on MSM and recommended that changes to the then population-based donor selection criteria should be made to introduce a gender-neutral risk-based approach at an individual level. Under the new FAIR system, all donors are asked additional questions about sexually transmitted infections, intentional sex under the influence of psychoactive drugs (termed ‘chemsex’), and new and/or multiple sexual partners within the last 3-months. Those donors with recent new and/or multiple partners are asked an additional question about anal sex.

Following the FAIR change, the possibility of applying this approach to other donors was reviewed and the FAIR-III steering group was established to explore applying FAIR to tissue and cell donors.

For living donors:

* Tissue and surgical bone donors: FAIR-III should be implemented in full.
* Cord blood and stem cell donors: FAIR-III can be implemented safely for cord blood and stem cell donors, however questions about MSM would need to remain for some stem cells donors who donate for international patients as each country needs to comply with their own legal framework,
* Implementation requires additional communications be prepared to amend pre-donation information on rationale to help with consent, include a recipient focus and stakeholder engagement.
* A plan for monitoring and evaluation should be devised to include a 6-month and 12-month review.

For deceased donors:

* FAIR-III should be implemented in full for deceased donors.
* Implementation requires additional communications be prepared for donor families and staff, and potential impact on donor deferral is monitored.
* Post implementation monitoring should be devised to include a 6-month and 12-month review and capture the impact of FAIR-III questions on donor deferrals.

The published report is available at the following link: [Written statements - Written questions, answers and statements - UK Parliament](https://questions-statements.parliament.uk/written-statements/detail/2023-09-18/hcws1032)

NHSBT, WBS, health boards and trusts will need to amend their consent procedures where living or deceased tissue or cell donation is taking place to ensure the FAIR-III questions are incorporated and consent or patient information is updated or revised to explain the FAIR-III questions.