



Welcome to The NHS Genomics & Clinical Integration Conference



24th September 2026
etc.venues, Prospero House, 241 Borough High St,
London, SE1 1GA



GenomicsConnect

FEATURED ORGANISATIONS

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£100 voucher!



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C the Signs



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peers and expert leaders



*“Engaging, thought-provoking and
highly relevant courses that
strengthen strategic leadership while
providing valuable opportunities to
learn and network with NHS peers”*





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Join the Healthcare Engagement Society (HES)

- **What it is** – A secure, year-round platform bringing NHS professionals together across six specialist communities.
- **Why it matters** – Stay connected beyond today's event, share challenges, and learn from peers facing the same priorities.
- **Your benefits** – Exclusive access to interviews, insights, best practice, and real-time discussion threads with colleagues nationwide.
- **How to join** – Simply scan the QR code, choose your community, and start connecting today.



SCAN ME



Stay Connected Beyond Today

Join the **HES Clinical Diagnostics & Medical Sciences WhatsApp Community** to stay connected with the people, ideas and conversations shaping this space. Receive relevant updates, access focused peer discussion groups, share practical insight and be first to hear about future events, resources and opportunities.



Scan the QR code to join the Community





Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.





Chair Morning Address



Hadleigh Stollar
Chief Executive Officer
Healthcare Innovation Consortium





Welcome to

GenomicsConnect 2026

Brought to you by **Healthcare
Innovation Consortium** in
collaboration with **Convenzis Group**

24th September 2026





**Thank you to
Convenzis Group
and the HIC team
for helping making
this happen!**

Thank you to our
sponsors and
partners



From genomic infrastructure to **clinical impact**.



DATA

Capture
and connect



DIGITAL

Integrate
and enable



CLINICAL ACTION

Better decisions.
Better care.



Sequenced once. Relevant for a **lifetime.**

TODAY



Diagnosis and
treatment

5 YEARS



Future
prescribing

10 YEARS



Different care
setting

20 YEARS



Ongoing
care

The Unified Genomic Record.





HIC
Data and Digital
Genomic
Network

NHS
North East and Yorkshire
Genomic Medicine Service



PUBLISH

Evidence
and insights



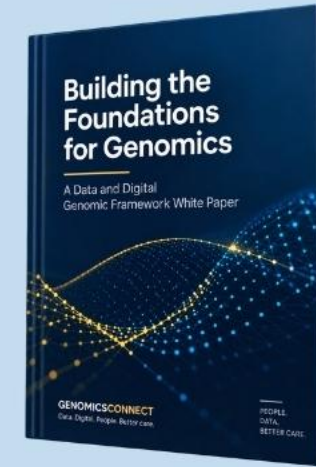
CONVENE

People and
perspectives



CONNECT

Systems and
solutions



NEW WHITE PAPER

Building the Foundations
for Genomics



Join the network



Genomics and the EPR: Supplier Engagement Session



Register your interest



21 OCTOBER



LEEDS





Keynote Presentation



Deborah Porter

Deputy Director, Genomics Service Transformation
Genomics Unit, NHS England





Department
of Health &
Social Care



From Genomic Data to Clinical Action: Delivering the Unified Genomic Record Across the NHS

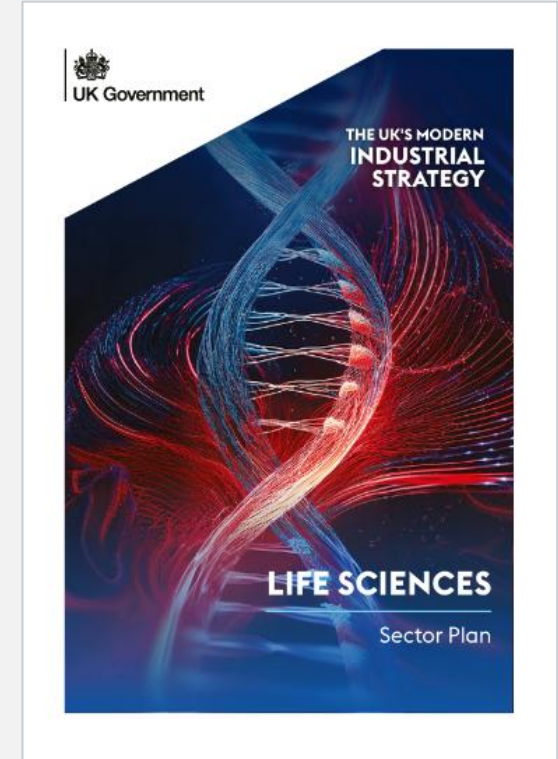
Keynote

24th September 2026

Deborah Porter
Deputy Director Genomics Service Transformation



The strategic role of data and digital in the future of genomic medicine



The NHS 10 Year Health Plan set a new strategic direction for the NHS

Driven by an urgent need to deliver healthcare differently, the NHS 10 Year Health Plan set out a new approach aligned to three strategic shifts, with genomics a key part of the answer



On every front the demands placed upon the NHS have accelerated. The health of the nation has deteriorated. There is rising demand for healthcare driven by an ageing population and the development of long term conditions. People are struggling to access services leading to later stage diagnosis and worse health outcomes

Rt Hon. Professor the Lord Darzi of Denham, Independent Investigation into the NHS, 2024



Hospital to Community

More **care will be available on the doorstep** and from the comfort of your own home. It will be **easier to see a GP** and **Neighbourhood Health Centres** will be available in every community.

Analogue to Digital

New technology will liberate staff from **time wasting admin** and make booking appointments and **managing your care as easy** as online banking or shopping.

Sickness to Prevention

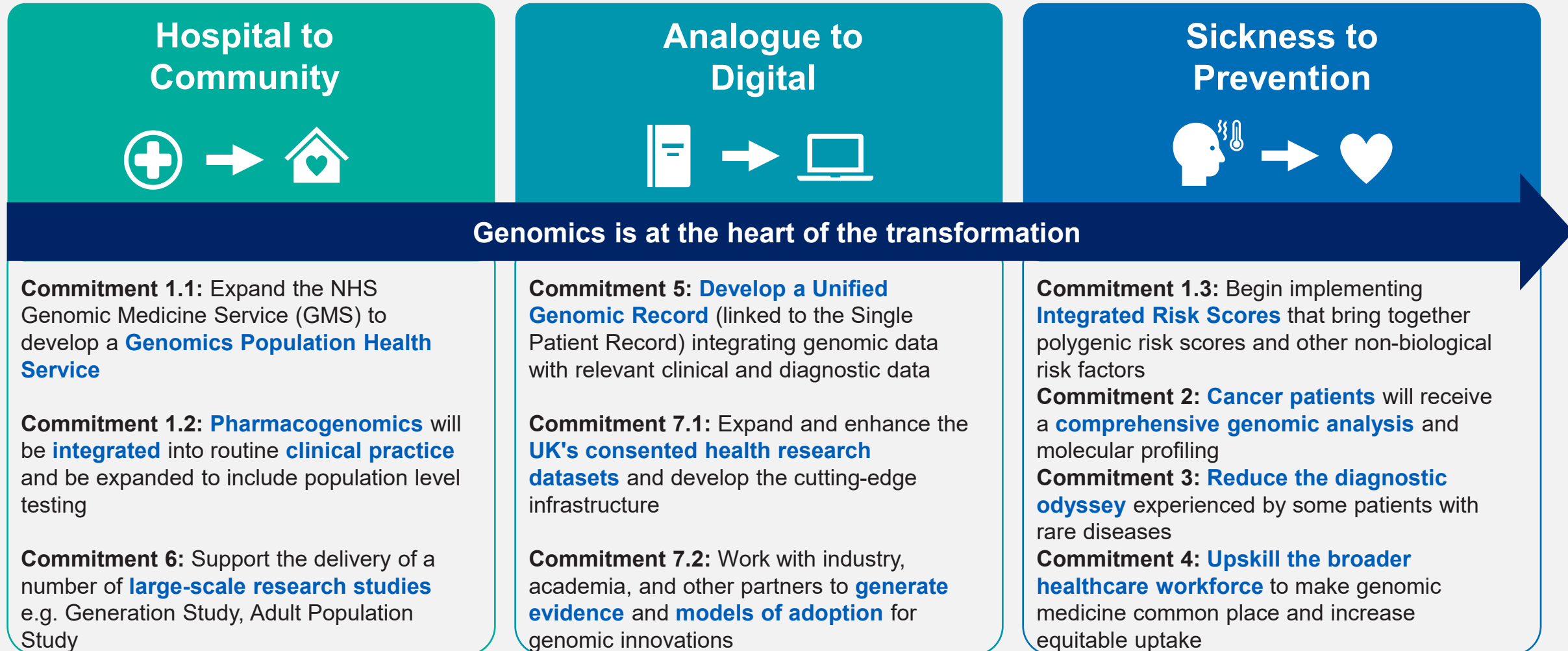
We will **reach patients earlier**, to catch illness before it spreads and **prevent** it in the first place, by making the healthy choice the easy choice.

Identified 5 big bets

- 1 Genomics
- 2 Data
- 3 Wearables
- 4 Robotics
- 5 AI

Genomics Programme | Strategic alignment

By 2035, policymakers anticipate that genomics will play a role in up to 50% of all patient interactions. Achieving this will require significant scale-up of the GMS and faster, more efficient testing processes



The Life Sciences Sector Plan prioritised the genomics ecosystem and put the NHS at the centre



Expand and enhance the UK's health research datasets



Develop the cutting edge infrastructure



Work with partners to generate evidence to inform commissioning



Piloting use of Integrated Risk Scores
A partnership between OFH and NHSE to use OFH cohorts in a population level approach to explore the use of Integrated Risk Scores

Leveraged funding through NHS Genomic Networks of Excellence

Including through alignment with National Institute of Healthcare Research initiatives and working with industry partners



Industry partnerships

Life Sciences Sector is driving innovation and adoption in the NHS and we have strategic partnerships with industry bodies.



As the Health Data Research Service is established, this will also form an important part of the ecosystem with the NHS GMS contributing data



The NHS Genomic Medicine Service NHS



Supporting new diagnostic discoveries

Research using UK Biobank data supports NHS testing offer

National Genomic Research Library

Data from the NHS whole genome sequencing service is stored in the Genomics England NGRL and feeds ongoing NHS diagnostic discovery



Large scale research e.g. Generation Study and Adult Population Study

NHS GMS supports recruitment and feedback of results as well as informs future NHS commissioning decisions on expanding testing to these areas



The NHS Genomic Medicine Service delivery model for the 10 Year Health Plan serving 58.6 million people in population in England

NHS GMS model

There are 7 NHS GMS geographies, each led by a leading academic hospital, with the CEO as the SRO.

NHS Genomic Laboratory Function

Delivering high quality testing set out in the Test Directory

Clinical functions

Bringing together expertise to embed genomics and transform pathways

Cancer

Rare disease

Population health

Enabling functions, including embedding patient and public involvement throughout the model

Data and digital

Transformation and service improvement

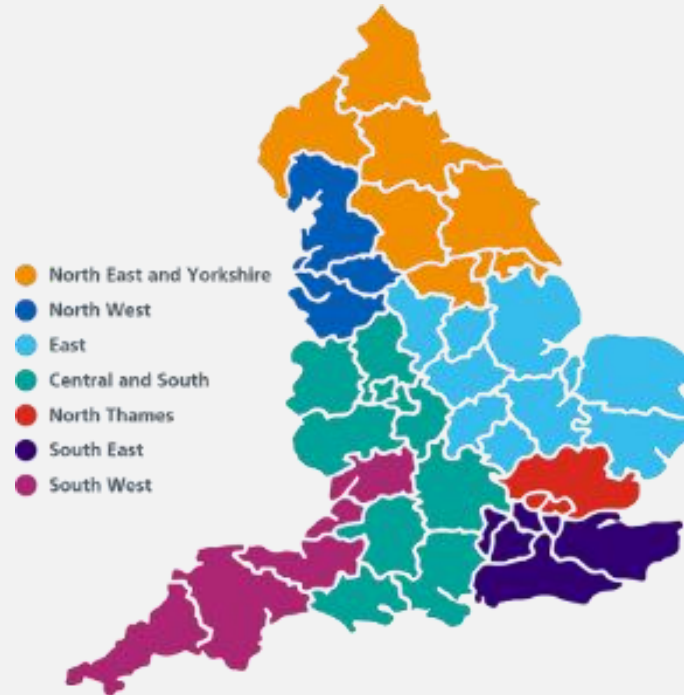
Workforce, education and training

Science, research and innovation

Commissioned by a national NHS Genomics Unit

Providing national investment, setting national strategy and standards

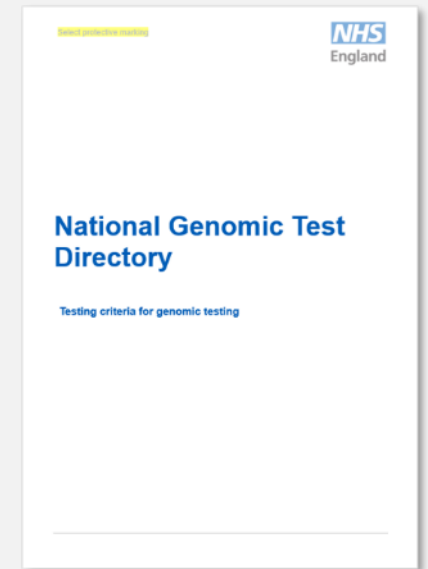
Delivering across 7 geographies



Delivery Across The Care Continuum

- 228 Secondary Care Hospital Trusts
- 42 Integrated Care Organisations
- 6400 Primary Care Practices
- Covering Population Sizes 5 -11 Mil

Nationally commissioned testing offer



The National Genomic Test Directory

A comprehensive genomic testing offer – includes testing for over 7000 rare diseases and 200 cancers.

Outlines the eligibility criteria, indications and the test method that is funded.

The NHS 10 Year Health Plan committed to establishing an NHS Genomics Population Health Service



“

*We will expand the NHS Genomic Medicine Service to include a **new NHS Genomics Population Health Service**, accessible to all by the end of the decade, which will combine the power of genomics, new diagnostics and predictive analytics with AI.*

NHS 10 Year Health Plan

Including to take forward the following key commitments



Expand genomic testing for inherited causes of major diseases to allow earlier detection and intervention, including cancer (e.g. BRCA1/2 genes), and cardiovascular disease predisposition



Pharmacogenomics and medicines optimisation will be integrated into routine clinical practice and be expanded to include population level testing



Begin implementing Integrated Risk Scores that bring together polygenic risk scores and other non-biological risk factors and be expanded as part of population level testing



Support delivery of large scale research including the Generation Study and Adult Population Study

The NHS Genomic Medicine Service data and digital vision

The data and digital vision aligns to the commitments for genomics in the NHS 10 Year Health Plan and the Life Sciences Sector Plan.



Develop a Unified Genomic Record (linked to the Single Patient Record) integrating genomic data with relevant clinical and diagnostic data in near real time – 4 Year Spending Review Funding

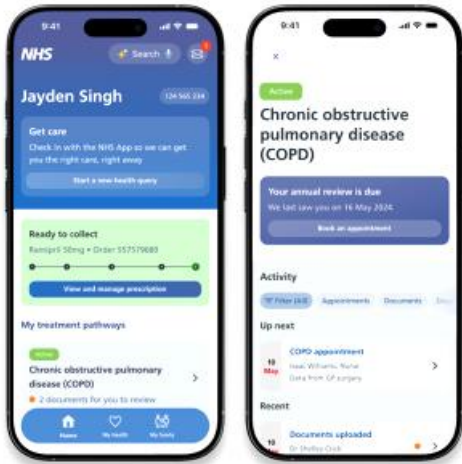
Clinical and genomic health data will be accessible and flow seamlessly and securely into every patient's health record, via the Unified Genomic Record, and will be securely by them, and their authorised clinicians, no matter where they are in the NHS. The genomic digital network will ultimately integrate with, and form a key part of, the Genomics Population Health Service, the Health Data Research Service and the Single Patient Record.

Patient enablement – NHS app

Connecting the NHS Single Patient Record

Data driven decision making
NHS Federated Data Platform

Health Data Research Service



The UGR leverages existing NHS investment

NRL

National Record Locator

National index of pointers. UGR registers a pointer for every report so any authorised clinician can discover it via NCRS — without UGR needing to know who they are.

NCRS

National Care Records Service

The clinician-facing access route. Authenticates the user, resolves NRL pointers, and renders the report. UGR has no direct clinician interface in private beta.

APIM

API Platform

National API gateway. All UGR writes and NRL pointer registrations route through APIM for auth, rate limiting and audit. No bespoke gateway.

PDS

Patient Demographic Service

NHS number validation. Every report submitted to UGR is validated against PDS to ensure correct patient linkage before storage and pointer registration.

CIS2

Care Identity Service 2

Clinician identity and RBAC. Access controls for retrieving UGR-held reports are enforced through existing CIS2 roles at the NCRS layer.

NEMS

National Event Management Service

Acts as the primary notification mechanism to inform users of report availability or any UGR data state changes.

Existing NHS England national service (no new build required)

£

Lower build cost

The Genomics Unit and TCC fund one new national component - the Order Management Core Broker - reusable across other diagnostic modalities. Everything else is configuration, integration and business change.



Faster to value

Reusing NRL, NCRS, APIM, NEMS and PDS means we go live with the use case in private beta on existing rails. We are not waiting on new national platforms to be built before we can show clinical benefit.

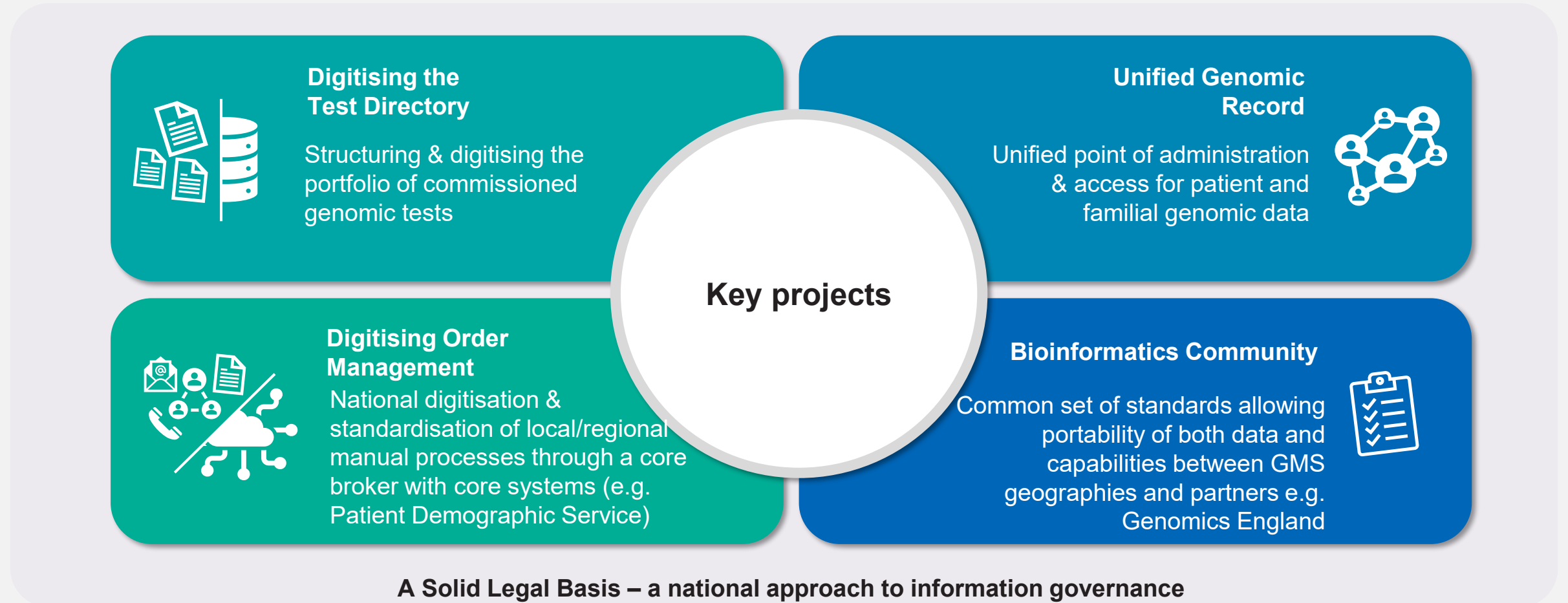


Less new risk

Every reused service is already assured, security-tested, and operationally supported. New risk is concentrated in the UGR-specific components — not spread across the whole stack.

The Genomics Data and Digital Vision supports the NHS 10 Year Health Plan

Interoperability and standardisation will enable data to flow between systems, with a **Unified Genomic Record** available for every patient and family member to enable access to genomic data across the NHS with appropriate permissions in place for clinical care, population health and research.

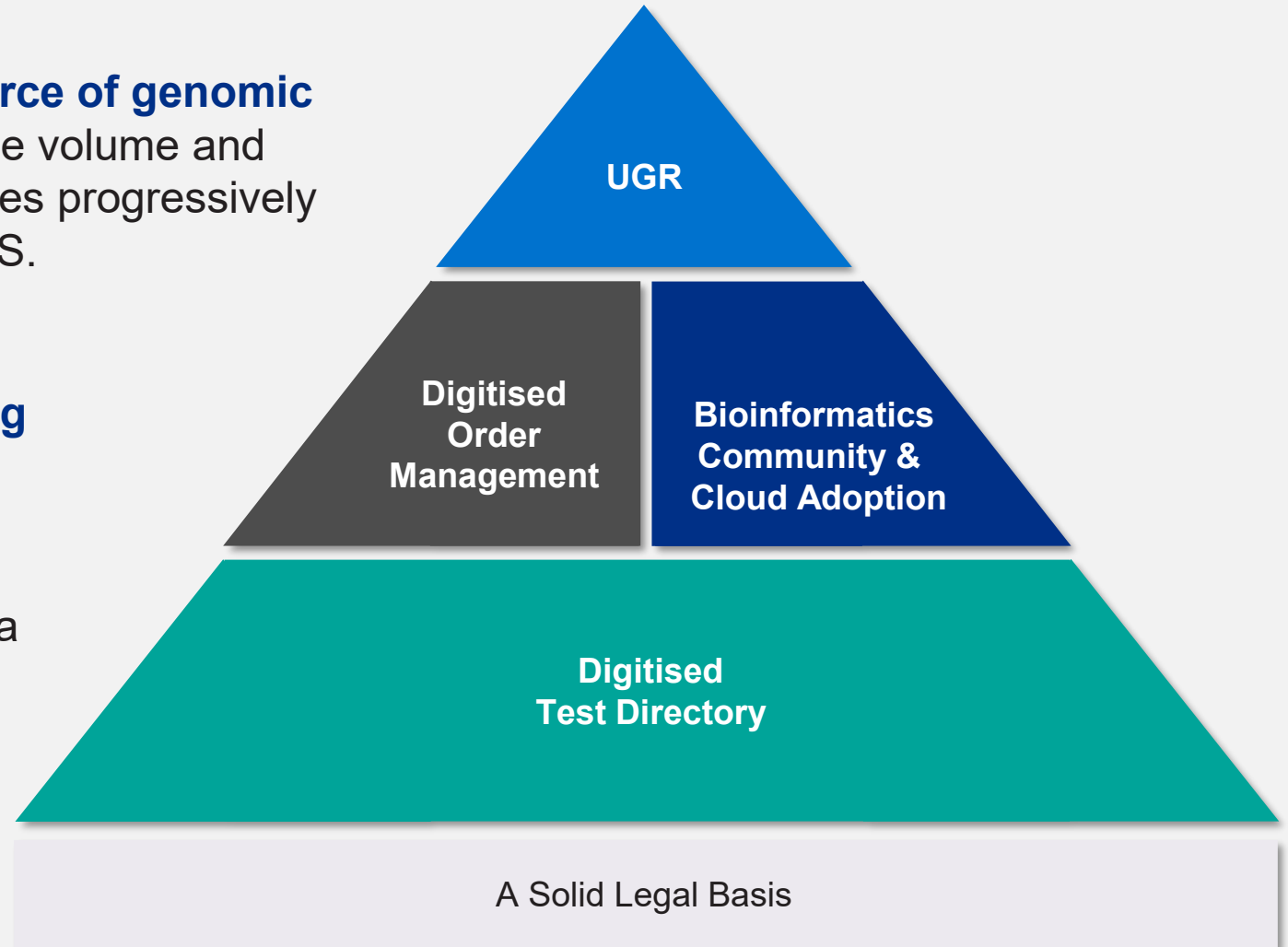


Fundamental Dependencies

Digitised Order Management is a **primary source of genomic data** that will continuously feed the UGR. As the volume and coverage of records increase, the UGR becomes progressively more valuable and clinically relevant to the NHS.

Bioinformatics Community will provide **increased efficiencies in sharing and scaling** the rich bioinformatics data between laboratories.

Digitised Genomics Test Directory will provide a **version-controlled, authoritative, and semantically consistent reference** dataset that enables accurate longitudinal use and interpretation of genomic data over time.



A Solid Legal Basis – Information Governance

- A Framework Ministerial Direction for the GMS was published on 11th September 2026.
- The purpose of these Directions is to enable NHS England to deliver NHS Genomic Medicine Services in line with NHS England's strategy for accelerating genomic medicine in the NHS and the key genomic medicine provisions of the 10-Year Health Plan.



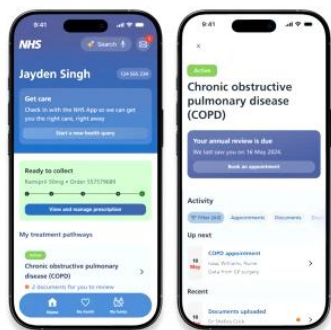
[NHS Genomic Medicine Services Directions 2026 - NHS England Digital](#)

- The first use of the Framework focuses on direct care, Order Management. Secondary use expansion and establishing the early use cases for UGR are next.

And developing the data infrastructure – the Unified Genomic Record

The NHS 10 Year Health Plan set out a bold and exciting vision for the future healthcare enabled by genomics digital developments. Early in the next financial year the first digital use case will see coded PGx results delivered to a primary care EPR via a CDSS.

The future



Genomic data linked to relevant clinical and diagnostic data and available to patients



Digital tools to make genomic test ordering easier for clinicians



Allow patients to access their own data, control their consent status and be contactable for research or clinical trials.

Widely adopted standards to make data accessible, including for research

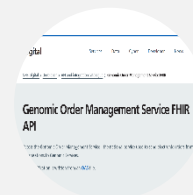


How we will get there



Digitising the National Genomic Test Directory

Ensuring that we can record, in the UGR, which targets were relevant at the time of testing, to enable the safe re-use of data.



Digitising Order Management

Expanding genomic test ordering from secondary into primary care and community-based clinicians via a national broker, using HL7 FHIR interoperability standards.



The Unified Genomic Record

Unified point of administration & access for patient and familial genomic data. This is a longitudinal record, which can be accessed at the point of prescribing, linking the PGx test result simultaneously to a trusted national source of PGx evidence and guidance.

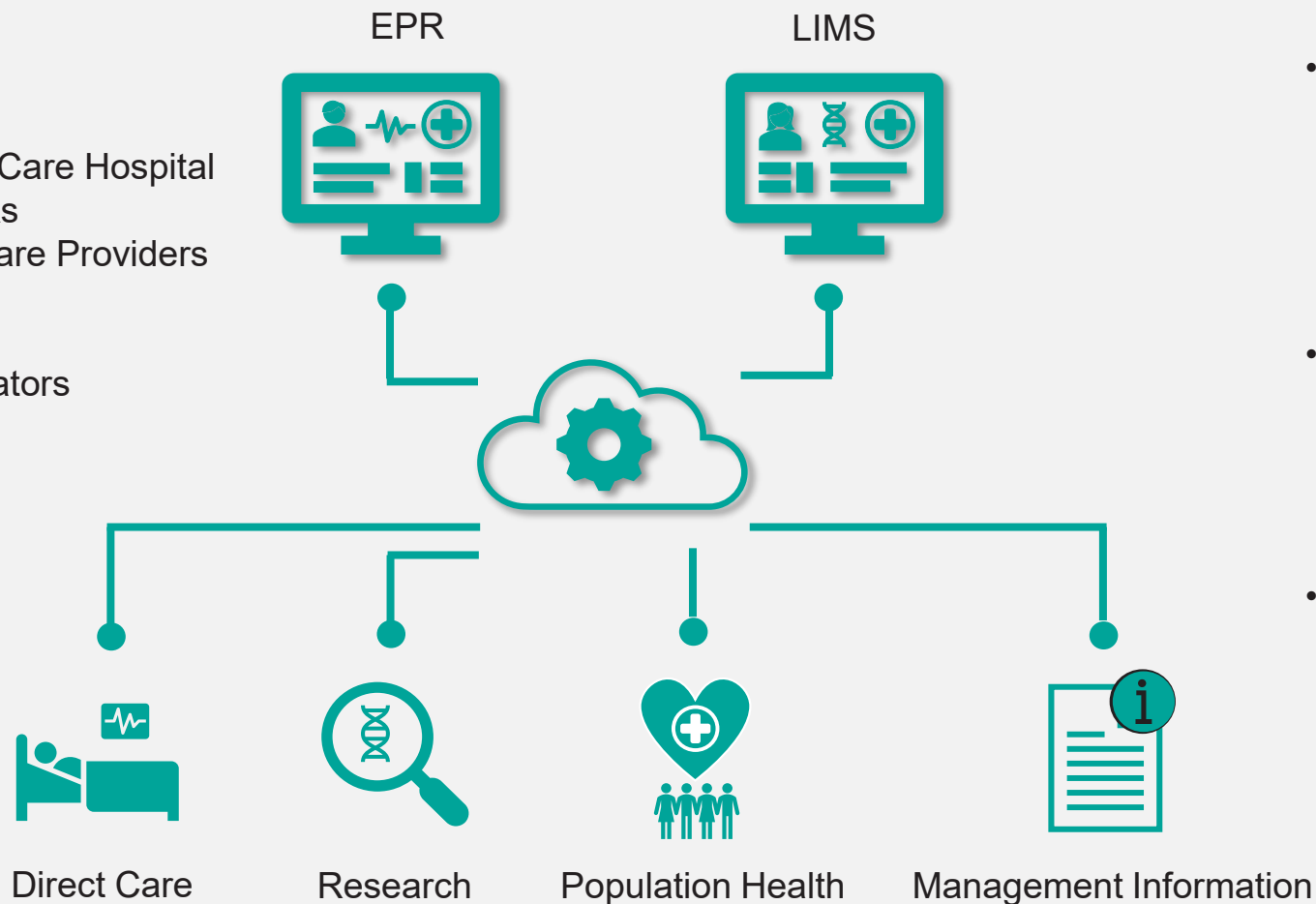


Bioinformatics Community

Cloud based data sharing of standard data formats and reference data sets allowing collaboration, genotype-based cohort identification and searchability between GMS geographies and partners e.g. Genomics England, using GA4GH Beacon/Iceberg. 30

Order Management - Interoperability is key to maximising the value of genomic data

189 Secondary Care Hospital Trusts with EPRs
6400 Primary Care Providers
120+ Suppliers
160+ Products
50+ EPR integrators



- We believe the global standardisation of genomic standards is key for **accelerating biomedical advances**. By enabling the responsible sharing and interoperability of genomic and clinical data across institutions and borders.
- We believe making this a reality requires global health services to **align on standards** and generate a **consistent set of priority requirements** for industry to support.
- We believe that there is competitive advantage in EPR, LIMS and system vendors prioritising the delivery of **Genomics Modules** that support **native FHIR interoperability**.

Genomic Order Management Service FHIR API

Access the Genomic Order Management Service - the national service used to send electronic orders from NHS organisations to Genomic Services.

This specification is written from an [OAS](#) file.

[Get OAS file](#)



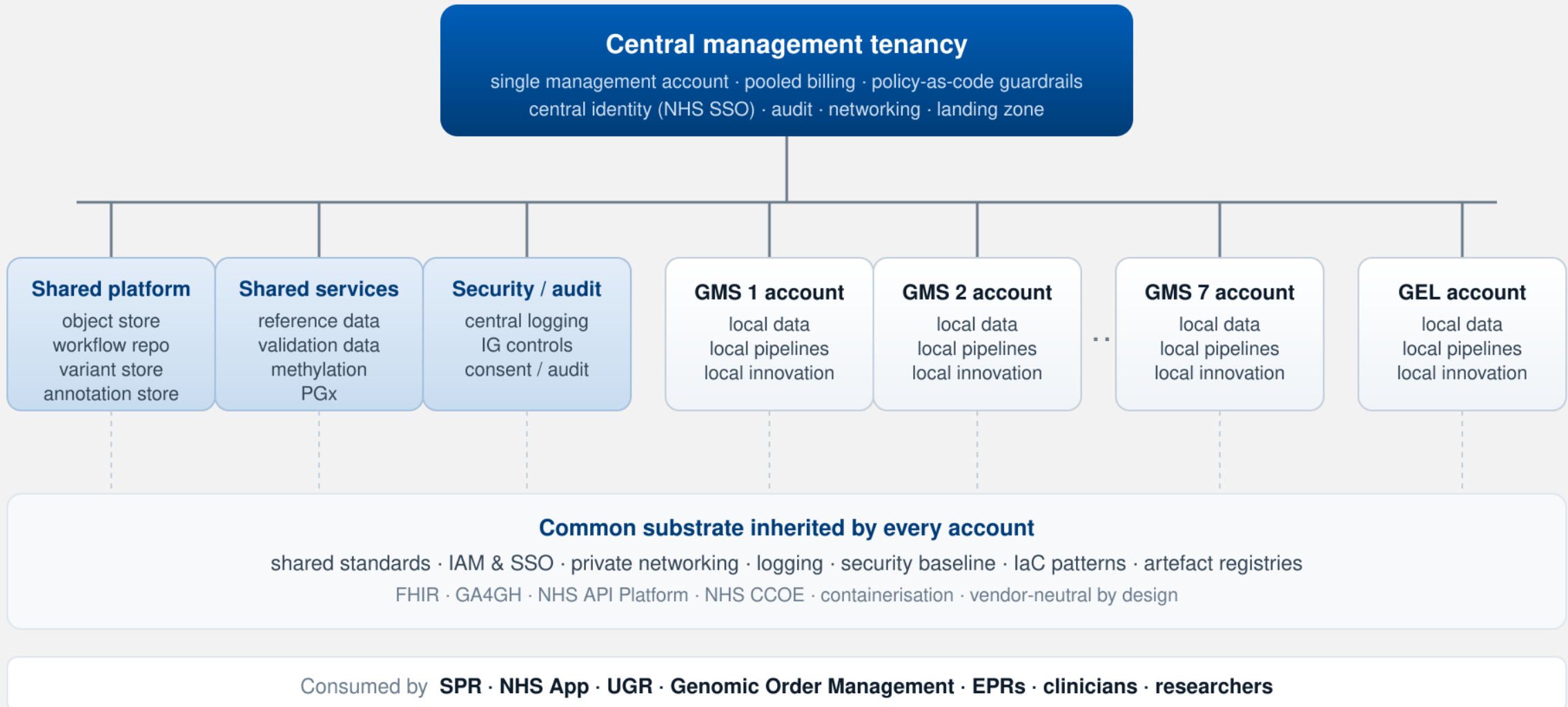
Community Cloud PoC: Federated variant search

- A cloud-based prototype showing how variant and clinical data can be stored consistently and queried across multiple GMS partners.
- Demonstrate how cross-site variant analysis could be achieved securely and reproducibly, paving the way for future large-scale federated genomics applications across the GMS.
- VCFs uploaded to a Federated Object Store using DRS upload are annotated and transformed into an analytical format: Apache Iceberg tables
- These tables enable queries across the GMS data held across multiple sites, supporting cancer and rare disease diagnostics
- We will explore implementing a GA4GH Beacon v2 API to support standards-based querying across the GMS network



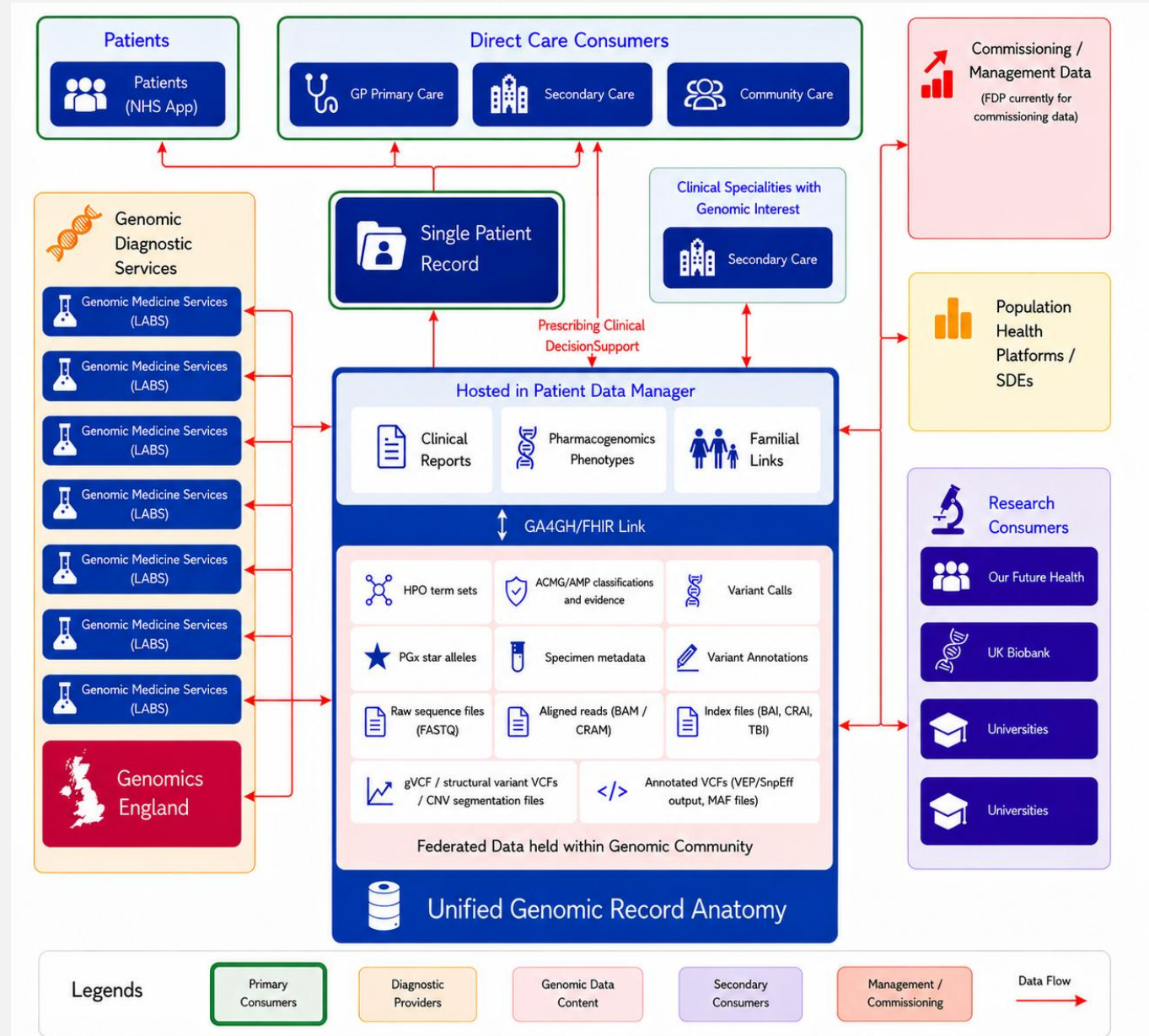
Bioinformatics - Federated National Tenancy

FEDERATED NATIONAL TENANCY · ONE PLATFORM · SEVEN GMS REGIONS · GEL



The Anatomy of the Unified Genomic Record

- Based on national infrastructure
- A longitudinal record
- Potential to support lifelong, patient-centred care
- Connecting genomic laboratory systems, informatics platforms and local EPR environments
- Making genomic results structured, shareable and clinically usable
- Building the foundations for safe, scalable genomic medicine across the NHS



Questions



Skill Clinic



Andy Meiner
CEO
Si-Squared



Mark Delderfield
Genomic Data & Digital Director
NHS North West Genomic Medicine
Service Alliance



Lisa Sewell
Chair of Data and Digital Genomic Network
North East and Yorkshire Genomic Medicine Service



Clinical care

Workflow

People + Data + Systems

Interoperability

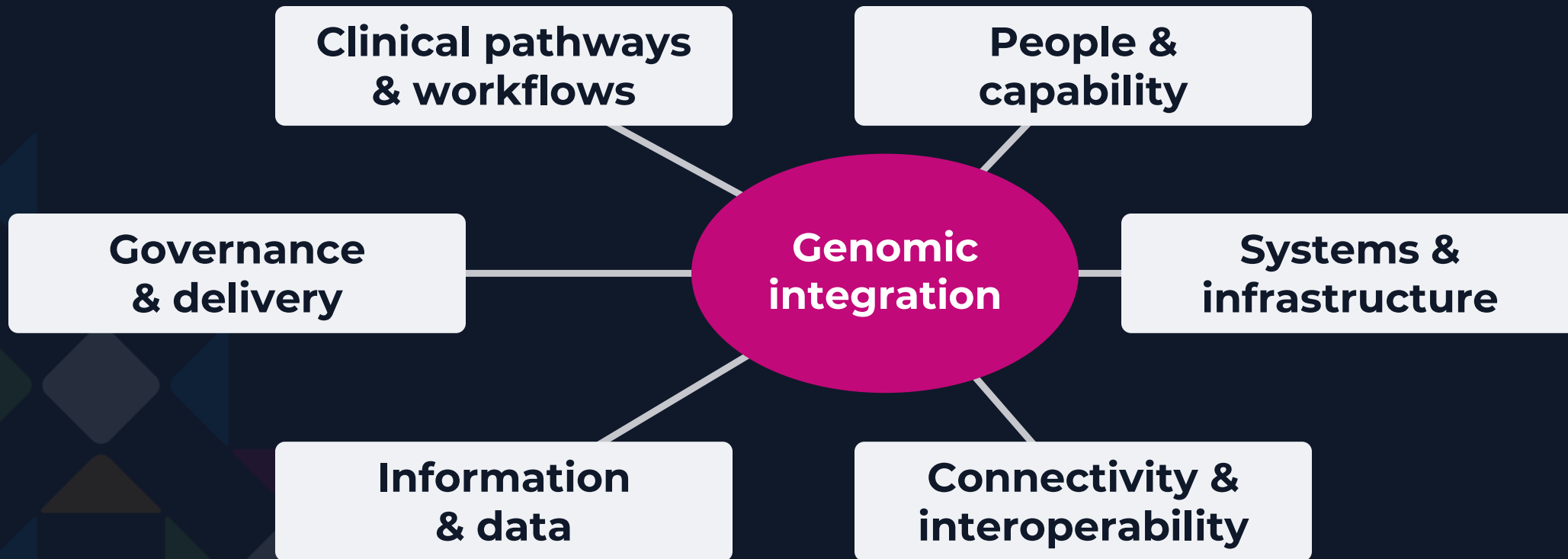
Skills Clinic

Building the digital foundations for genomic integration

Workflows | EPRs | Clinical readiness

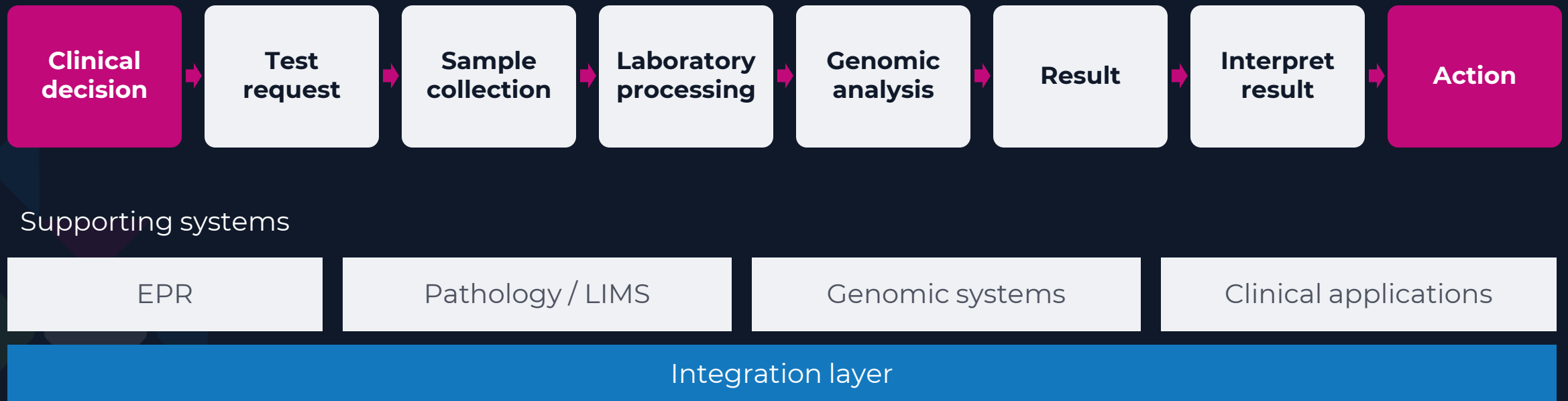
The technology is only part of the foundation.

What are the digital foundations?



Technology is part of a wider foundation

Foundation 1: Start with the clinical pathway



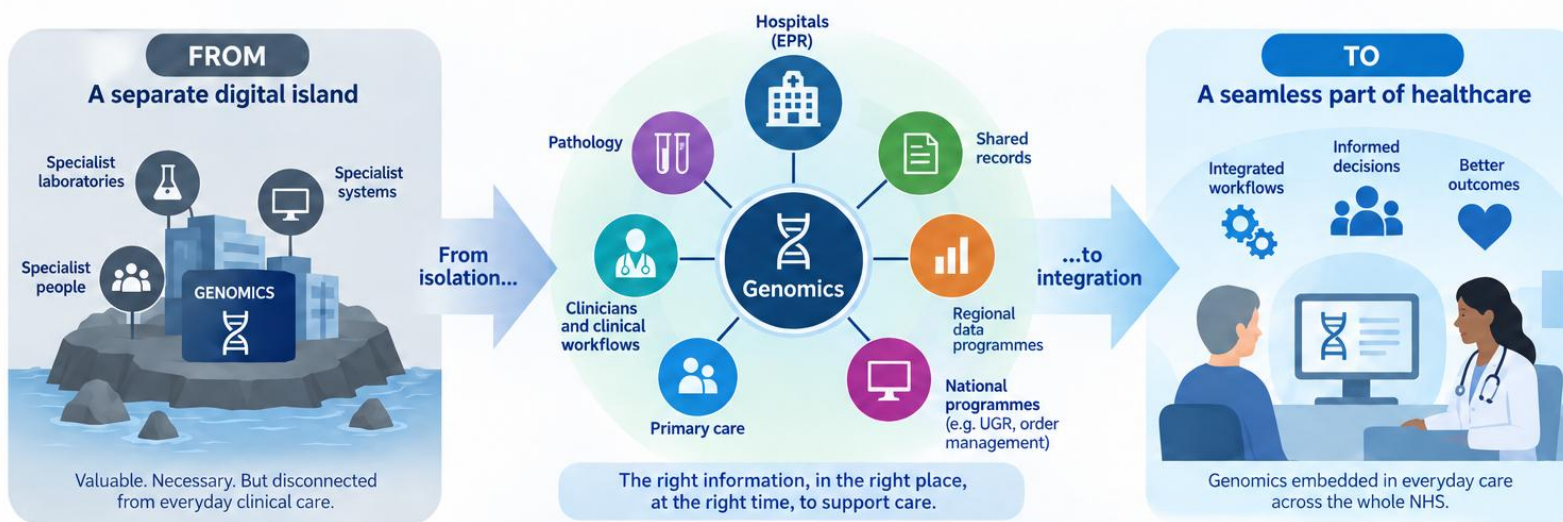
**Where are the
hand-offs?**

**Where is
information
lost or re-entered?**

**Where do
clinicians
leave their
workflow?**

Foundation 2: Genomics is not a separate digital island

Same systems. Same workflows. **Better care for more people.**



1. Clinical service

Supports clinicians and patients in everyday care.



2. Regional ecosystem

Works with partner organisations to deliver for services and populations.



3. National strategic architecture

Connects with national programmes (e.g. UGR, order management, Single Patient Record) to deliver long-term value.

Don't wait for perfection



Understand what systems can do now.



Identify the gap.



Design a sensible transition.



Make incremental improvements along the way.



Don't put interoperability in the 'too hard' box. It isn't impossible.

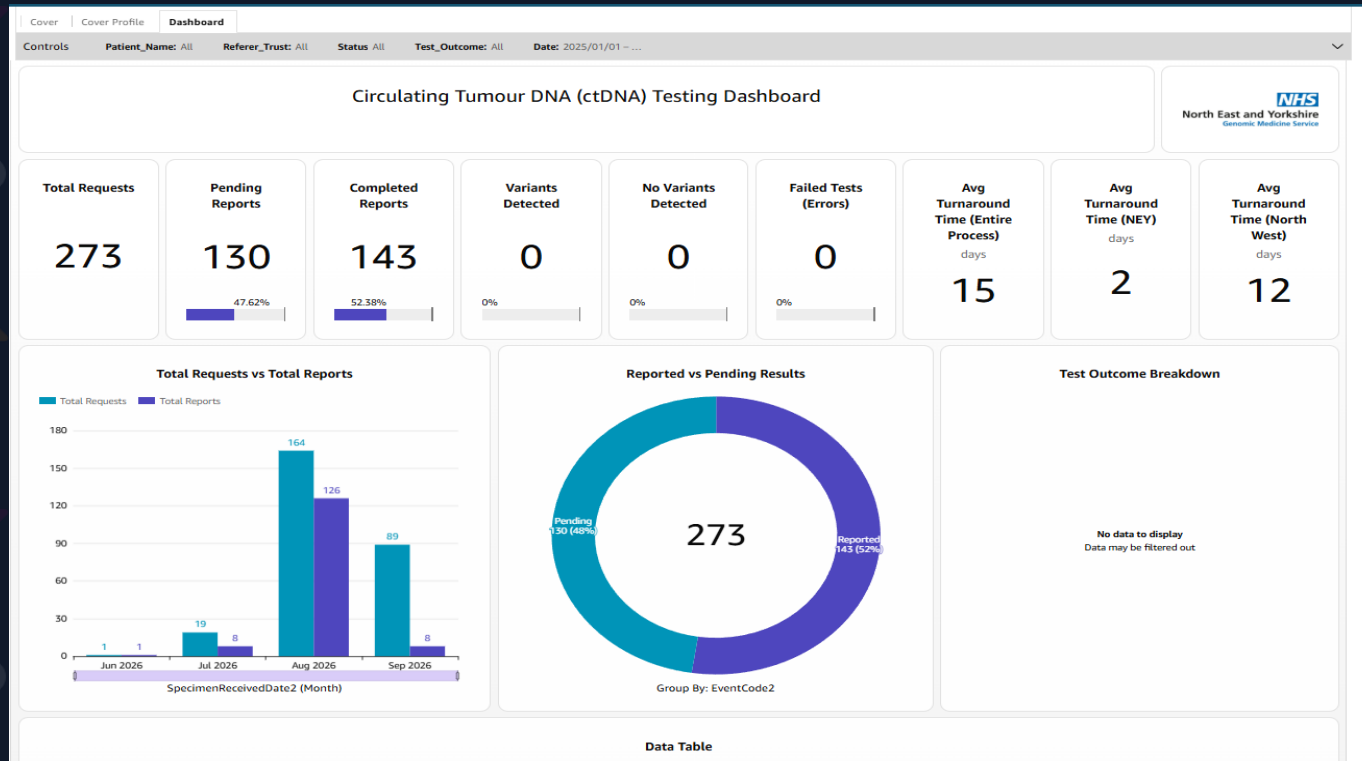


“Understand the elephant. Then decide which bit you’re going to eat first.”

INTEGRATED DATA.
BRIGHTER TOMORROWS.
FOR EVERY PATIENT.

Foundation 3: Pragmatism in practice: ctDNA

Where is the test, and what happens next?



The reality

Multiple organisations and systems
Governance and delivery capacity

The approach

Use what is available now
Keep the long-term direction in view

Delivery capability is part of the digital foundation

Main Takeaway: Don't put it in the “too hard” box

1

**Map one
pathway**

What happens
today?

2

**Find the
friction**

Calls, workarounds
and duplicate entry

3

**Understand
what you
have**

Existing systems
and connections

4

**Bring
people
together**

Clinical, genomic,
digital and delivery

5

**Make one
useful
improvement**

Learn, then
take the next step

What useful step could you take next week?



Case Study



C the Signs



Dr Miles Payling MD
Co-Founder and Chief Scientific Officer
C the Signs



GenomicsConnect



Genomics Case Finding in Primary Care

Dr Miles Payling

WHO WE ARE

C the Signs is an AI-driven cancer prediction platform, built by NHS doctors to help find patients at risk of cancer earlier.

C the Signs analyses electronic medical records (EMRs) and patient-reported data to identify individuals at risk of cancer.

It is a pan-cancer platform with three core capabilities: clinical decision support, direct-to-patient risk assessments, and population-level case finding.

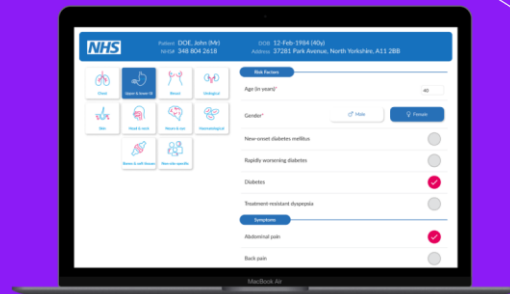
Safe, secure and evidence-based, it integrates directly with electronic health records and is fully configurable to local pathways, access and referral criteria, with real-time dashboards to track impact and outcomes.



C the Signs

Give everyone the
chance to survive
their cancer

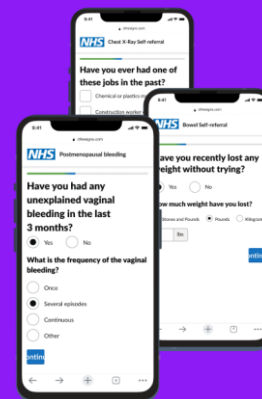
C the Signs



01

Point of care decision support

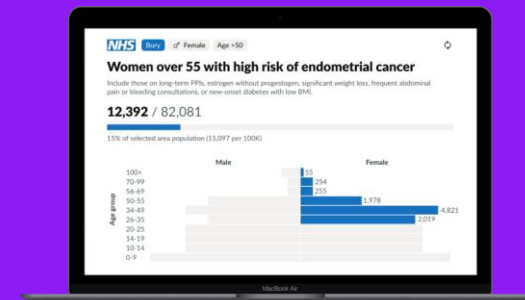
Primary care receives real-time guidance when patients present with symptoms on cancer risk and pathway navigation



02

Patient assessments

On completing a risk assessment, eligible patients are navigated to a diagnostic or a specialist



03

Population case finding

AI scans EMRs to identify high-risk patients, sends a patient assessment for further review, and if eligible, navigates patients to a diagnostic or a specialist

OUR SCALE

Built by NHS clinicians, deployed nationally since 2017

22%

Adoption across NHS in England

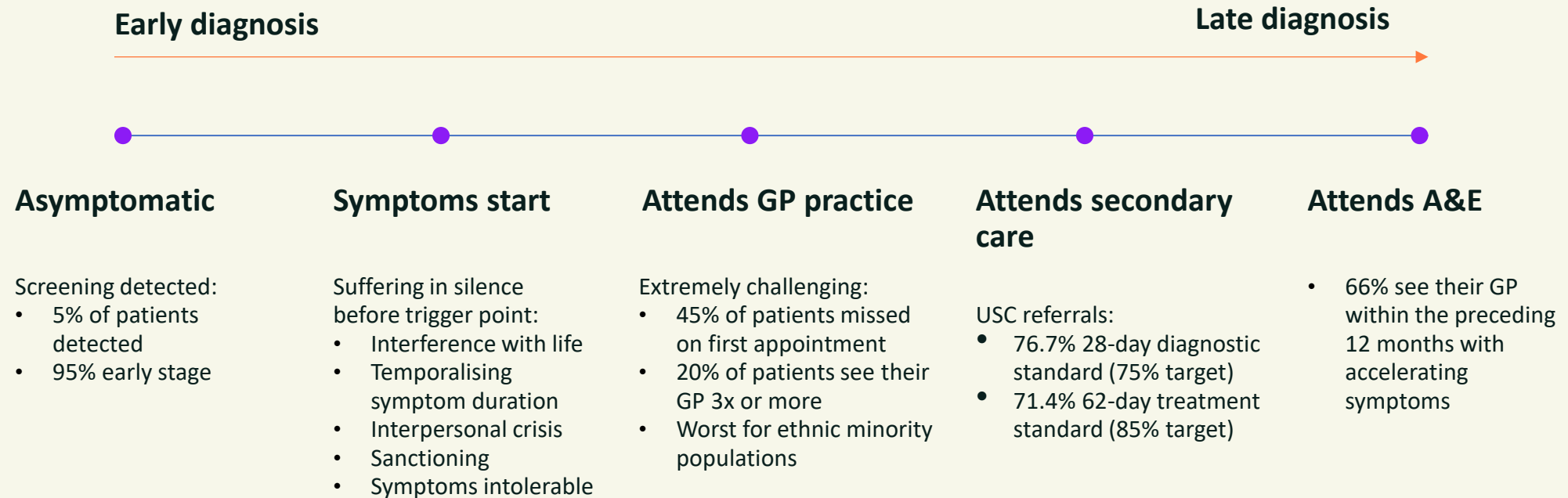
22 min

cancer is detected by C The Signs

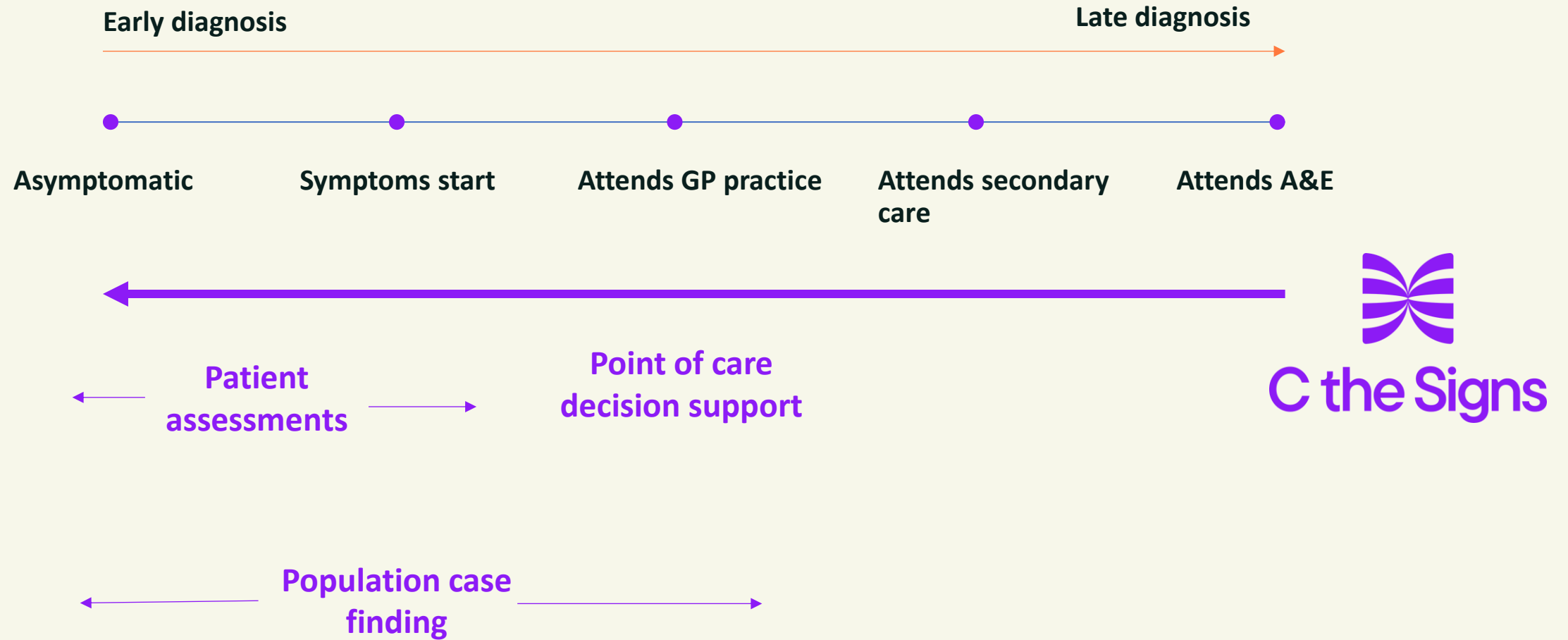
1,500+

GP practices and trusts across the country

The journey of a cancer patient



How C the Signs is helping



WHY THIS MATTERS

Hereditary risk is common and often goes unidentified

55,000+

new breast cancer cases diagnosed in the UK
the UK every year

~5%

of breast cancers are attributable to inherited
inherited pathogenic variants such as BRCA1
BRCA1 and BRCA2

~10%

of women meet referral thresholds for
moderate or high familial risk after structured
structured assessment

THE CHALLENGE

Identification today depends on chance, not systems

Awareness and time-limited consultations

Familial cancer risk identification remains largely dependent on on patient awareness and clinician time within routine consultations, consultations, and many at-risk individuals remain undetected in the undetected in the community. Family history recording is variable and variable and referral thresholds are applied inconsistently.

A risk to equity of care

This opportunistic model risks reinforcing health inequalities, particularly in deprived communities where awareness of inherited inherited risk may be lower. It also produces variable referral quality quality into genetics and surveillance services, limiting the efficiency efficiency of specialist capacity.

An easy, NHS-standard digital assessment

- Case finding to identify patients eligible
- An easy-to-navigate digital assessment, built to NHS to NHS design standards, completed outside time-limited consultations.
- Accessible via invitation link, QR codes, website widgets, or completed by phone for patients unable to complete them digitally.
- For this programme, the platform captures: information about an individual's cancer risk, detailed multi-generational family history and additional information to support onward care.

The image displays two views of the 'Check your family history for cancer risk' assessment. The desktop view on the left features the NHS Dorset logo and the title 'FAMILY HISTORY SELF-ASSESSMENT'. The main heading is 'Check your family history for cancer risk.' Below this, a paragraph explains the purpose of the assessment. A 'Before you start' section lists four bullet points: the questionnaire takes up to 40 minutes; it asks about the health of parents, grandparents, brothers, sisters, children, and other close relatives; it can be helpful to talk to relatives first; and if you know treatments or conditions family members have had, keep this handy. A contact number '01823 213567' is provided for help. The mobile view on the right shows the same content adapted for a smartphone screen, with a 'Self-assess now' button at the top and a 'Get Started' button further down. The mobile screen also shows the time '9:41' and signal strength indicators.

NHS DORSET FAMILY HISTORY SELF-ASSESSMENT

Check your family history for cancer risk.

Your family's health history can help us understand whether you may be at higher risk of developing cancer. Most cancers are not inherited, but some families have a higher risk due to their shared genes. By answering some questions about three generations of your family, we can see if you may benefit from extra checks, support, or advice.

Before you start

- The questionnaire may take up to 40 minutes.
- You'll be asked about the health of your parents, grandparents, brothers, sisters, children, and other close relatives.
- It can be helpful to talk to your relatives first, or have them nearby when you fill it in.
- If you know what treatments or conditions family members have had, keep this handy.

If you would like help filling out the form, we're here for you:
📞 Call 01823 213567 — Monday to Friday, 8am to 4pm

Welcome!
Please provide your date of birth and postcode that is you

Date of birth
For example, 3 27 2008

Month Day Year

Postcode
For example, M1 1AA

Find by [Postcode](#)

☐ I have read and agreed to the [Terms and Conditions](#) and [Privacy Policy](#)

Get Started ~40 min

By completing this self-assessment, you consent to decision-making to assess your eligibility and/or to assessment.

Check your family history for cancer risk.

[Self-assess now](#)

Your family's health history can help us understand whether you may be at higher risk of developing cancer. Most cancers are not inherited, but some families have a higher risk due to their shared genes. By answering some questions about three generations of your family, we can see if you may benefit from extra checks, support, or advice.

Before you start

- The questionnaire may take up to 40 minutes.
- You'll be asked about the health of your parents, grandparents, brothers, sisters, children, and other close relatives.

Example screen from the Patient Assessment questionnaire

Identifying the right cohort, systematically

- Rather than relying on opportunistic discussions in routine consultations, the platform enables precise targeting of defined cohorts using structured, longitudinal electronic health record data
- Inclusion criteria: women aged 40–49 years, specific PCNs/practices
- Exclusion criteria: previous mastectomy; known genetic mutation (BRCA, Lynch syndrome).

Centrally managed, with no burden on GP practices

- All case finding is managed centrally. There is no requirement for GP practices to download search templates, run local queries, or allocate queries, or allocate staff time. No new software needs to be learned, and routine consultation workflows are not altered.
- Implementation can be phased by patient volume, so downstream diagnostic and specialist services have adequate capacity and avoiding destabilisation of local pathways.
- Outreach can be adjusted by patient volume (e.g. a set number of invites per day, week or month) or by geography (individual practices, PCNs or localities).
- Patients are invited via SMS/NHS App to a secure Patient Assessment landing page, with all invitations recorded in the patient's record using searchable SNOMED coding for traceability.

9:41

cthesigns.com

NHS

DORSET
FAMILY HISTORY
SELF-ASSESSMENT

[< Back](#)

How many siblings do you have?

1

2

3

4

More

Continue

9:41

cthesigns.com

NHS

DORSET
FAMILY HISTORY
SELF-ASSESSMENT

[< Back](#)

Have you ever had a DNA or genetic test?

☐ Yes

☐ No

Continue

9:41

cthesigns.com

NHS

DORSET
FAMILY HISTORY
SELF-ASSESSMENT

Paternal Grandmother

Tell us about your mothers mother cancer history.

Please fill in as much as you know – it's okay to leave things blank if you're not sure.

Name

Sara

Date of birth

Provide only a year if not sure. For example:
–, –, 1988

Day

Month

Year

Living status

☐ Alive

☒ Died

☐ Not sure

Year of death

If you're not sure, you can leave this blank.

9:41

cthesigns.com

NHS

DORSET
FAMILY HISTORY
SELF-ASSESSMENT

Has this person ever been diagnosed with cancer?

☒ Yes

☐ No

☐ Not sure

List type of cancer they were diagnosed with and at what age. Leave blank if you don't know or unsure.

Cancer type

Breast cancer

X

▼

Age

56

X

Search...

X

▼

🗑

+ Add another diagnosis

Hospital

List the hospital or hospitals where they were treated. Leave blank if you don't know or unsure.

Oxford Medical Centre, Kent

Note

Integrated with CANRISK, a validated risk tool

- The platform shares the necessary information with the validated genetic risk stratification tool CANRISK via an API, so risk stratification can take place.
- It receives the evidence-based 10-year and lifetime risk outputs from CANRISK, presenting a finalised outcome to the patient in line with national guidance and locally agreed thresholds.
- Risk thresholds and onward routing logic are agreed with genetics provider and local clinical leads during pathway configuration.
- Integration with CRISP, for colorectal cancer risk, may follow subject to feasibility and governance approval — it is not a dependency for pilot go-live.

Has this person ever been diagnosed with cancer?

☒ Yes ☐ No ☐ Not sure

List type of cancer they were diagnosed with and at what age. Leave blank if you don't know or unsure.

Cancer type Age

+ Add another cancer diagnosis

Hospital

List the hospital or hospitals where they were treated. Leave blank if you don't know or unsure.

Note

Add anything else that might be useful (e.g. treatment details, stage, family history).

[Back](#) [Continue](#)

Example multi-generational family history screen

OUTPUTS

A clinical-grade referral, generated automatically

- Following risk stratification, the platform constructs a pedigree chart and creates a clinical-grade referral letter — including the pedigree chart, a clear summary of all patient answers, and the full CANRISK risk outputs.
- This is delivered to the appropriate healthcare organisation via a secure Provider Dashboard or secure email.
- All collected data is saved back into the patient's Electronic Healthcare Record as a PDF attachment, alongside a SNOMED code distinguishing those eligible for secondary care from those offered advice.

Dorset Self Referral Service
Breast Cancer Family History

Richards, Annika Female 56yrs 24 Feb 1970 Referred on 12 Jan 2024, 15:43

Question	Response
Have you ever been diagnosed with endometriosis?	× No
Have you ever had your tubes tied?	× No
Have you had a bilateral oophorectomy?	× No
Have you had a bilateral mastectomy?	× No
Have you ever been diagnosed with the following cancers?	✓ Yes
Breast (single breast)	✓ Yes
At what age?	45
Breast (other sides)	× No
Ovarian	× No
Pancreatic	× No

Pedigree Chart

Key: ☐ Female ☐ Male ☒ Deceased ☒ Cancer reported ☒ Proband

Family History Details

All data is self-reported by the patient. DOB – Date of Birth; YOD – Year of Death

ID	Relationship	Name	Sex	DOB	Alive	YOD	Residence	Cancer diagnosis
P	Proband	Annika Richards	F	24/2/1970	✓		1 Brick Lane, London, W1 3RE	• Breast (33)
S1	Sibling	Katrine Smith	F	11/9/1972	✓		London	× None reported

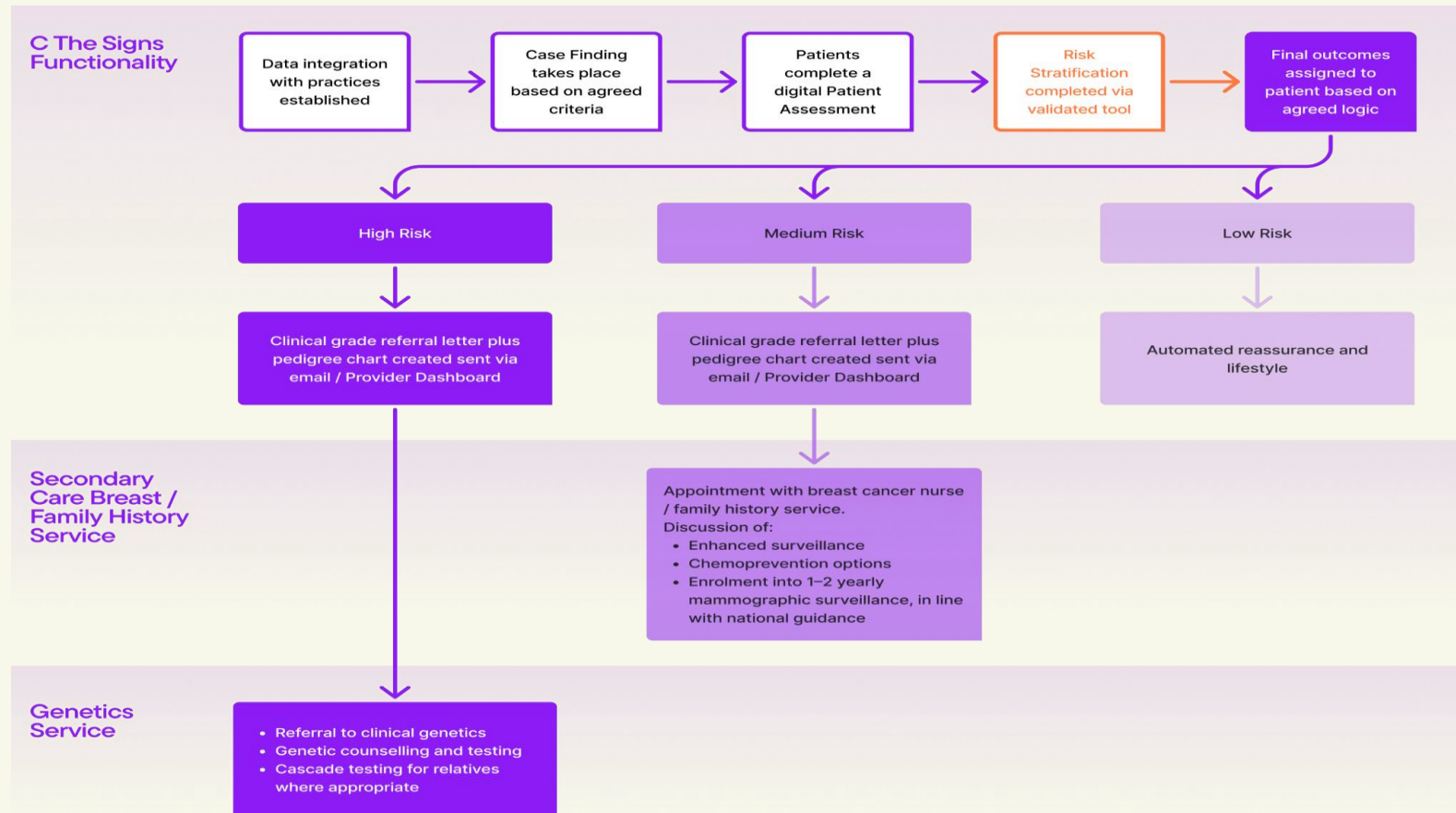
Table continues on the next page

Dorset Self Referral Service
Breast Cancer Family History

Example referral output sent to the onward healthcare organisation

THE PROPOSED MODEL

From case finding to family history and genetic clinics



The breast cancer component integrates with CANRISK; colorectal integration with CRISP is subject to future feasibility and governance approval.

Built to fit within NHS systems and standards

Integration & Data Access

The platform integrates directly into primary care EHR systems (EMIS, Vision, SystmOne), enabling both the coded-data searches that underpin case finding and the write-back of patient data into the GP record. It is accessible via secure NHS Smartcard authentication for real-time, multi-site collaboration.

Information Governance & Compliance

C the Signs is a UKCA-marked Class I medical device manufacturer, manufacturer, registered with the MHRA. It complies with ISO 27001, ISO 27001, ISO 20000, Cyber Essentials Plus, the NHS Data Security Security and Protection Toolkit, DTAC and DCB0129 clinical safety safety standards, hosted on secure UK cloud infrastructure.

Built for any genetics family history programme

The platform has been built to facilitate any bespoke family history or history or genetics pathway, including Colorectal cancer, Lynch Lynch syndrome and non-cancer screening programmes.



Earlier detection. Better outcomes.
Building hereditary risk identification into
everyday primary care.

Thank you

CONTACT US:

Dr Miles Payling
Chief Scientific Officer and Co-founder
milespayling@cthesigns.com

Refreshments & Networking



GenomicsConnect



GenomicsConnect

FEATURED ORGANISATIONS

Visit every stand for your chance to win a
£100 voucher!



HIC



C the Signs



HARRIS
HEALTH ALLIANCE

genedrive

Chair Morning Reflection



Hadleigh Stollar
Chief Executive Officer
Healthcare Innovation Consortium



Leadership Interview



Lisa Sewell

Chair of Data and Digital Genomic Network
North East and Yorkshire Genomic Medicine Service



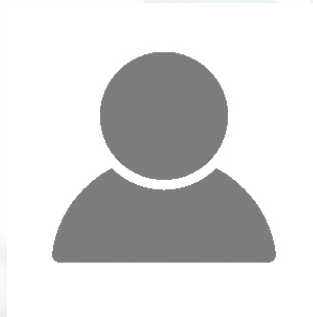
Rhian White

Consultant Clinical Scientist,
Laboratory Directory
All Wales Medical Genomics Service



Shane McKee

Consultant Clinical Geneticist, NI Regional
Genetics Service
Belfast HSC Trust



Paul Westwood

Consultant Clinical Scientist, Head of NHS GGC
Laboratory Genetics Service
and Chair of the Data and Digital Group for the
Medicine





Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.





NHS Deep Dive



Gareth Masson
Data and Digital Lead
Central and South GMS



Integrating Genomic Testing into Clinical Pathways

Thursday 24th September 2026

Garth Masson – CAS GMS Data and Informatics Lead



Who am I?

Gaz Masson

Central and South GMS

Worked within the Genomics environment for more than 20yrs

Worked in a multitude of roles (Technical, Scientific, Business support)

Many significant projects currently ongoing



Genomics is changing



Hospital → community



Analogue → digital



Sickness → prevention



Personalised / precision care

Patients	I'm having a special genomics test	This is just part of my care
Clinician	How do I access genomic testing	Genomics is just another clinical tool
Pathology	We send out to genomic testing	We're part of the genomic pathway
Genomics Laboratory	We deliver the test	We enable clinical decisions
GMS	We provide genomics services	We enable genomic medicine across the region

National Program of works

National Genomic Testing
Pathway

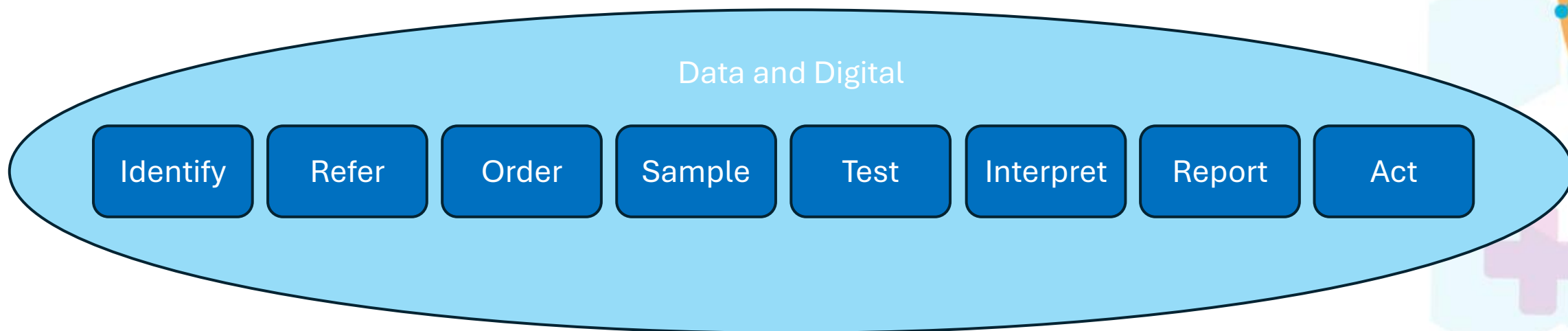
Digital Genomic Test Services

Genomics Order Management

Unified Genomic Record

Bioinformatics Community

The Pathway



The Challenge

It has to work for everyone

Make the right thing the easy thing

Local clinical pathways

Don't digitise complexity

Don't optimise service around single organisation

Design around the Patient/Family



What makes accessing genomic testing different from accessing a routine diagnostic test, and how do we make it feel like part of the same clinical pathway?



What does a genomic result need to look like within the EPR for a clinician to be able to understand it and actually use it in a clinical decision?



What data needs to be stored in the EPR, and who owns it once the laboratory has reported it?



What should we standardise nationally, and where should we allow local variation?



If you were redesigning your genomic testing pathway tomorrow, what are the one or two things you would change first?





Chair Afternoon Address



Hadleigh Stollar
Chief Executive Officer
Healthcare Innovation Consortium





Fireside Chat



Videha Sharma

Clinical Innovation Lead

University of Manchester / Fava Health





NHS Deep Dive



Dr John Thomson

National Associated Clinical Director, CfSD
Centre for Sustainable Delivery. NHS Scotland





NHS Scotland's Accelerated National Innovation Adoption

A Case Study of ANIA in practice

Dr John Thomson
National Associate Clinical Director
Centre for Sustainable Delivery

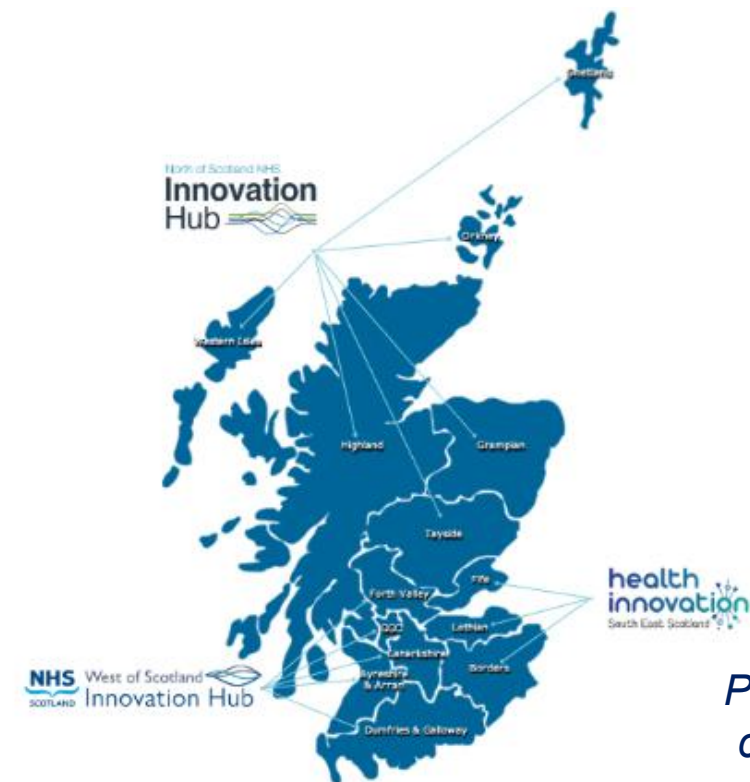
Delivering Innovation



End to End Innovation Adoption

INNOVATION DEVELOPMENT

NHS, Industry & Academia working in partnership via our three Regional Innovation Hubs to operationally test and develop technological innovations



ACCELERATED NATIONAL INNOVATION ADOPTION (ANIA) PATHWAY

National Boards, supporting the identification, assessment and national adoption planning/governance of high impact technological innovations



Proven innovations that can transform how we deliver health care



NATIONAL DELIVERY

14 Territorial Health Boards, SAS & NHS Golden Jubilee adopting at pace





Readiness Levels

1 2 3 4 5 6 7 8 9



Readiness Levels

1 2 3 4 5 6 7 8 9



Innovation Horizons



Emerging Horizon

Transitional Horizon

Imminent Horizon

Innovation

- R&D
- Patent application
- Unmet need

Preclinical

- Prototype
- Testing

Clinical Trials

Regulatory process

- FDA, CE, UKCA

Market Access Approved

- HTA approval

Post Market Surveillance

- Systematic reviews

15-10 Years

10-5 Years

7-2 Years

3-0 Years

Market Access

Experimental Phase

Investigational Phase

Nearly Established

Under Diffusion

Established

Obsolete

ANIA

Scotland Innovates

Innovation hubs

IDAP

MHRA

NICE (lifecycle approach)

NHS Innovation Service

NHS Accelerator

NIHR-IO

Time to market
Life Cycle

Agency scope
(illustrative only)

Structures of Innovation Adoption



GOVERNANCE
**Innovation Design
Authority (IDA)**
brings together SG
& NHS leadership

***Proven innovations
that can transform
how we deliver
health care***



**Scottish
Ambulance
Service**
Taking Care to the Patient



NHS
Golden Jubilee



Inclusive Innovation Adoption



*Innovation Design Authority (IDA)
brings together SG and
NHS leadership*

*Proven innovations that can transform
how we deliver health care*



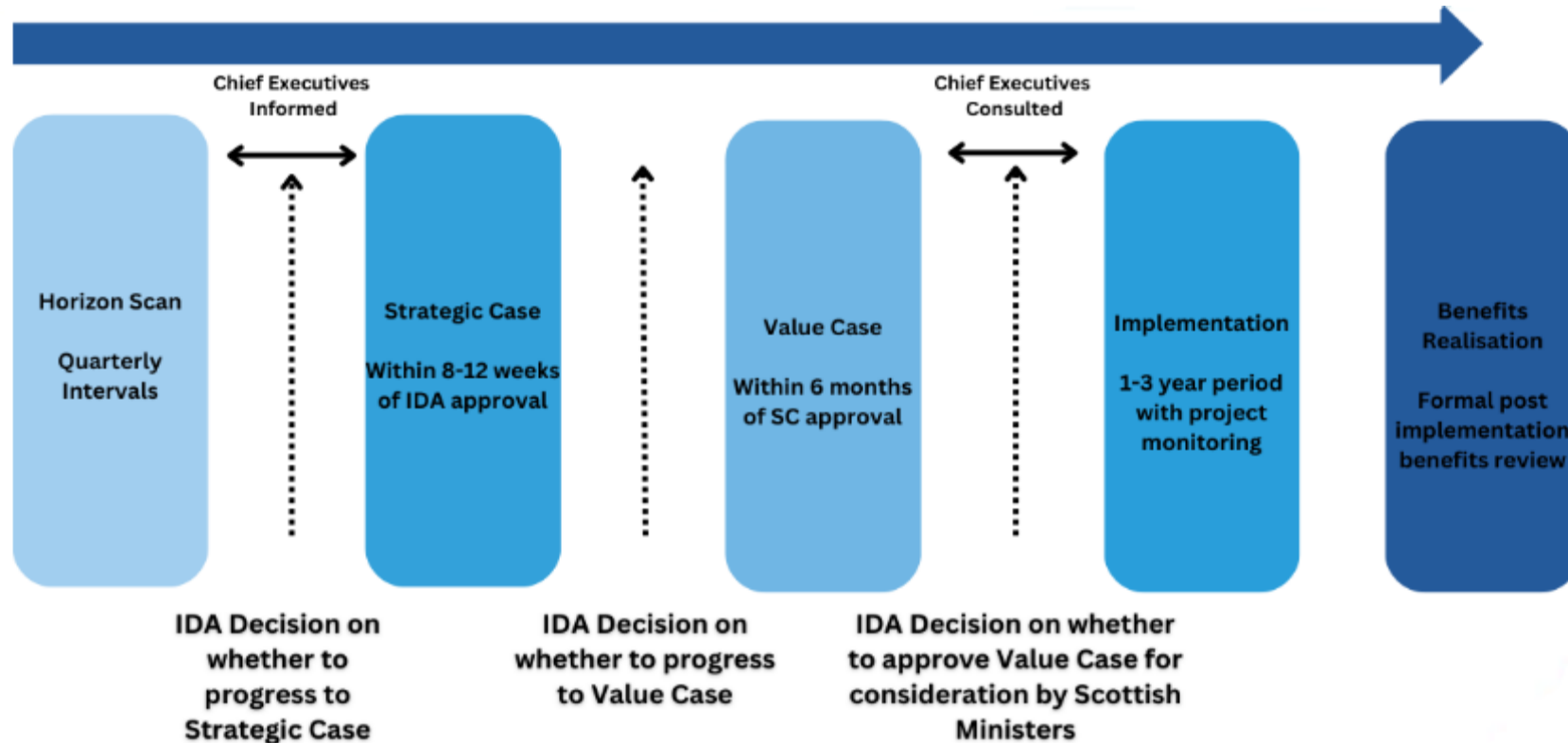
Accelerated National Innovation Adoption



The adoption of high impact, proven innovation at pace through ANIA is a key Government priority. ANIA operates according to four core principles:

- **Clear lines of accountability for the Scottish Government (SG) as commissioner, with CfSD taking on the role of lead and accountable body for the operational delivery of ANIA, CfSD will meet regularly with SG to review performance relating to the ANIA commission.**
- **CfSD will work in close partnership with ANIA Delivery Partners to deliver the transformational change required. Each ANIA Delivery Partner will have a clear role and function.**
- **All ANIA Delivery Partners will include ANIA as a key corporate priority.**
- **In addition to this corporate support, ANIA Delivery Partners will receive recurring funding via CfSD to enable them to recruit dedicated ANIA operational posts to support the delivery of their respective functions.**

ANIA STAGE GATES



Innovation Adoption Process – Detail



ZERO Horizon Scan	ONE Strategic Case	TWO Value Case	THREE Implementation	FOUR Benefits Realisation
Prioritisation	Evaluation	Approval	Monitoring	Outcome
At quarterly intervals IDA to receive a horizon scan report on innovations which meet ANIA entry criteria. Innovations within this report which are being recommended for ANIA should have an accompanying Initial Assessment (IA) setting out: • Need for change • High level benefits arising from change • Contribution to NHS Scotland priorities / policy	Within 12 weeks of IDA approval, set out Strategic Case (SC), covering: • The innovation and its provenance • The research evidence supporting the proposed change including likely clinical effectiveness and cost effectiveness if nationally adopted • Compliance with regulatory requirements • Indicative costs and affordability • Initial stakeholder (e.g. clinical) views • Proposed KPI • Project governance for final value case development	Within 6 months of SC approval, a final value case that is proportionate to the level of investment being sought and with chapters setting out: 1. Executive Summary 2. Strategic Case: Updated case for change 3. Public Value Proposition: Anticipated impact against status quo if nationally adopted covering clinical, economic, health inequalities, carbon emissions, service provision and workforce. 4. Adoption Design: National adoption model covering procurement, assurance, digital design and clinical pathway. 5. Affordability: Financial model, evidence of support from stakeholders (e.g. SG budget holder & BCE) and statement on affordability (e.g. IDA budget and Board view on BAU) 6. Delivery: Full implementation plan (e.g. PID) with delivery milestones, governance, assessment of key challenges and plans for transition to BAU.	1-3 year period with project monitoring throughout tracking delivery against • Programme milestones, • Finance / Cost (budget), and • Mitigation of Risk. The arrangements for each project would operate to best practice project management principles and methodology. Any material changes to scope, programme or cost should be agreed with IDA through the agreed change control process.	Formal post implementation benefits review: • Achievement of agreed outcomes • Have stakeholder expectations been realised • Impact of service change • Improvement delivered. Informing learning for future adoptions projects

ANIA Pathway Stage Gates



Horizon Scan

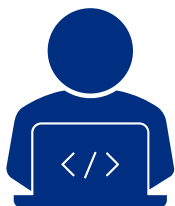


ANIA Pathway: Horizon Scanning Process

Stage 1: Creating a 'long list' of technologies



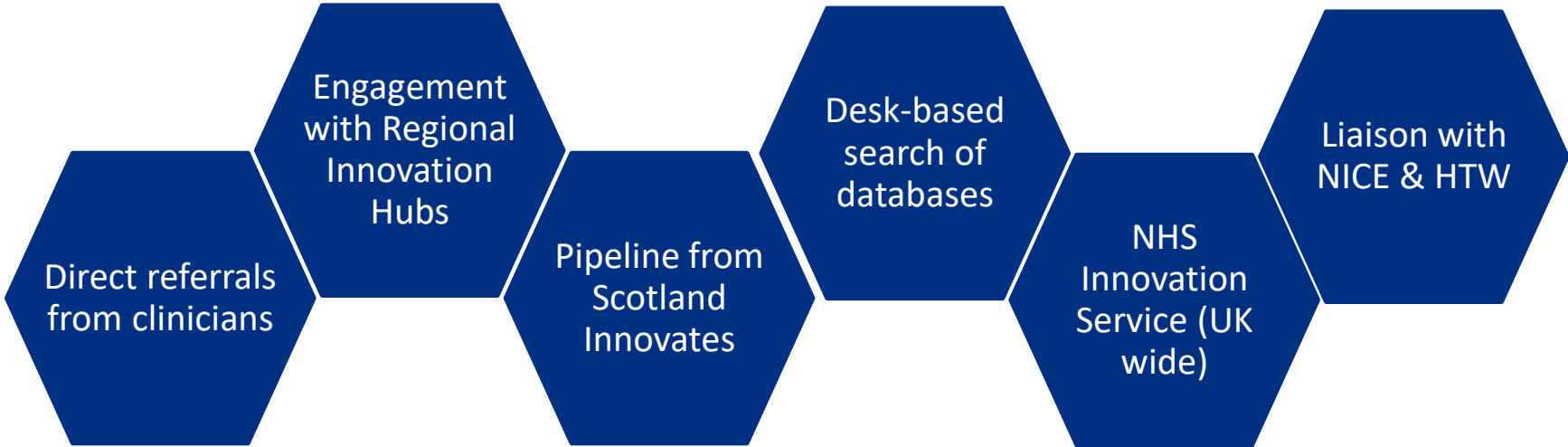
Horizon scan every 3 months by an HIS/SHTG health service researcher (HSR)



The horizon scan gathers information from a wide range of sources



The HSR will collate a long list of all the health technologies identified during the horizon scan



ANIA Pathway Stage Gates



Horizon Scan



Strategic Case

Strategic case 12 weeks



The innovation and its provenance

Initial Stakeholder Views

The research evidence

Proposed KPI

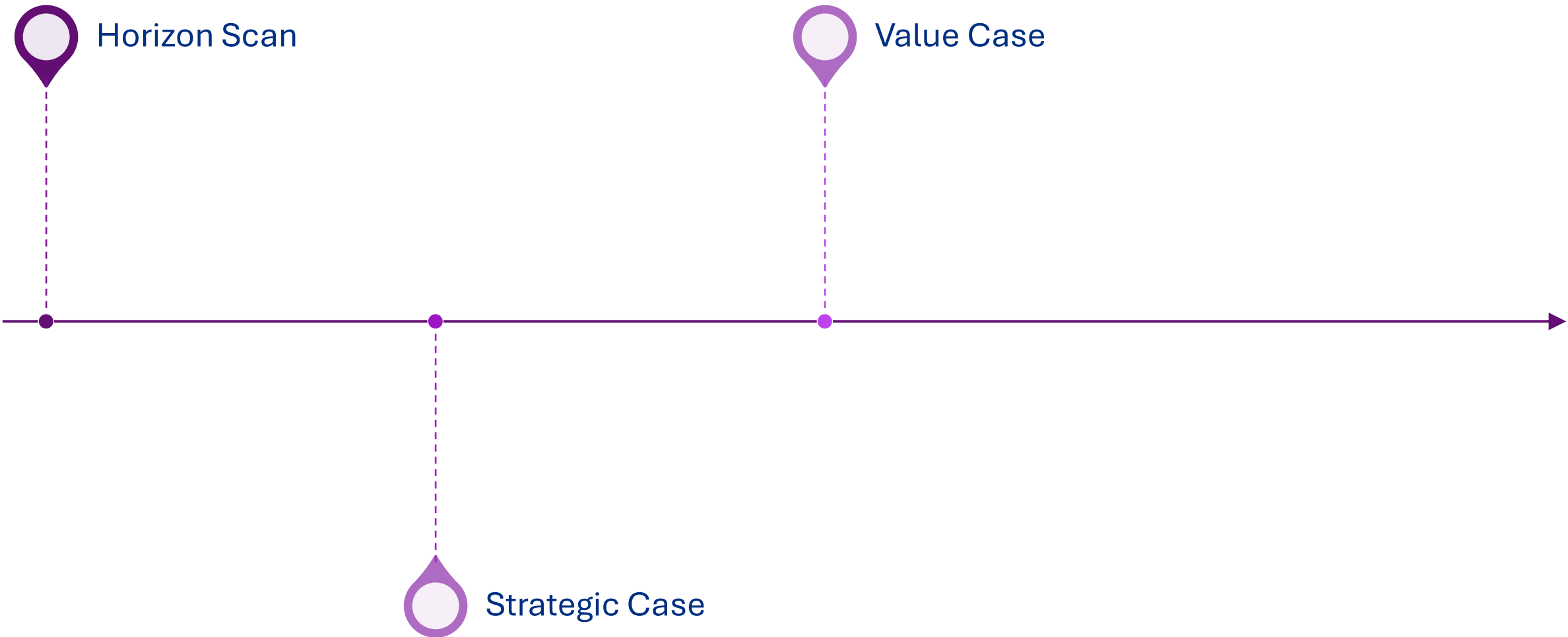
- Clinical effectiveness
- Cost effectiveness

Project Governance for Value Case

Regulatory Requirements

Indicative Affordability

ANIA Pathway Stage Gates

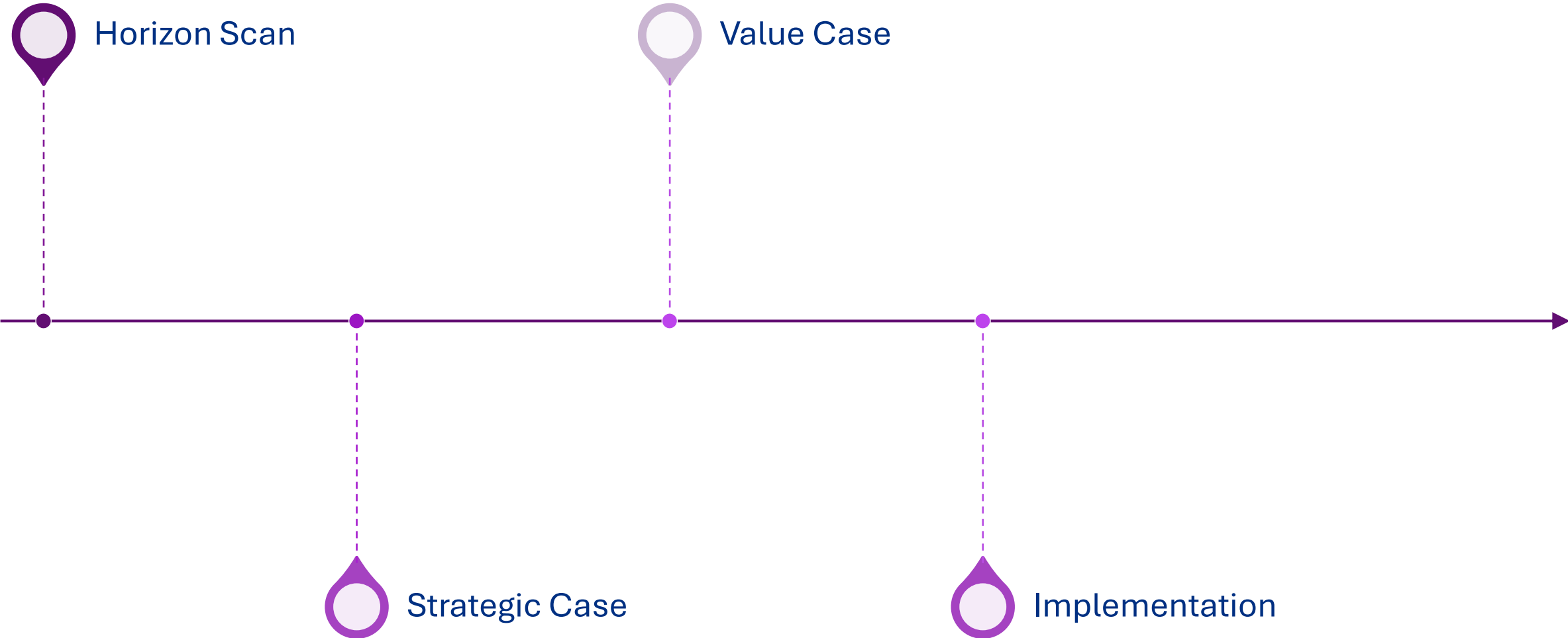




Adoption Design Architecture

Detailed Implementation Plan

ANIA Pathway Stage Gates



Implementation 1-3 years



Programme Milestones

Budget Management

Risk Management

- Each project operates to best practice project management principles and methodology.
- Any material changes to scope, programme or cost should be agreed with IDA through the agreed change control process.

Implementation Key Areas



Programme



Digital



Clinical Safety
& Assurance



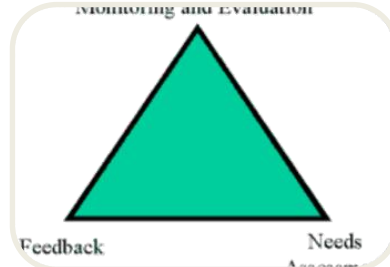
Comms &
Stakeholders



Programme
Delivery Board



Education &
Training



Monitoring &
Evaluation



Finance

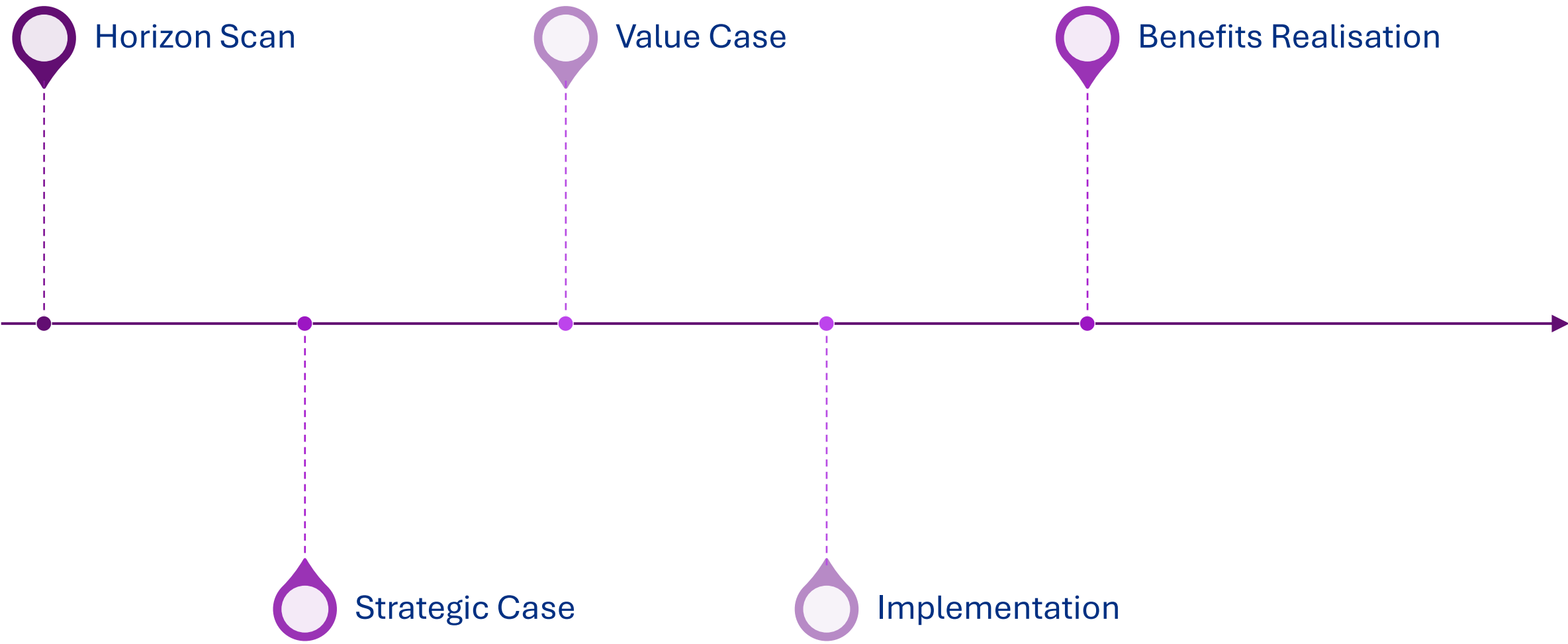


Procurement



Local Senior
Responsible
Owners

ANIA Pathway Stage Gates



Benefits review 2 – 5 years



Achievement of agreed outcomes

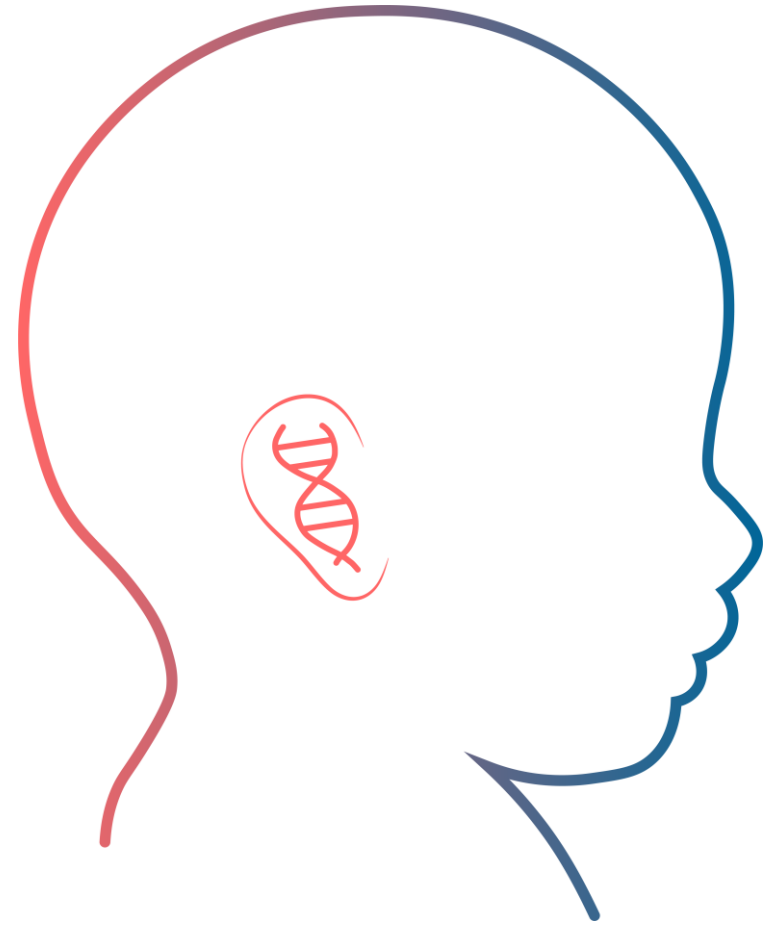
Have stakeholder expectations been realised

Impact of service change

Improvement delivered

Informing learning for future adoptions projects

ANIA Neonatal Aminoglycoside Point of Care Testing



The Clinical Challenge

Every minute matters, but risk is hidden



80-90%

of babies admitted to
neonatal units receive
gentamicin

1 in 500

babies carry the m1555A>G
variant linked to lifelong
deafness due to aminoglycoside
induced ototoxicity

Lifelong Impact

Permanent deafness can significantly
impact speech, language, and social
development, with life long impacts on
education/work

Neonatal Aminoglycoside POCT Overview



Implementation of a national pathway for rapid neonatal pharmacogenetic point-of-care testing, enabling timely and informed antibiotic prescribing

1 IN 500 NEWBORNS

carry the m.1555A>G genetic variant, which increases their risk of aminoglycoside induced permanent hearing loss

POCT identifies newborns with the m.1555A>G variant, enabling alternative antibiotic selection and supporting precision prescribing

THE PLATFORM

MT-RNR1 POCT System

Rapid molecular testing platform using nucleic acid amplification and integrated detection to provide actionable results in
26 minutes



Programme Objective & Scope

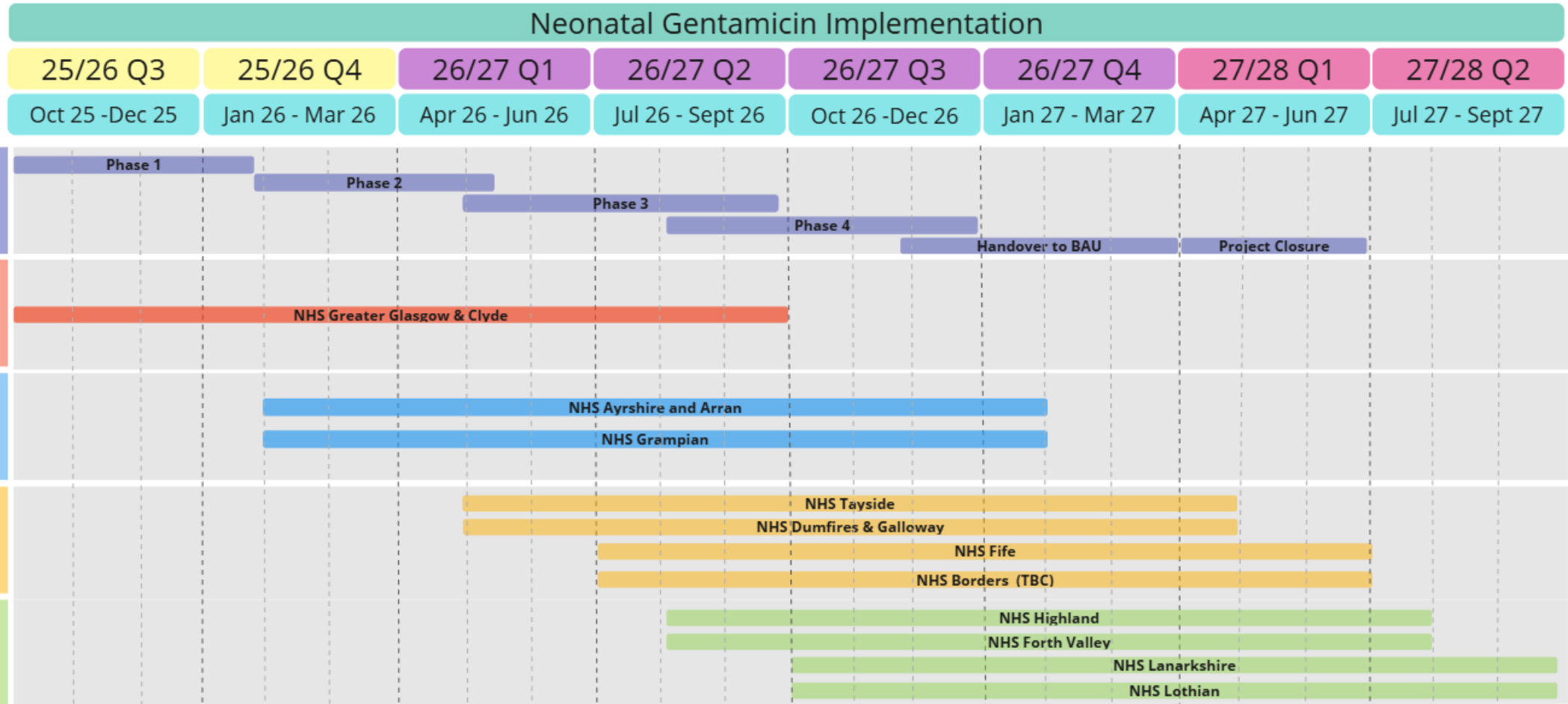


Objective

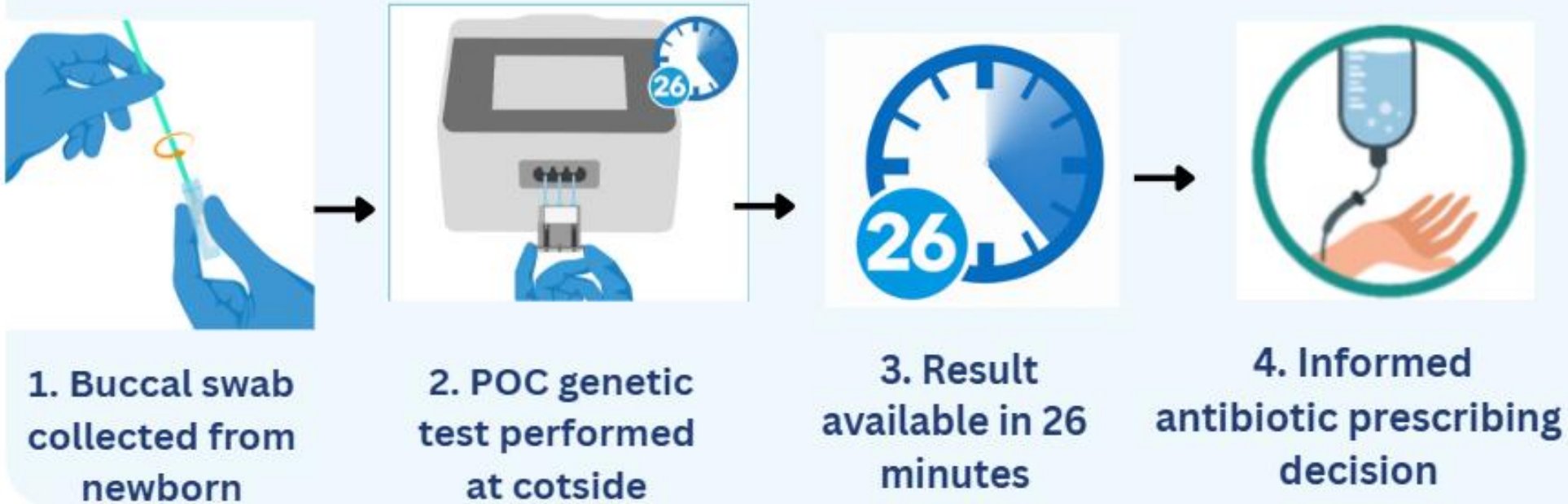
- To implement a national pathway for POCT of the M.1555A>G gene variant in neonates, within neonatal units, to determine the risk of permanent hearing loss from aminoglycoside-induced ototoxicity, without risking delay of antibiotic administration.

In Scope	Out of Scope
Delivery of the new national pathway for Neonatal Gentamicin POCT for all neonates prescribed gentamicin in a hospital neonatal care unit (NICU, LNU, SCBU)	Use of the Neonatal Gentamicin POCT for patients who are not neonates (any patient over 28 days old)
2 x National POCT coordinators to support implementation period	Use of Neonatal Gentamicin POCT for patients not admitted to neonatal units
	National digital solution for requesting and recording test results, hence no integration of results with electronic patient care record

Phased National Implementation – 18 months



POINT OF CARE TESTING PATHWAY

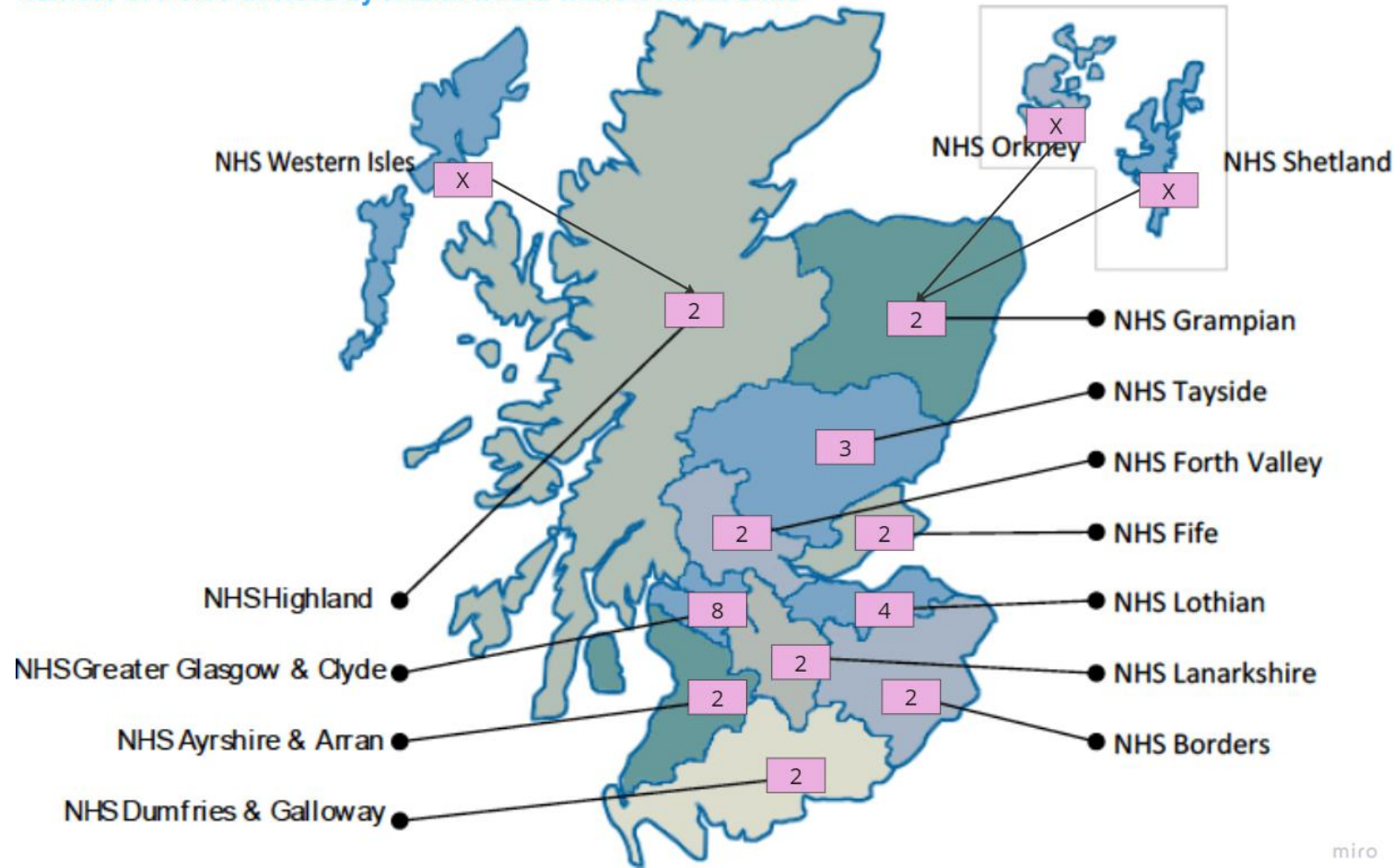


- Detected Gene confirmation pathway via NHS Tayside Genomics laboratory.
 - MT-RNR1 assay is designed to have no false negatives, slightly increasing the chance of false positives.

National POCT deployment Challenges



Number of POCT devices by Health Board with neonatal units



- Variety of POCT resource across NHS Scotland
- Lack of National POCT governance
- First Genetic POCT to be deployed

National Delivery

The Clinical and Economic Impact



1,900+

babies tested
across Scotland
to date

26 minutes

to result informing
clinical decision
making

1 Gene

Detected

Likely preventing
lifelong deafness

£199k

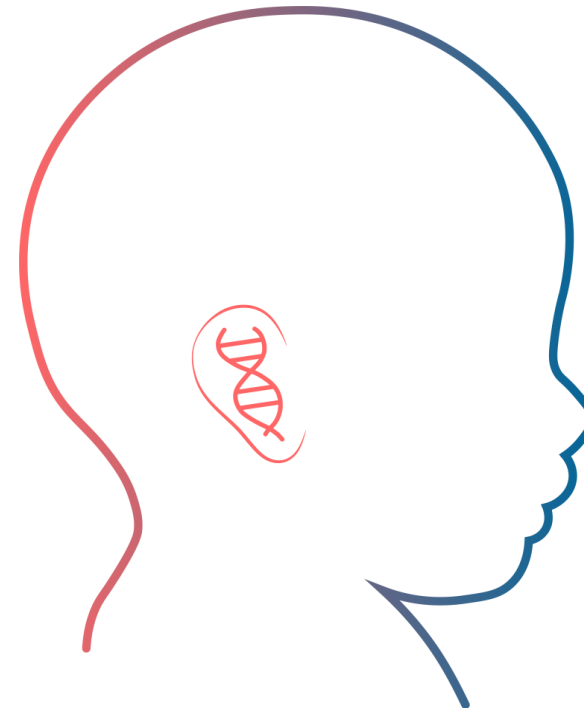
NHS Scotland
savings*

≥ £14.5m

Estimated wider
societal savings*

31

Estimated cases of permanent deafness
prevented over 5 years *



*Scottish Health Technologies Group (SHTG) Analysis



Skill Clinic



Dr Tootie Bueser

Director for Nursing & Midwifery, South East Genomic
Medicine Service & NIHR Senior Clinical Practitioner
Researcher, King's College London



Genomics Education & Training for Nursing and Midwifery: Enabling Nurses to Mainstream Genomic Testing in Cardiology

Tootie (Teofila) Bueser, RN PhD
Director of Nursing & Midwifery, SE GMS
NIHR Senior Clinical Practitioner Researcher, KCL
tootie.bueser@nhs.net

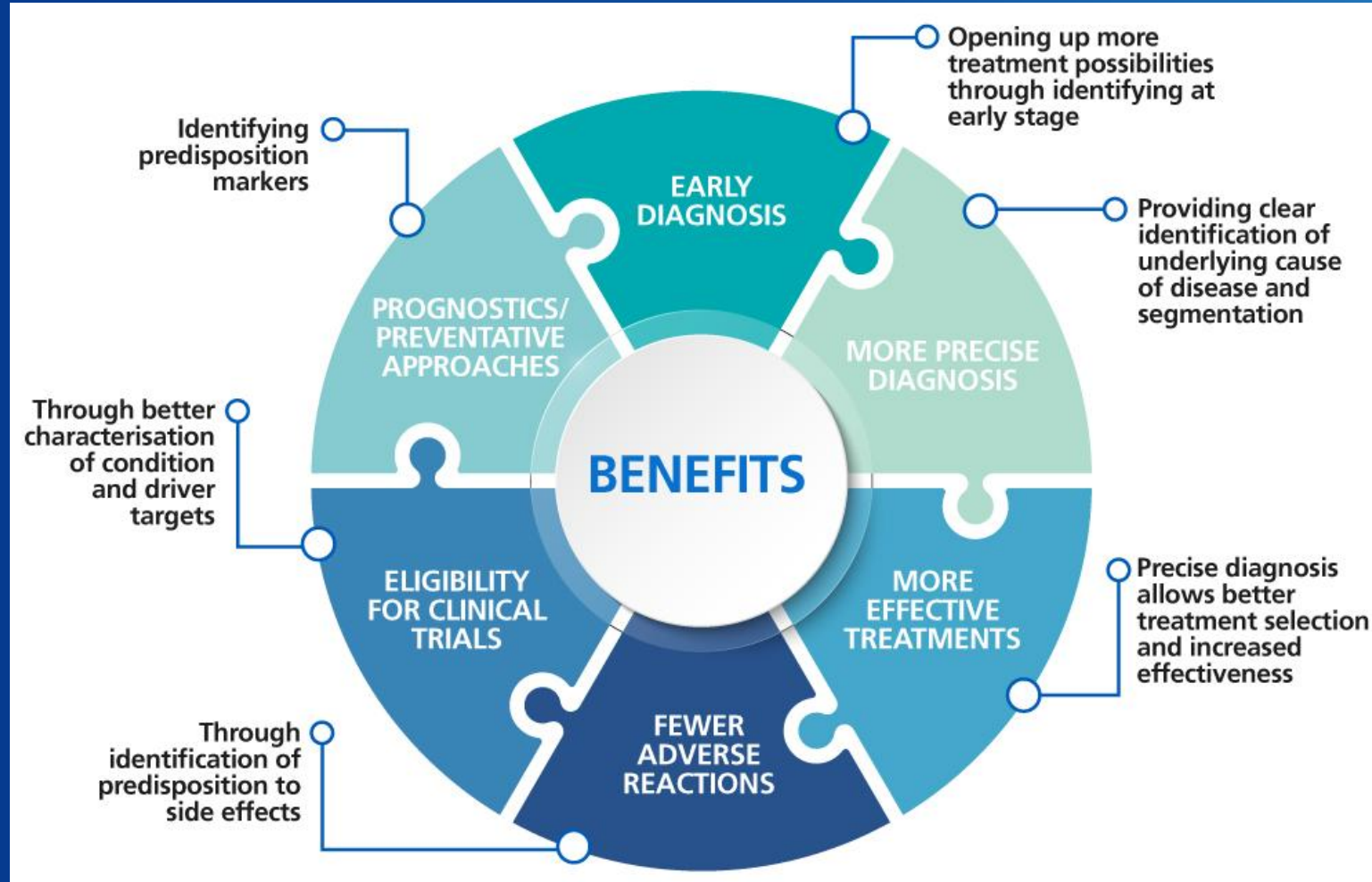
Dominic Studart, RN MSc
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Amy Sefton
Programme Delivery Manager
Amy.Sefton@nhs.net

Carmel Raymundo
Programme Support Manager
Carmel.Raymundo@nhs.net

Benefits of Embedding Genomics



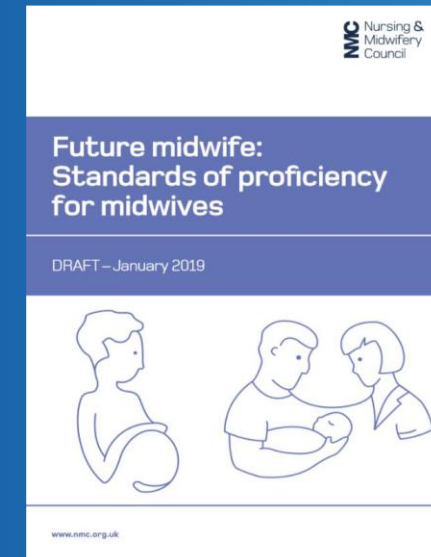
NHS 10 Year Health Plan for England



Emphasised the role of genomics to support the NHS to transform into a sustainable model, with three shifts of:

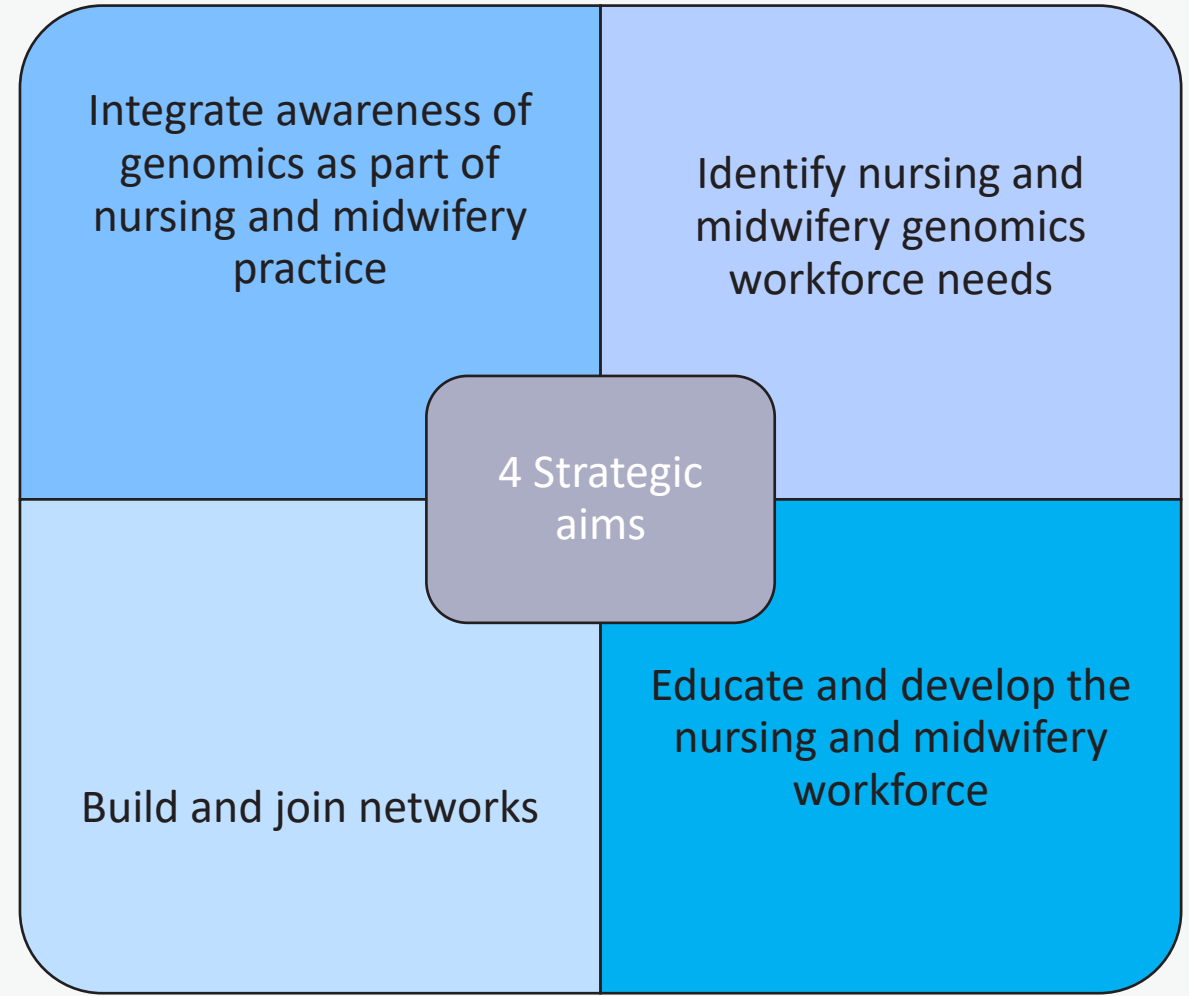
- Hospital to community
- Analogue to digital
- Sickness to prevention

Nurses, midwives and nursing associates need to have the knowledge, skills, and behaviours to deliver genomics informed care to patients in all care settings. **This is already part of the NMC Proficiency Standards**



National Nursing and Midwifery Genomics Framework (NMGF)

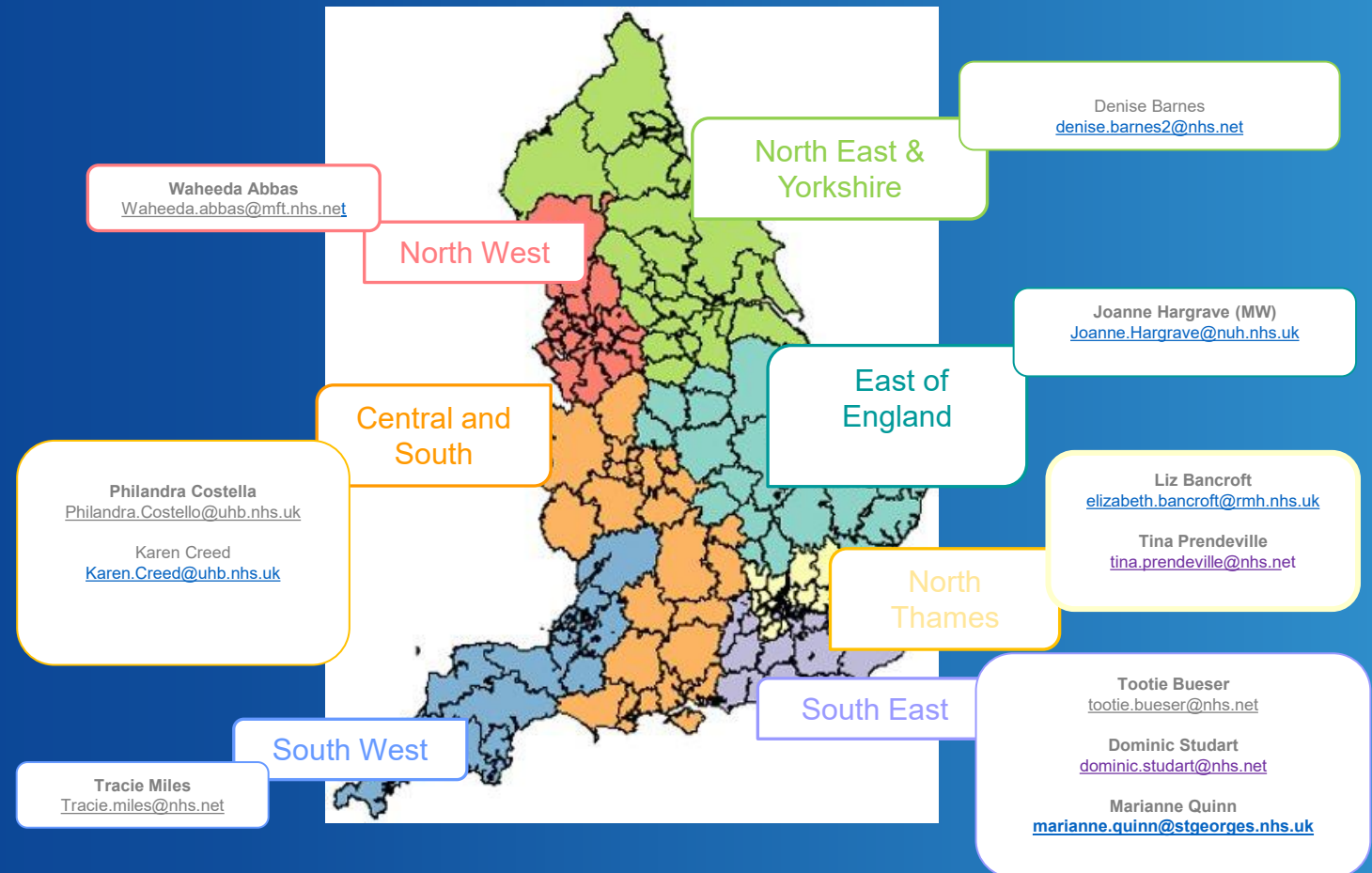
- The national Nursing and Midwifery Genomics framework is aligned to demonstrate how we plan to deliver the ambitions detailed within the NHS England National Genomics Strategy.
- The framework is based on the four pillars from the NHS England National Genomics Education Programme.
 - These have been adapted for use in the nursing and midwifery workforce.



The Genomic Medicine Service (GMS)

A **GMS** is a collective of providers working collaboratively under a partnership agreement model, commissioned by NHSE to lead on the transformation of genomic medicine services for a given population

- Support the systematic embedding of genomics into routine clinical care
- Facilitate rapid adoption of scientific advances
- Collaborative partnership working across disciplines and geographies



Our purpose: Embed genomics in everyday practice



Engagement



Genomics training & education for all N&M

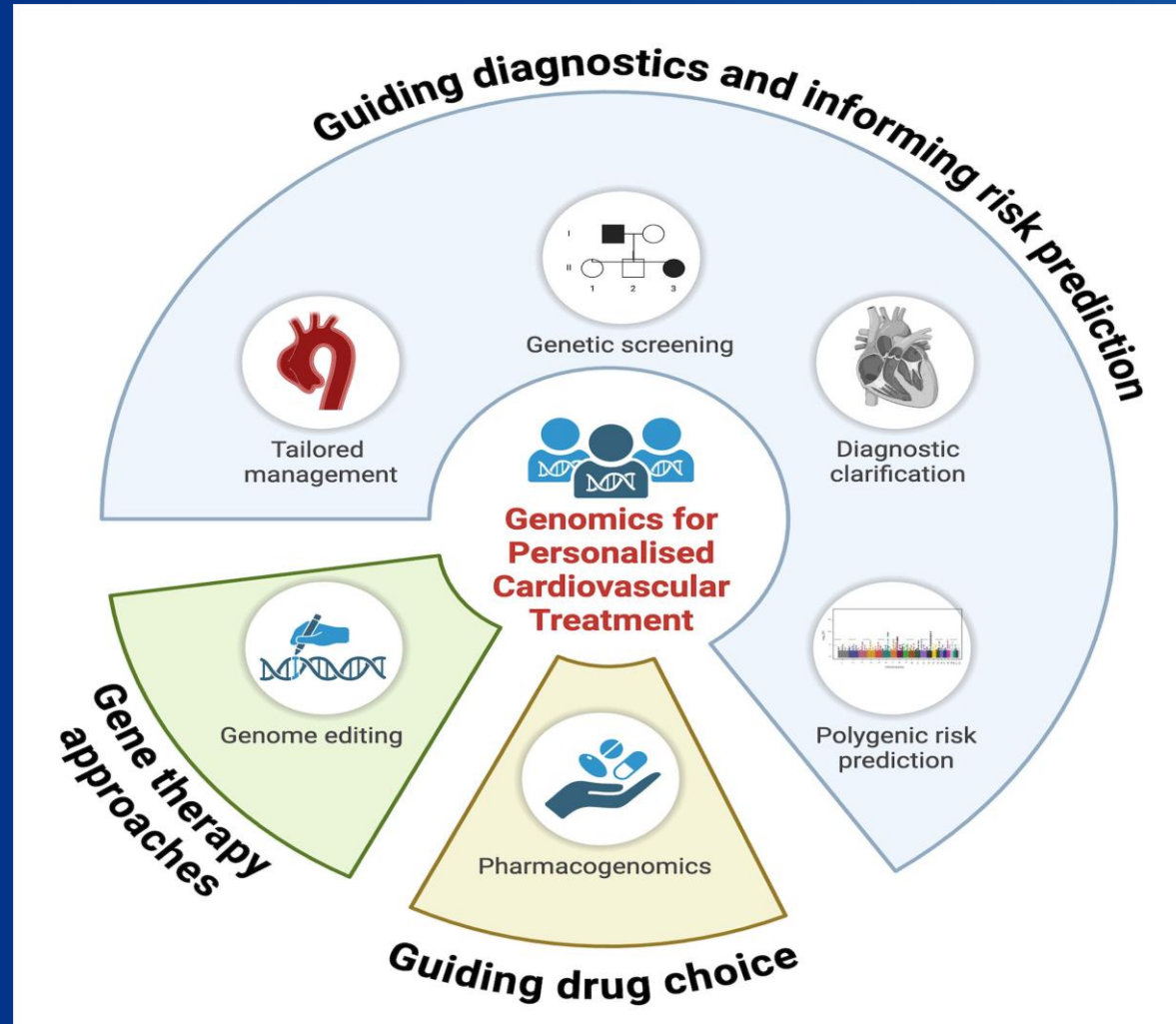


Specialised/higher level genomics training and education for N&M in specialist roles

Novice to Expert approach, Promoting N&M careers in genomics



Applications of Genomics to CV care



Arteriosclerosis, Thrombosis, and Vascular Biology

ATVB IN FOCUS:
Cardiovascular Genomics

Series Editor: Jonathan Golledge

Using Genomics to Develop Personalized
Cardiovascular Treatments

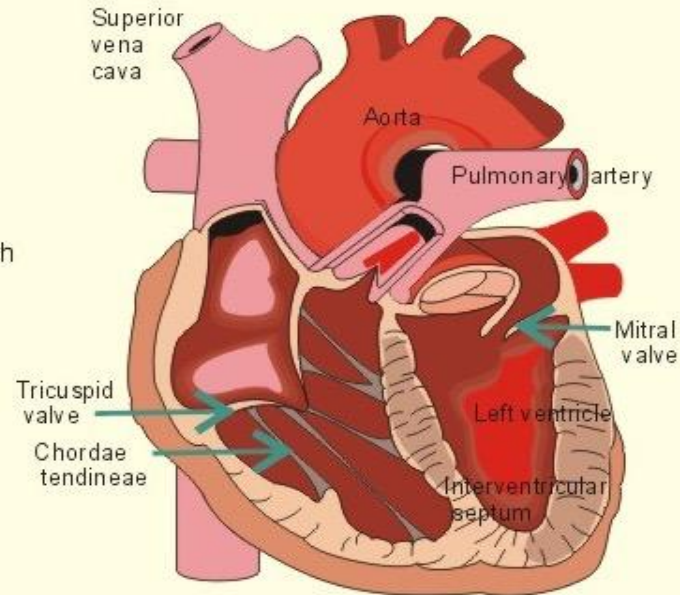
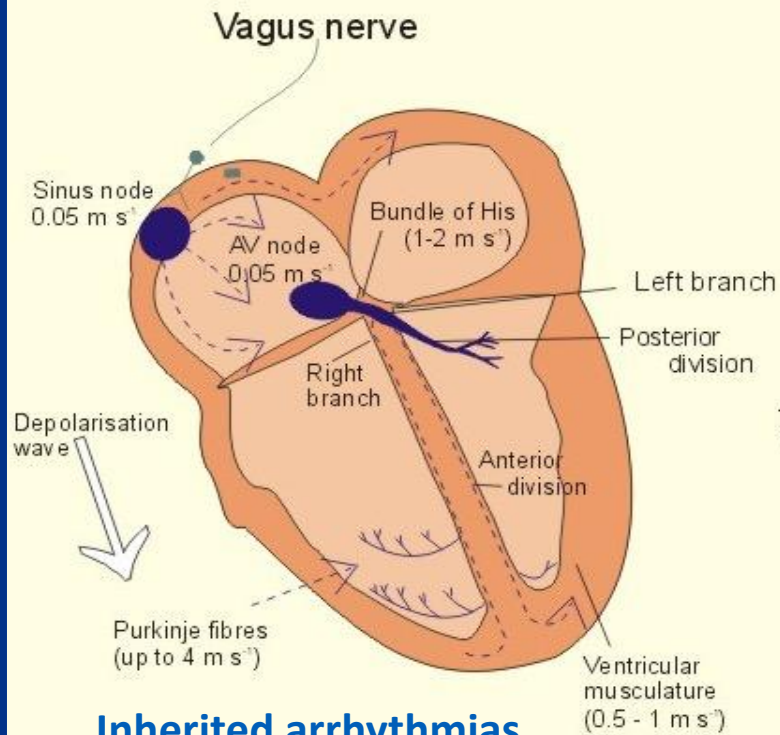
Mihir M. Sanghvi, William J. Young, Hafiz Naderi, Richard Burns, Julia Ramirez, Christopher G. Bell, Patricia B. Munroe



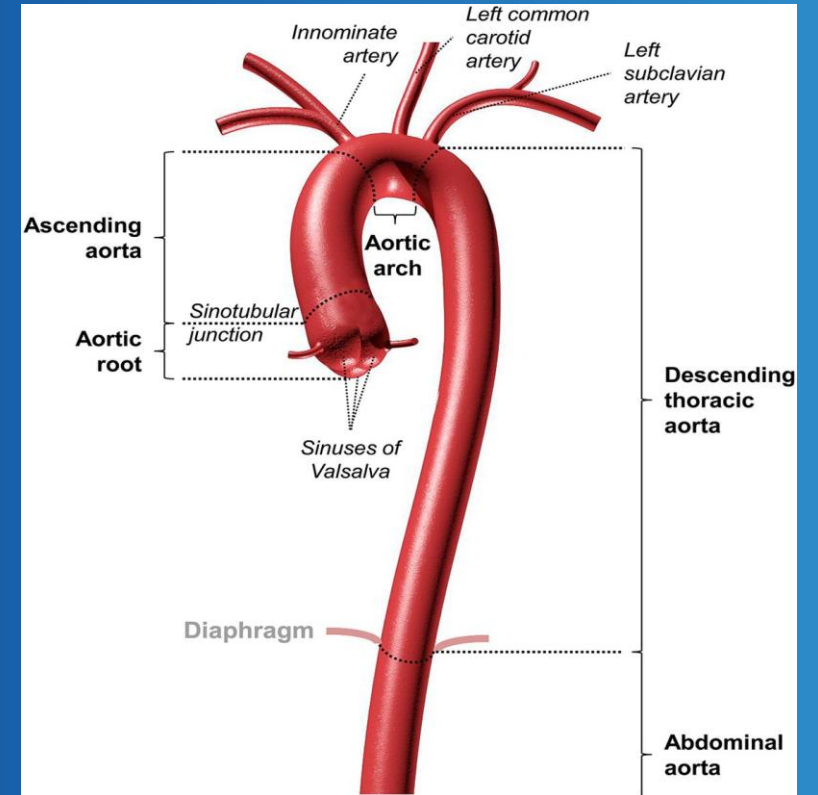
South East
Genomic Medicine Service

Inherited Cardiac Conditions (ICCs)

Disease subtypes



Inherited aortopathies



The National Genomic Test Directory

The test directory contains:

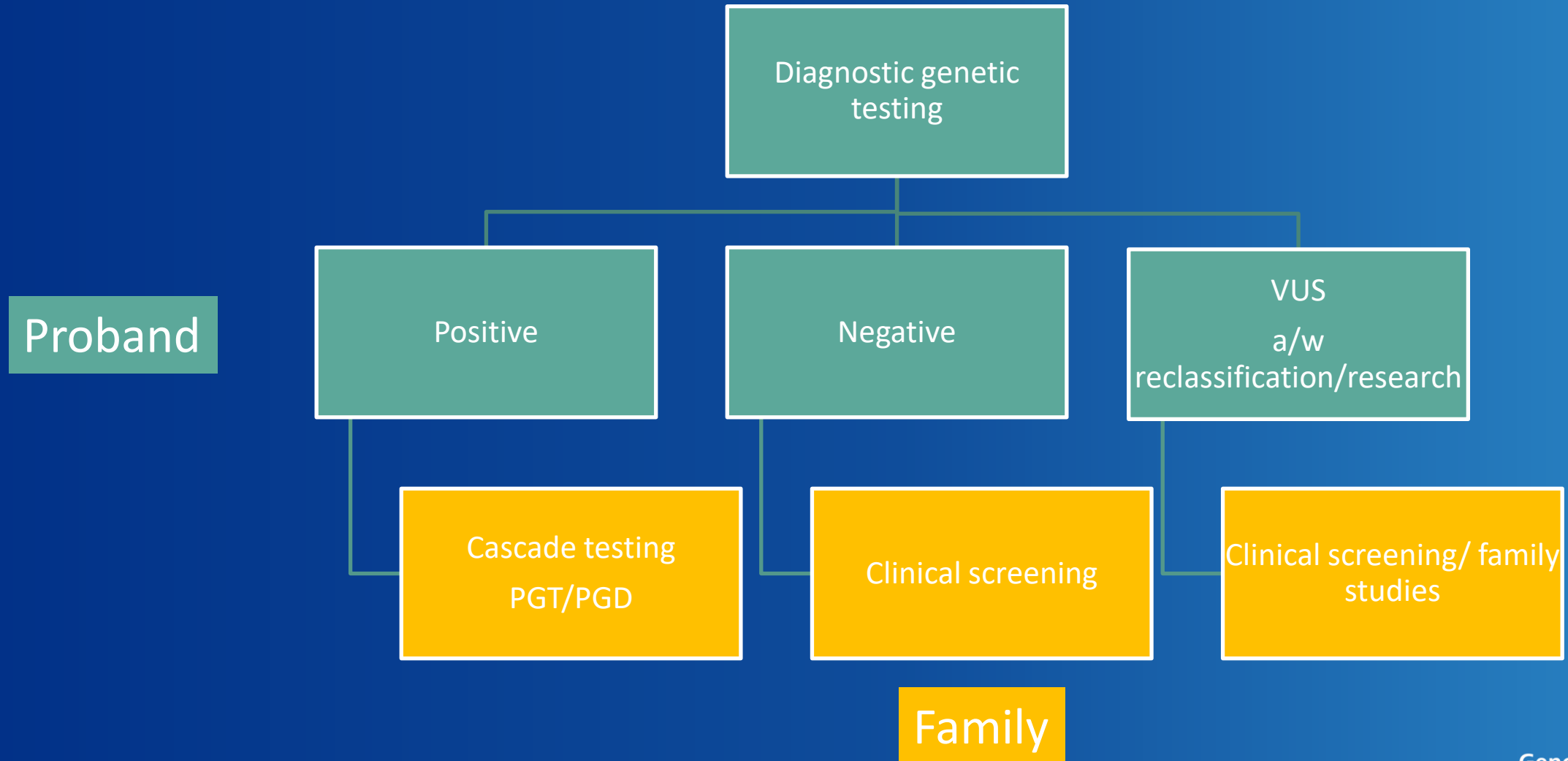
- Tests available in the NHS in England
 - Rare and inherited disorders (Cardiology pp 15-33)
 - Cancer
- Technology platform by which each test is delivered
- Clinical eligibility
- Funding



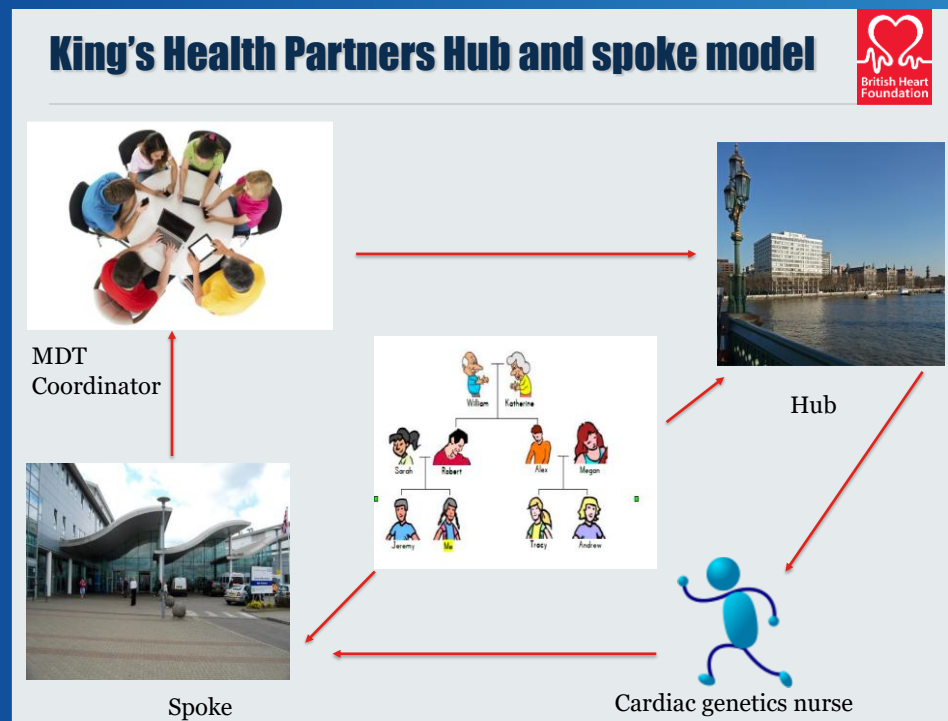
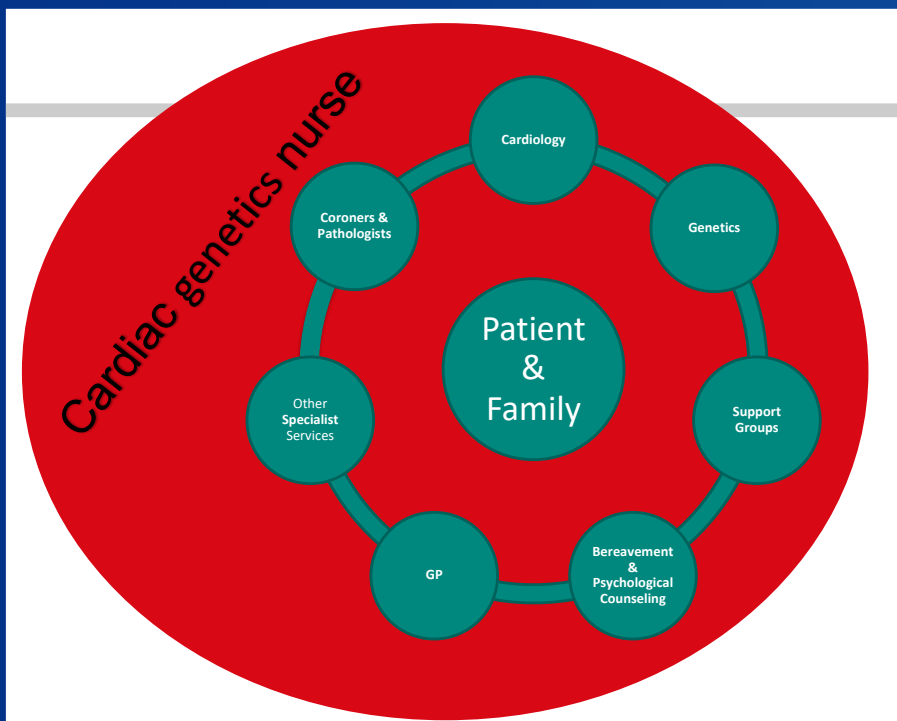
<https://www.england.nhs.uk/publication/national-genomic-test-directories>

Monogenic disorders-Genetic screening

Genetic testing pathway for probands & relatives

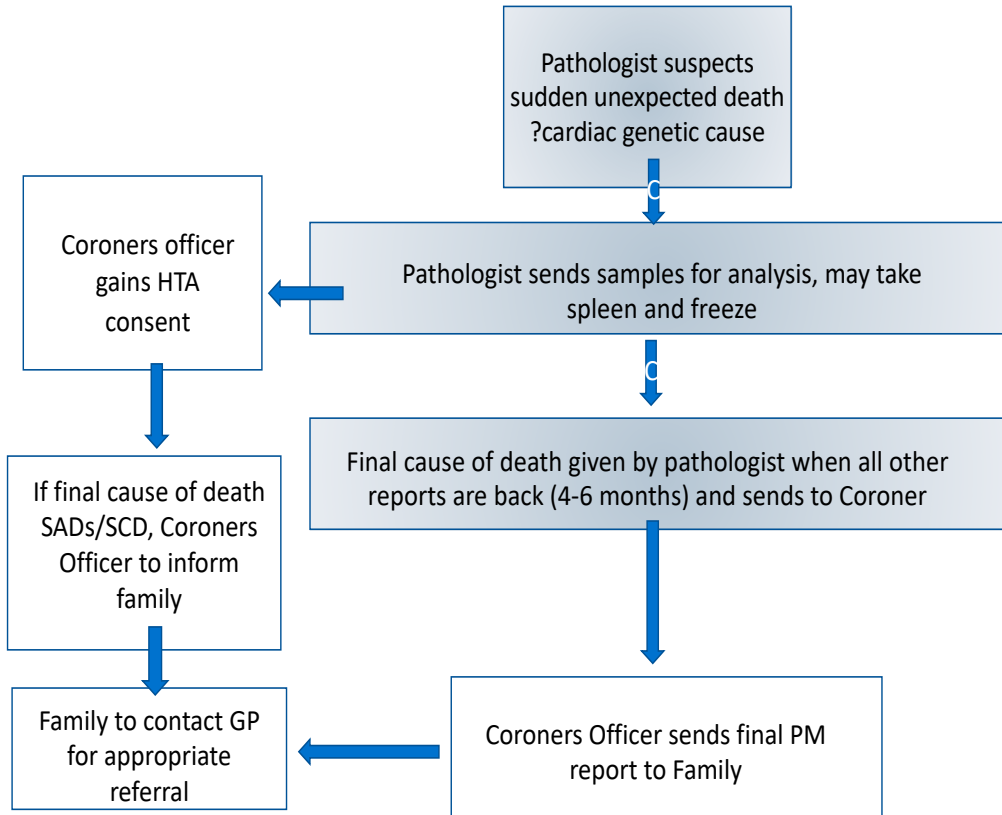


Mainstreaming & regional model



ICC Directory: <https://www.biccs.org.uk/directory-of-icc-services>

Sudden Cardiac Death Project

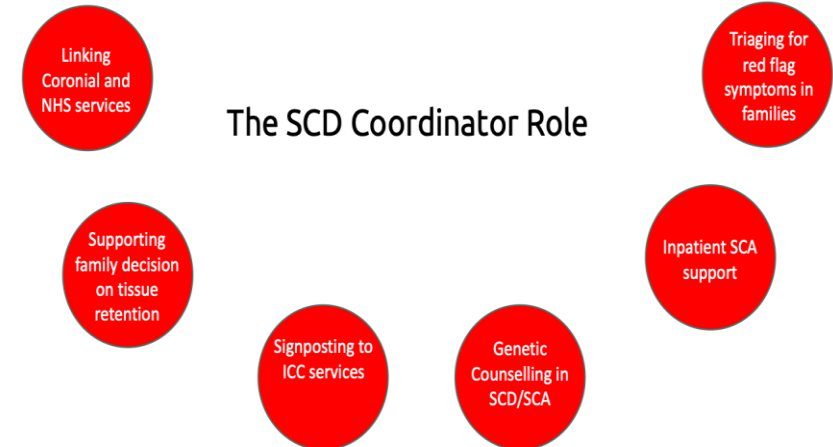


Concerns with current pathway:

- Pathologist may not store fresh spleen sample
- If taken, spleen sample may not be stored correctly or may be destroyed prior to genetic testing
- Family may not be aware that sample is available for genetic testing
- Coroners Officer may not have the knowledge to discuss importance of spleen retention
- CO may not explain importance of genetic testing/screening
- GP may not refer to specialist centre/to genetic



The SCD Coordinator Role



Burdett Trust High Impact Cardiovascular Nursing Interventions-Inherited Cardiac Conditions



Novice to Expert (Benner 1984)

Webinars: ECG, ECHO, MRI, LVOTO
Genetics Day
Pathology Day

ICC CNS
training

Skilled Helper Course
Pathology Day
Bereavement Counselling Course
ICC Nurse Competencies

ICC training for CV CNS
Mentoring programme

ICC awareness & education for all
Short film & online module

Cardiomyopathy^{UK}
the heart muscle charity



Aortic Dissection
Awareness



South East
Genomic Medicine Service

Inherited Cardiac Conditions Basics

Learn at your own pace how genomic testing is transforming cardiac detection and prevention



Four free online modules :

- Introduction to genomics in ICC
- Cardiomyopathies & inherited arrhythmias
- Connective tissue disorders
- Holistic care for ICC patients & their families



Interactive activities, real life stories, helpful diagrams

- [Inherited Cardiac Conditions: Unit 1](#)
- [Inherited Cardiac Conditions: Unit 2](#)
- [Inherited Cardiac Conditions: Unit 3](#)
- [Inherited Cardiac Conditions: Unit 4](#)

ICC Competencies-Key Headings



ICC Knowledge



Communication &
History Taking



Physical Assessment



Diagnostic Tests



Genetic Counselling &
Testing



Medicines Management
• Specific medications



Surgical Management



Cardiac Device Therapy &
Arrhythmia



Cardiac Transplantation &
Mechanical Circulatory
Support



Psychological Support



Pregnancy and
Contraception



Palliative & End of Life
Care



Paediatrics*



Research & Audit

Counselling skills top up

Genetic Counselling Course

- **30-hour face-to-face course** focused on counselling and communication skills for effective, time-sensitive client support.
- Learn to apply **practical, discipline-relevant techniques** that respect clients' values, needs, and individual circumstances.
- Explore applications in **individual, couple, family, and workplace settings**.
- Suitable for both **beginners and experienced/qualified counsellors**.
- Choose between a **30-hour Attendance Certificate** or working towards an **Accredited Open Awards Certificate**.
- Dates: October 5,6,7,8, 2026. **You must be available to attend all 4 days**
- **Apply by 15th September 2026**

Scan the QR below
to apply!



Genomic Mainstreaming Led by Nurses

CARDIAC
NURSING

INNOVATION

At the heart of genomic mainstreaming: an evaluation of a nurse specialist-led cardiac genetic clinic

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Abstract

The integration of genomics into routine patient care is a key priority outlined in the NHS England (2022) 'Accelerating genomic medicine in the NHS' strategy. This article describes the implementation and outcomes of a nurse-led genetic counselling service for patients with inherited cardiac conditions at the King's Health Partners Inherited Cardiac Conditions service. The nurse-led model aims to streamline the patient journey by embedding genetic counselling and testing within the cardiology care pathway, reducing waiting times, and ensuring timely diagnosis and continuity of care. An audit of this service covers the period from April 2021 to March 2024, highlighting the growth of use of genetic testing, and the outcomes of these tests. The findings demonstrate the effectiveness of the nurse-led model in delivering high-quality, patient-centred genomic care, and its potential to serve as a model for mainstreaming genomics in other specialties. The article also discusses current challenges and future directions for the service, emphasising the importance of continuous improvement and the role of nurse specialists in the consistent delivery of genomic care for patients with inherited cardiac conditions.

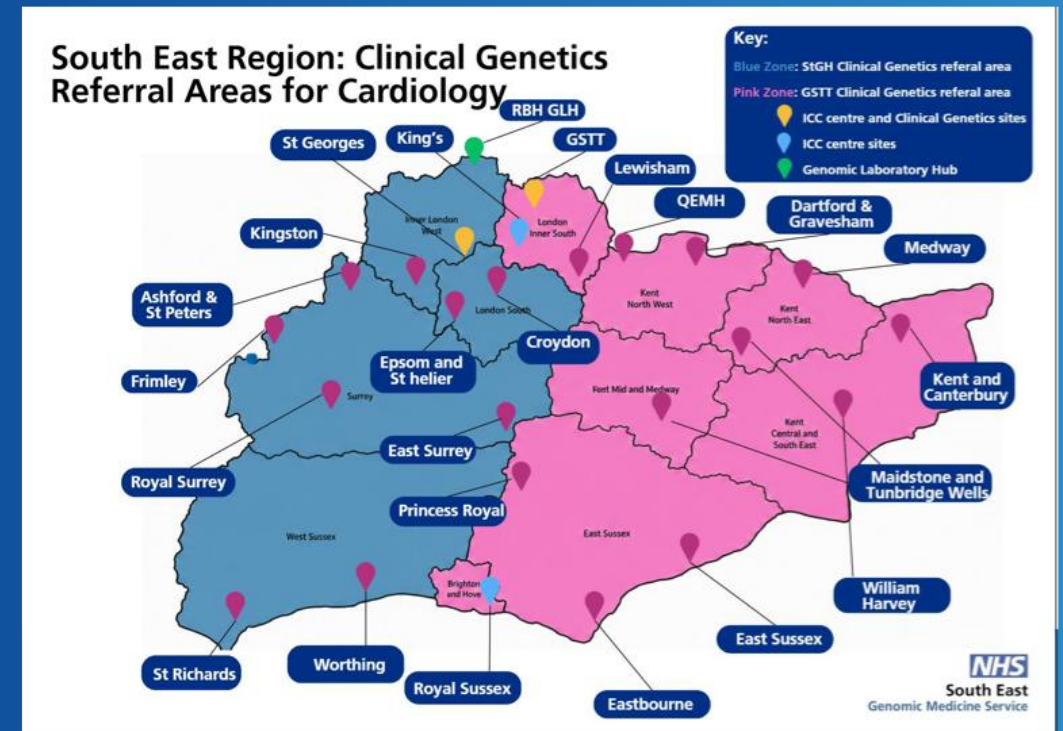
Key words: Cardiac genetics; Clinical nurse specialist; Genetic counselling; Genomic mainstreaming; Inherited cardiac conditions; Nurse-led services

Submitted: 17 December 2025; accepted following double-blind peer review: 2 March 2026

NHS

South East
Genomic Medicine Service

CV Community of Practice



CV Community of Practice-Guidance & SoPs

Dedicated cardio testing page

Scan the QR code to go to this dedicated webpage!

How to Order a Cardiovascular Genomic Test

Below are the steps you need to order a genomic test for cardiology.

Download this helpful leaflet →

1 Is the test clinically relevant?

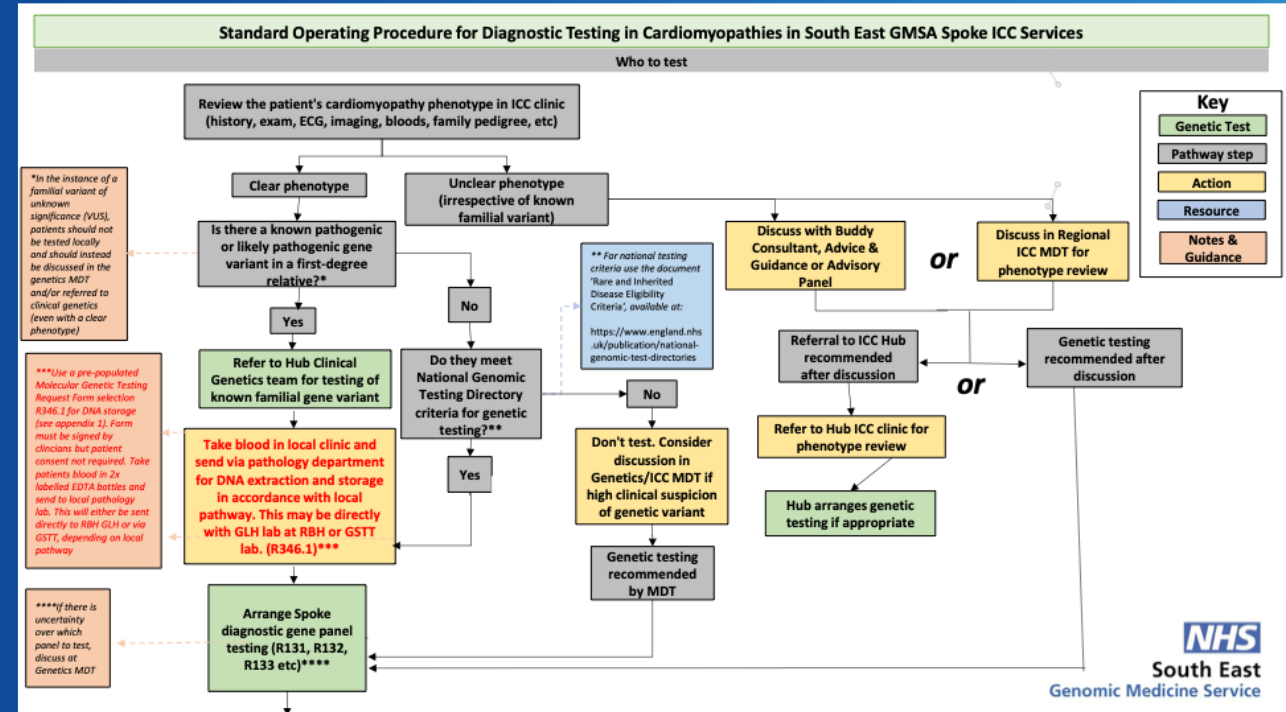
Determine if it is clinically useful for your patient to undergo genomic testing for an inherited cardiac condition

Before ordering a test think:

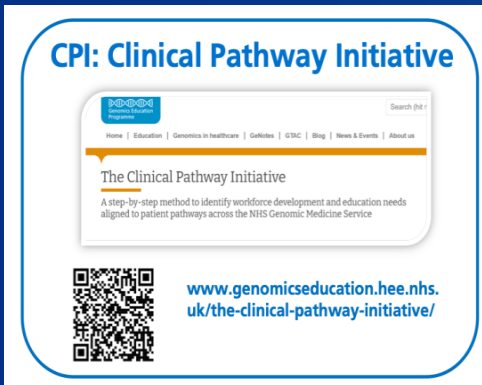
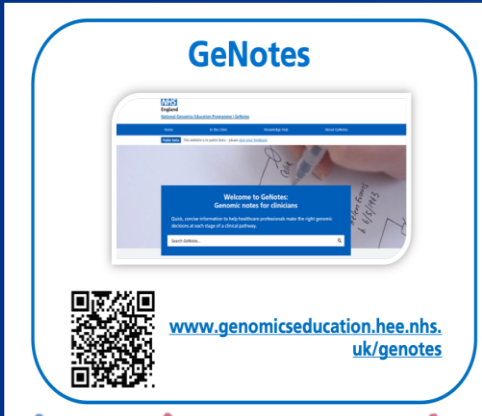
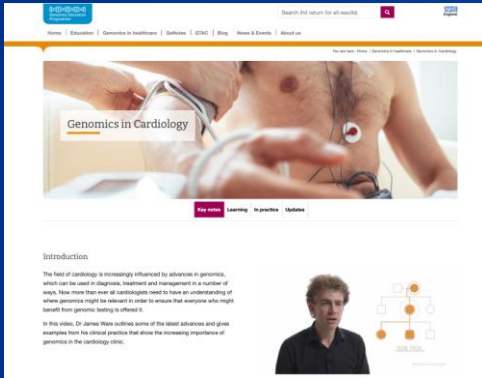
- Will the test result influence treatment or screening?
- Are there family members that might benefit from predictive genetic testing?

Scan the QR code to download this graphic and share with your teams!

- Support with arranging Genomic Testing - South East Genomics : South East Genomics
- How to order a Genomic Test - South East Genomics : South East Genomics
- Supporting Genomic Testing Videos - South East Genomics : South East Genomics



Resources



Resources for Genomics for Nurses & Midwives

National Resources

- [Genomics in Midwifery - Genomics Education Programme \(hee.nhs.uk\)](https://www.genomicseducation.hee.nhs.uk/genomics-in-midwifery/)
- [Genomics in Nursing - Genomics Education Programme \(hee.nhs.uk\)](https://www.genomicseducation.hee.nhs.uk/genomics-in-nursing/)
- [Genomics 101](https://www.genomicseducation.hee.nhs.uk/genomics-101/)
- GeNotes: <https://www.genomicseducation.hee.nhs.uk/about-us/genotes-genomic-notes-for-clinicians/>

Post graduate courses

- [Master's in Genomic Medicine - Genomics Education Programme \(hee.nhs.uk\)](https://www.genomicseducation.hee.nhs.uk/master-s-in-genomic-medicine/)
- [Genomics course for nurses and midwives: funded places now available - Genomics Education Programme \(hee.nhs.uk\)](https://www.genomicseducation.hee.nhs.uk/genomics-course-for-nurses-and-midwives-funded-places-now-available/)



Research opportunities

- Education
- Research delivery
- Psychological impact and patient & family outcomes
- Clinical practice & communication, digital tools
- Big data
- Equity of access to research



**Join our Genomics
Research Forum
(ForGen-NM)**



EDITORIAL | [Free Access](#)

Genomic research: The landscape for nursing

Tootie Bueser" , Amanda Skinner, Layla Bolton Saghdaoui, Calvin Moorley

First published: 27 July 2022 | <https://doi.org/10.1111/jan.15396>

Editorial note: Editorials are opinion pieces. This piece has not been subject to peer review and the opinions expressed are those of the authors. None of the authors has relevant political or other a! liations to declare.

<https://onlinelibrary.wiley.com/doi/full/10.1111/jan.15396>



JOIN OUR NETWORK OF NURSES & MIDWIVES



Our Nursing & Midwifery Ambassador Network connects you with others who are interested in genomics and ensures you are the first to hear about genomic opportunities including education and events.



You can access:

- A professional network for sharing good practice and collaborations
- Free education resources and events
- Support to develop mainstreamed genomic pathways
- Peer support from fellow nurses and midwives
- Leadership skill development
- Research opportunities and support for clinical academic careers

Sign up to the N&M
newsletter!



Scan for more information on
the Ambassador Network



southeastgenomics.nhs.net



Summary

- Genomics is increasingly being used in cardiovascular care- everyone has a role to play and mainstreaming genomic tests is becoming routine practice but needs resource
- There is a need for more leadership in genomics in nursing, midwifery and allied health
- Education & training must be more relevant and accessible to increase uptake
- Time to consider digital tools that can support genetic testing pathways

Get in touch!



The screenshot shows the homepage of the South East Genomics website. At the top, there is a navigation bar with the NHS logo and the URL <https://southeastgenomics.nhs.uk/> on the left, and the tagline "Transforming patient care through genomics across South London and Kent, Surrey and Sussex" on the right, accompanied by a globe icon and a search icon. Below the navigation bar, there is a main header with links: "About Us", "Professionals", "Order or find a test", "Education & Careers", "News and Events", "Patients and public", and "Contact". The main content area features a large illustration of a DNA double helix and a family (a woman, a man, and a child) looking at it. The text "South East Genomics guiding **you** through your genomic journey" is prominently displayed. Below this, a sub-header states: "We provide all genomic testing for anyone living in South London, Kent, Medway, Sussex and much of Surrey." A "Learn more" button with a right-pointing arrow is located at the bottom of the main content area.

https://southeastgenomics.nhs.uk

Thank you!





Closing Remarks



Hadleigh Stollar
Chief Executive Officer
Healthcare Innovation Consortium

