

# Health Scrutiny Panel

24<sup>th</sup> November 2016

<b>Report title</b>	The 100,000 Genomes Project
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## The Panel is recommended to:

Note the report.

### 1.0 Purpose

- 1.1 The Royal Wolverhampton NHS trust is making a substantial contribution to the work of the 100,000 Genomes Project as one of the West Midlands' Genomic Medicine Centre's Phase 2 Trusts. This report is to inform and update the Health Scrutiny Panel about the 100,000 Genomes Project and the work of the Royal Wolverhampton NHS Trust in implementing this innovative initiative.

### 2.0 Background

- 2.1 The 100,000 Genomes Project is a Department of Health led initiative which commenced in 2013. Its aim is to sequence 100,000 Genomes from NHS patients with certain cancers and rare disease patients (and their relatives) by the end of 2017. By doing this, NHS England hope to help patients, establish a genomic medicine service in the NHS, carry out research and develop new treatments. There are 13 Genomic Medicine Centres in England of which the West Midlands Genomic Medicine Centre (WMGMC) is the largest with 18 Local Delivery Partner Trusts. Supported by the West Midlands Academic Health and Science Network, the WMGMC has 3 Genomic Ambassadors to cover the region. The Ambassador for the Black Country and Worcester is Charlotte Hitchcock, based at The Royal Wolverhampton NHS Trust and covering Wolverhampton, Dudley, Walsall and Worcestershire Trusts. Wolverhampton achieved "go live" status for Rare Diseases in April of this year and Cancer "go live" status followed in June.

### 3.0 Progress, options, discussion, etc.

- 3.1 The Royal Wolverhampton NHS Trust has proven to be one of the most proactive trusts involved and that commitment and enthusiasm is reflected in the recruitment and uptake by clinicians and is being noticed by both our regional GMC and nationally by Genomics

England and NHS England. At the time of writing, we have recruited 70 Rare Disease participants and 15 Cancer patients. The cancers we are open to at present are: Breast (initially with only 1 consultant but now with all the service), Bladder, (opening to testicular and renal in the New Year), Colorectal (1 consultant to start) and Lung Cancers.

#### **4.0 Financial implications**

4.1 Whilst there has been no financial input to implement this project there is remuneration for samples which pass quality control. However, this is not a vast sum. The pathology department in particular has invested in the project and its sustainability by investing in Liquid nitrogen and specific equipment for the 100,000 genomes specimens. The recruitment has been undertaken for the most part by the Genomic Ambassador and discussion is taking place about the potential for investing in more staff to create a genomics team which would enable more recruitment, and involvement of more specialties as well as ensuring the future of a genomic service to the population served by The Royal Wolverhampton NHS Trust. The WMGMC have funded a Band 2 post at the Trust which will enable the Ambassador to free up time for engaging with more specialties, the community and other Trusts.

#### **5.0 Human resources implications**

5.1 The on-going success of the project and its implementation will rely upon the availability of staff who will be able to engage with patients and take consents. The Ambassador will be carrying out fact finding to see if there has been any impact on clinic times. At present there have been no knock on problems.

#### **6.0 Schedule of background papers**

6.1 For information:  
[www.genomicsengland.co.uk](http://www.genomicsengland.co.uk)