

APPG ethnicity Transplantation and Transfusion Annual Report 2024-2025

Presented at the Annual General Meeting, February 12 2026

Purpose of the APPG

Highlighting how the lack of donor participation affects patients with ethnically diverse backgrounds. Raising awareness of health inequalities faced by mixed and minority ethnic patients requiring an organ, stem cell or bone marrow transplant or a blood transfusion. Advocating equitable access of treatment for mixed and minority ethnic patients.

Inaugural Meeting

The APPG held its Inaugural Meeting on October 14 2023. Bell Ribeiro-Addy MP was elected Chair with the following elected as Officers, Sarah Olney MP, Mike Wood MP and Lord Evans of Rainow.

Follow up to the 2023 Report

In December 2023 the former APPG has published its report “Where are our nations donors?” which highlighted the lack of donors for minority ethnic patients and mixed heritage patients needing a solid organ or stem cell transplant or requiring a blood transfusion. The APPG wrote to all key stakeholders including the UK Government, Devolved Administrations, NHS Blood & Transplant, members of the UK Aligned Stem Cell Registry to ask for updates on progress on the report’s recommendations. There has been some progress, such as the opening of the Brixton Donor Centre, which was visited by the Chair but, overall, not nearly enough has been done to address the serious issues raised in the report.

APPG Submission to the NHS consultation

After our Inaugural Meeting in October the APPG submitted a contribution to the NHS Change Consultation in November. The submission was mainly focussed on issues with the provision and use of stem cell donations in the UK, although some key points on blood and organs were included.

Reduction in the use of UK donors for UK patients remains one of the most pressing issues for the long term interests of patients needing a stem cell transplant. At the time of the consultation only 28% of stem cells transplants were from UK donors, in the last year it was 24%, the decline continues. This is of great concern to the APPG because of the significant health inequalities facing minority ethnic and mixed-heritage patients needing a stem cell transplant in the UK. Although stem cell donations provide life-saving transplants for patients with blood cancer and other conditions, minority ethnic patients only have a 37% chance of getting a well-matched donor as opposed to 72% of patients of Northern European heritage. The odds for mixed heritage patients are even lower.

The APPG called for a thorough independent review, commissioned by DHSC and for a single body to be responsible for the resilience and sustainability of the UK stem cell supply.

Inefficient and expensive

These imported donations cost the NHS a lot more than much as UK donations adding a further drain on NHS resources. We will always need to import some donations, but expert advice is that the UK should be providing around half.

Lack of Resilience

Recently we have seen normal supply chains disrupted by Brexit and the COVID 19 pandemic and the future of international trade and relations is looking increasingly uncertain. Reliance on imported stem cells means that patients needing life-saving transplants could be impacted by the many possible supply shocks to importing donations. Making the most of less expensive UK resources also increase resilience.

Unsustainable

Importing from registries abroad means that it is harder to implement policies, such as targeted recruitment of minority ethnic donors to address the very significant health inequalities faced by minority ethnic patients. It also diverts NHS resources away from UK infrastructure and expertise putting at risk the long term future of the UK supply.

It was disappointing that donation was not mentioned in any form in the Government response to the consultation and the Chair wrote and met with the Secretary of State for Health and Social Care to raise the issues on stem cells, blood and organs contained in the submission to the NHS consultation.

APPG Inquiry “Ensuring a resilient and sustainable stem cell supply for all”.

In March the APPG decided to hold its own Inquiry to pull together the evidence, build the case for a DHSC commissioned review and step up the pressure on ministers. Engagement with all the key stakeholders found that there was widespread support for a DHSC commissioned review

A Call for Evidence was launched in early September and can be found at the link below.

[All-Party Parliamentary Group for Ethnicity Transplantation and Transfusion - NBTA](#)

The APPG received contributions from the following

NHSBT

Anthony Nolan

UK Stem Cell Strategic Forum

DKMS

Welsh Blood Service

BSBMTCT

DHSC

NHSE

Sue Harris Trust

Professor Charles Craddock CBE

Dr James Griffin

Dr Deborah Richardson

Sabrina Jarrett

Orin Lewis OBE

Yaser Martini BEM

Dr Mark Bale

Dr Jonathan Graves

Dr Daniel McCloskey

Team Margot

Regenerative and Cellular Medicine Registry

The APPG held a successful evidence session on 27th October and the report has been drafted with a planned launch date of 16th March.

Blood

The issue of blood donation donor deferral criteria for black donors has been raised with NHSBT. When NHSBT has a blood drive aimed at black donors to meet black patients need for matched blood products, many are deferred due to low iron, low haemoglobin levels and due to travel history. There is serious question of whether the values used to defer are relevant for black donors? The concern is that this uncertainty will lead to many potential donors feeling their efforts to donate are in vain unnecessarily and may stop them seeking to be a donor in the future. The APPG is going to raise this matter with the Chair of the Advisory Committee on the Safety of Blood Tissues and Organs.

Organs – Linking Health Data to Census Records

Keith Dugmore has been instrumental in advancing the APPG's efforts to address ethnic inequalities in transplantation and transfusion by pursuing linkages between health data and 2021 Census records for more accurate ethnicity analysis. Over the last several months, he has collaborated with key stakeholders, including Pete Benton at the Office for National Statistics (ONS), to explore integrating Hospital Episode Statistics (HES) transplant data with Census ethnicity details, recognising the limitations of NHS coding. He extended this by engaging Pete Stokes and Ben Goldacre at the Bennett Institute for Applied Data Science and Open SAFELY with the aim of also incorporating GP primary care records for identifying all patients in need, leading to a productive Zoom discussion on November 3, 2025. Keith has developed follow-up strategies, including proposals for pseudonymised data releases, interim analyses combining GP, HES, and NHS ethnicity records, and potentially securing modest APPG funding for specialist support. His advocacy has culminated in the recommendation that a letter be sent from Group Chair, Bell Ribeiro-Addy MP to ONS in January 2026, requesting a short exploratory study despite ONS's reduced health priorities, all aimed at answering the inquiry report's core question on equitable access to life-saving treatments regardless of ethnicity.

Visits

23rd June 2025 Meeting at Portcullis House with Anthony Clarkson (Director of Organ and Tissue at NHSBT), to discuss many issues linked to health inequalities for ethnic people needing Organ Transplants.

26th November 2025, Bell Riberio-Addy MP and Orin Lews had a tour of the Anthony Nolan Laboratories. Then they sat down and had an exploratory meeting about the AN role within the Aligned Registry and diversity issues.

Steering Group Meetings

Steering group meetings were held on January 27, March 24 and June 23

Parliamentary Questions

Questions

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, what assessment he has made of the impact of blood donation rules on iron levels on the number of Black, Asian and Minority Ethnic women unable to donate blood.

- [Hansard source](#)(Citation: HC Deb, 16 December 2024, cW)

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, what assessment he has made of the potential impact of blood donation rules on (a) iron levels in and (b) the adequacy of the supply of rare blood types commonly found in Black, Asian and Minority Ethnic women.

- [Hansard source](#)(Citation: HC Deb, 16 December 2024, cW)

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, if he will make an assessment of the potential merits of reviewing the minimum iron level required to donate blood.

- [Hansard source](#)(Citation: HC Deb, 16 December 2024, cW)

Reply

[Andrew Gwynne The Parliamentary Under-Secretary for Health and Social Care](#)

[NHS Blood and Transplant \(NHSBT\)](#) tests for haemoglobin levels rather than iron levels ahead of blood donation. If the test shows that the haemoglobin is low, the donor is deferred and information is provided on how they can increase haemoglobin levels through altering their diet, and book an appointment with their general practitioner if levels are particularly low. On average, 7% to 11% of donors are deferred because of low haemoglobin levels, but this rises to 12% of black heritage donors and to 25% of female black heritage donors. These deferrals impact on donor retention, as donors deferred for low haemoglobin are less likely to return.

Currently there are no plans to review minimum haemoglobin levels to donate blood. Donors whose haemoglobin levels are below safe levels to donate are deferred in accordance with the Blood Safety and Quality Regulations 2005 and the guidance issued by the Joint [UK](#) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee ([JPAC](#)) which states ‘taking a donation from a person with a haemoglobin concentration below the recommended value may make them anaemic’.

Increasing diversity in the donor base is a priority for NHSBT, so they can provide matched blood for more patients, including those with rare blood types commonly found in black, Asian, and minority ethnic women. NHSBT provides grants to community and faith groups to encourage donation, including in black, Asian, and minority ethnic communities. The Department provided seed funding for NHSBT to increase its collection capacity, particularly in diverse areas where higher proportions of the population have rare blood types, including Brixton and Brighton.

Questions

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, what assessment he has made of the adequacy of the number of blood donor centres that are asking (a) new and (b) returning blood donors to sign up to donate bone marrow.

- [Hansard source](#)(Citation: HC Deb, 28 April 2025, cW)

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, whether he made an assessment of the potential merits of encouraging blood marrow donation when a new blood donor registers online.

- [Hansard source](#)(Citation: HC Deb, 28 April 2025, cW)

Reply

[Ashley Dalton The Parliamentary Under-Secretary for Health and Social Care](#)

[NHS Blood and Transplant \(NHSBT\)](#) is responsible for blood donation services in England, and also manages the NHS Stem Cell Donor Registry, previously the British [Bone Marrow](#) Registry, which facilitates the donation of stem cells either via blood or bone marrow donation, used to treat forms of leukaemia and some other serious inherited conditions. In 2024/25 there were 27,945 NHS Stem Cell Donor Registry registrations, 23,108 of which were recruited via blood sessions.

Eligible blood, plasma, and platelet donors aged between 17 to 40 years old are asked to join the NHS Stem Cell Donor Registry when they attend a donation session. Due to the need to take an additional blood sample for typing, registration takes place during the session. NHSBT emails new and returning donors who are eligible for stem cell donation ahead of their blood donation appointment to highlight the impact of stem cell donation and to encourage them to sign up to the stem cell registry when they attend. NHSBT also periodically contacts eligible new blood donors who have not yet attended a blood donation session, and lapsed blood donors, offering a buccal swab sample which can also be used for typing.

To further encourage sign up, NHSBT uses stem cell champions on blood donation teams, which are nationally and specially trained event assistants that are present at sessions with high numbers of minority ethnic donors and young men. NHSBT is also looking at ways to capture a new donor's intention to join the stem cell registry during their registration online by asking them to register an interest, which is then highlighted to staff on their donor record during donation.

Question

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, if he will make an assessment of the potential merits of reviewing the blood donation eligibility requirements for recent travel.

- [Hansard source](#)(Citation: HC Deb, 30 April 2025, cW)

Reply

[Ashley Dalton The Parliamentary Under-Secretary for Health and Social Care](#)

[NHS Blood and Transplant \(NHSBT\)](#) is responsible for blood donation in England, and blood donor selection guidelines are prepared by the Joint United Kingdom ([UK](#)) [Blood Transfusion](#) and Tissue Transplantation Services Professional Advisory Committee ([JPAC](#)).

The JPAC has a comprehensive process to review and assess reports of disease outbreaks from across the world. Assessment of a donor's travel history is an important means of reducing the risk of transfusion transmitted infections.

For some infections, such as [West Nile](#) virus or malaria, it is possible to test the donation rather than defer the donors. But for other infections, NHSBT defers donors until they are past the incubation period. Currently, there are no further suitable validated tests that could be used for donation testing, although work is ongoing to evaluate potential new tests which may result in fewer deferrals.

Question

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, pursuant to the Answer of 24 April 2025 to Question 45856 on Blood: Donors, how many and what proportion of the donors deferred due to low haemoglobin levels were of (a) African, (b) Caribbean, (c) mixed white and African heritage and (d) mixed white and Caribbean heritage in the last 12 months.

- [Hansard source](#)(Citation: HC Deb, 1 May 2025, cW)

Reply

[Ashley Dalton The Parliamentary Under-Secretary for Health and Social Care](#)

[NHS Blood and Transplant](#) is responsible for blood donation in England. The following table shows the number and proportion of deferrals due to low haemoglobin levels by those of African, Caribbean, mixed white and African, and mixed white and Caribbean heritage, from 1 April 2024 to 31 March 2025, the latest data available:

Ethnicity	Number of deferrals due to low haemoglobin levels	Proportion of total deferrals due to low haemoglobin levels
Black- African	4023	2.37%
Black- Caribbean	2426	1.43%
Mixed white and black African	492	0.29%
Mixed white and black Caribbean	1314	0.78%

Question

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, pursuant to the Answer of 24 April 2025 to Question 45856 on Blood: Donors, how many and what proportion of the donors deferred due to the donor's recent travel to other countries were of (a) African, (b) Caribbean, (c) mixed white and African heritage and (d) mixed white and Caribbean heritage.

- [Hansard source](#)(Citation: HC Deb, 1 May 2025, cW)

Reply

[Ashley Dalton The Parliamentary Under-Secretary for Health and Social Care](#)

[NHS Blood and Transplant](#) is responsible for blood donation in England. The following table shows the number and proportion of deferrals due to the donor's recent travel to other countries for those of African, Caribbean, mixed white and African, and mixed white and Caribbean heritage, from 1 April 2024 to 31 March 2025, the most recent data available:

Ethnicity	Number of deferrals due to donor's recent travel to other countries	Proportion of total deferrals due to donor's recent travel to other countries
Black- African	651	10.56%
Black- Caribbean	88	1.43%
Mixed white and black African	31	0.50%
Mixed white and black Caribbean	17	0.28%

Questions

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, what information his Department holds on the number of blood donors that were turned away during (a) outreach and (b) pre-screening in the latest period for which data is available; and what the main reasons were for people being turned away.

- [Hansard source](#)(Citation: HC Deb, 12 May 2025, cW)

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, what information his Department holds on the (a) ethnicity and (b) gender of blood donors turned away during (i) outreach and (ii) prescreening in the latest period for which data is available; and what the main reasons were for people being turned away.

- [Hansard source](#)(Citation: HC Deb, 12 May 2025, cW)

Reply

[Ashley Dalton The Parliamentary Under-Secretary for Health and Social Care](#)

[NHS Blood and Transplant \(NHSBT\)](#) is responsible for blood donation in England. NHSBT does not hold data on deferrals resulting from an appointment booking call. It is possible that donors mention a reason which then may result in a deferral during the call, for instance if they have recently travelled or had a tattoo, and are therefore told to wait for an exclusion period, however this information is not recorded.

NHSBT holds information on the number of donors deferred during the donor health check. From 1 April 2024 to 31 March 2025, a total of 322,189 donors were deferred. Of these donors:

- 16,832 were of Asian ethnicity, 14,806 were black, 281,042 were white, and 9,509 were “other”;
- 201,065 were female and 121,124 were male, their biological sex at birth; and
- the main reason for donor deferral was low haemoglobin. Other main reasons are “medical”, such as medical conditions which result in a deferral for the donor’s health or due to medications that would be present in the donor’s blood, and failed venepuncture.

Question

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, pursuant to the Answer of 1 May 2025 to Question 48518 on Blood: donors, if he will provide a breakdown of this data by gender.

- [Hansard source](#)(Citation: HC Deb, 12 May 2025, cW)

Reply

[Ashley Dalton The Parliamentary Under-Secretary for Health and Social Care](#)

[NHS Blood and Transplant \(NHSBT\)](#) is responsible for blood donation in England. NHSBT collects donor’s sex as assigned at birth and their gender identity. A donor’s sex is recorded as the ways in which blood products are donated and processed differ between those assigned male and female at birth.

The following table shows the number of deferrals due to low haemoglobin levels by those of African, Caribbean, mixed white and African, and mixed white and Caribbean heritage, broken down by biological sex at birth, from 1 April 2024 to 31 March 2025, the latest data available:

Ethnicity	Number of female deferrals due to low haemoglobin levels	Number of male deferrals due to low haemoglobin levels
Black- African	3293	730
Black- Caribbean	1857	567

Mixed white and black African	388	104
Mixed white and black Caribbean	1053	258

Question

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, pursuant to the Answer of 1 May 2025 to Question 48519 on Blood: Donors, what percentage of female donors who had their donations deferred due to recent travel were white, in the last 12 months.

- [Hansard source](#)(Citation: HC Deb, 12 May 2025, cW)

Reply

[Ashley Dalton The Parliamentary Under-Secretary for Health and Social Care](#)

[NHS Blood and Transplant](#) is responsible for blood donation in England. From 1 April 2024 to 31 March 2025, the most recent data available, there were 3,193 deferred female donors due to travel, and 2,186 of which, or 68.5%, were white.

Question

[Bell Ribeiro-Addy Labour, Clapham and Brixton Hill](#)

To ask the [Secretary of State](#) for Health and Social Care, what information his Department holds on the number of NHS blood donation appointments cancelled due to (a) low iron levels, (b) low haemoglobin and (c) travel to and from other countries.

- [Hansard source](#)(Citation: HC Deb, 12 May 2025, cW)

Reply

[Ashley Dalton The Parliamentary Under-Secretary for Health and Social Care](#)

[NHS Blood and Transplant \(NHSBT\)](#) is responsible for blood donation in England. NHSBT tests for haemoglobin levels rather than iron levels ahead of blood donation. Data for deferrals is currently held for the period 1 April 2024 to 31 March 2025. In this period, 169,419 donations were deferred due to low haemoglobin levels, and 6,165 donations were deferred due to the donor's recent travel to other countries where there is a risk of transmitting specific diseases to recipients via the blood donated.

Information for donors on eligibility to donate, including on haemoglobin levels and donation after travel, is available at the following link:

www.blood.co.uk