



## Response of the Royal College of Physicians of Edinburgh to NHS England's Clinical genomics service specification consultation.

1. To what extent do you think the Service Specification achieves its key priorities to: a. Embed clinical genomics into mainstream clinical pathways? b. Provide care for patients and their families in a co-ordinated way? c. Ensure all those that would benefit from the NHS CGS and/or genomic testing are able to access it? d. Improve clinical outcomes for patients and their families? e. Improve access to and the provision of services by aligning NHS CGSs to the NHS GMS national network f. Ensure the workforce has capacity to implement the key priorities arising from the Service Specification and meet increasing demand for services?

The Royal College of Physicians of Edinburgh (RCPE) is pleased to take part in this important consultation and this response has been informed by the views of our Fellows who have a specific interest in genomics. The RCPE has been consistent in recognising the substantial potential health benefits to patients of genomics, including genomic testing to identify genetic variants that have a genuine and significant impact on disease risk. We are positive about efforts to embed clinical genomics into mainstream clinical pathways.

The RCPE believes that the Service Specification is very welcome and clearly sets out its objectives and priorities and outlines its approach. However, the RCPE considers that it is difficult at this stage to assess the likelihood of success in achieving these and that it will be important to see the Commissioning Implementation Plan to make a more informed assessment of this.

2. Do you think the revised Service Specification will have a positive impact on patient care, outcomes and experience?

The RCPE considers that this revised Service Specification will have a positive impact.

3. To what extent do you think the Integrated Impact Assessment identifies the potential impact and risks associated with: a. Patients and patient pathways? b. The delivery of Clinical Genomic Services? c. Capacity and workforce planning? d. Financial risk and cost pressure?

Whilst the key risks and impacts are identified and discussed, the RCPE is concerned that the data presented on delivery, capacity, workforce planning, financial risk and cost pressures is limited. Indeed some of the estimates appear to be rather crude and not based on current activity figures. The RCPE recognises that this lack of data is acknowledged but considers that it must be addressed in order to provide a robust Commissioning Implementation Plan. Otherwise, we would be concerned that the priorities and objectives of the Service Specification cannot truly be delivered.

We consider that more detail on the assumptions and an explanation of the calculation regarding future service use is needed. There appears to be considerable uncertainties regarding the projections presented. Specifically, we note that there is no mention of the impact, particularly the financial one, of the move of commissioning responsibility for the CGS from specialised commissioning to the Genomics Unit if that is the intention.



4. To what extent do you think this Consultation Guide and the Integrated Impact Assessment has identified the actions that require consideration as part of the Commissioning Implementation Plan?

Assuming that the deficiencies in the current data and projections (as referred to above) are addressed, the RCPE considers that the key considerations for the Commissioning Implementation Plan have been identified.

5. To what extent do you think the Equality and Health Inequalities Impact Assessment identifies that impact of the revised Service Specification on: a. Protected characteristic Groups? b. People who experience health inequalities?

The RCPE believes that this Impact Assessment is generally comprehensive. We note a number of evidence gaps are identified, for example, the need for further sequence data in different ethnic populations to allow interpretation of genomic result, and hope that plans can be developed that seek to remedy these significant gaps.

6. To what extent do you think the Stakeholder Engagement has: a. Involved the correct stakeholders? b. Used engagement methods that have provided opportunities for stakeholders to be involved? c. Considered stakeholder feedback to inform the development of the Service Specification, Integrated Impact Assessment and the actions that will be included in the Commissioning Implementation Plan?

The RCPE is generally content with the Stakeholder Engagement.

7. Are there any changes or additions that you think need to be made to the Service Specification?

We consider that the self-referral process should be made simpler and clearer.

If the intent is to move commissioning responsibility for the CGS from specialised commissioning to the Genomics Unit, we would welcome an explanation of the rationale for this and information on this being presented clearly in the document.

8. Are there any changes or additions that you think need to be made to the Integrated Impact Assessment?

As mentioned above, we would wish to see information on the current budget of the CGS and on the impact of self-referrals on the CGS included.

In addition, we have concerns that there is no detailed consideration of what the programme of embedding genomics across clinical disciplines might require in terms of resources, staff capacity and support (particularly for the patient and their family) and the likely impact on the CGS apart from referrals. The ability to develop genomics in the NHS is of course dependent on adequate training for relevant medical professionals and appropriate genomic medicine training in existing graduates, as well as adequate resourcing of appropriately skilled personnel. Detail is also required in relation to the potential impact of unmet need on the projections of CGS activity.

9. Are there any additional actions that you think need to be considered when developing the Commissioning Implementation Plan?

The RCPE understands that the variation in contractual arrangements with providers appears to have affected the access to current activity data and considers that this needs to be addressed. We believe this data is vital for monitoring and for use as evidence of impact and future predictions of service use and resource requirements as part of the new specification.



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More broadly, the RCPE is keen to ensure equity of access to genomics across the UK and would be keen to understand what systems are in place for sharing knowledge and best practice across the four nations of the UK.