

## Clinical Genomics Service Specification Consultation

### Royal Pharmaceutical Society response

Whilst we are not answering all of the questions directly, we would like to provide a brief outline of our views on this service specification with regards to pharmacy and pharmacogenomics.

#### *Pharmacy professionals*

The service specification seems very medically orientated and throughout the specification there is no mention of pharmacy professionals or pharmacists as healthcare professionals working within the wider multidisciplinary team. We feel pharmacy professionals should have the potential to signpost patients and appropriately refer patients to the NHS genetics services although it appears their input has not been considered within this guidance.

Pharmacists should be mentioned within the service specification, particularly around 7.1.15 where oncologist and cancer services should prepare their clinical pathways and extend somatic genomic cancer testing. In oncology services, well governed robust pathways are developed by oncology multi-professional teams where the pharmacist can play a significant co-lead role in implementation. In some regions in England, there are pharmacists who sit on the molecular tumour boards and provide valuable input and can also advise on medicines access related to genomic discussions.

Aligned with the comments above, there is no mention of the professionals or NHS contractors who will be included when genomics is mainstreamed. Although there is a mention of secondary and primary care, community pharmacy is often discussed separately to primary care.

The term 'clinicians' is also used frequently within the section for patients / public but this is not a term we would see as easy to interpret by the patient and public as is not defined within any of the documents. Sometimes this term can also be defined as medical doctors only and this should be clarified within the document and consideration given to using other terms such as healthcare professionals. More specifically, there is also a mention about relaying results back to clinicians and patients and we believe that 'clinicians' needs to be defined and requesters / prescribers / appropriate healthcare professional should be used instead.

Finally, Section 7.4.1 of the service specification describes various healthcare professionals with specialist interests in genomics but pharmacists or pharmacy technicians are not mentioned within this list. Pharmacists, and the wider pharmacy team, do, and will have special interests in genomics and even more so in the future.

#### *Pharmacogenomics*

Although within your consultation stakeholder event on 29<sup>th</sup> September, Professor Bill Newman described how pharmacogenomics would not be included within this specification and would sit outside of this document, we believe that pharmacogenomics and its challenges should be mentioned specifically within this service specification and guidance. The service specification is very much focused around 'diagnosis' which implies disease so it is right to include pharmacogenomics within this with some explanation of what this is and what it means.

Pharmacogenomics would still need support from genetic services within the NHS when making decisions regarding genetic information such as the support of genetic counsellors. The diagram under 7.2 specifically omits anything that might be construed as pharmacogenomic panel testing / targeted pharmacogenomics testing. Therefore, it appears that these services would not be included within the model other than by referral into the Genomics Service in tertiary care, which seems a very

unlikely model. Even the delivery isn't mentioned as being part of the service specification for genomics teams, only in that providers will play a part in development.

The 'Personalised Prescribing' report produced by the [BPS/RCP](#) also discussed where pharmacists are seen as a key part of the recommended ICS-level pharmacogenomics teams, and the report also highlights the potential role for community / primary care pharmacists in developing these services:

- a pharmacogenomics consult service should be developed within each integrated care system (ICS) led by a multidisciplinary team comprising clinical pharmacologists, pharmacists and other interested specialists, taking into account guidelines and prescribing information. Given that most of the prescribing occurs in primary care, it is important that GPs and pharmacists are considered an essential component of this multidisciplinary pharmacogenomics service

#### *Other considerations*

Information from genomic testing needs to be shared with others providing care to that person, so there is a question on how this will happen. Challenges of interoperability should be mentioned as information needs to be shared across all sectors and to all relevant healthcare professionals including community pharmacy and primary care.

Training is mentioned but there needs to be more training of the wider workforce to understand genomics so it is not seen as just a specialist area and this point should be explained within the document.

In summary, the RPS would like the key role of pharmacists and pharmacy technicians mentioned within the document and an explanation on how they can enrich and complement the service including their role within clinical governance and multidisciplinary teams. Potential links between pharmacogenomics and clinical genetic services within healthcare should be discussed and clarity is also needed around terminology used within the document.

Thank you for the opportunity to comment on this document.



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