

FACTSHEET UNITED KINGDOM

REVOLUTIONISING THE UPTAKE OF HEALTHDATA THE SITUATION IN UK

In the UK, there are multiple umbrella bodies regulating data-sharing and interoperability across laboratory hubs, and depending upon what type of data it is they have to apply for approval. The United Kingdom (UK) has a relatively high level of confidence in its data infrastructure for NGS implementation.

CORE PILLARS	Well Implemented	Implemented	Not Implemented
Data sharing and linking	●	○	○
Data infrastructure	○	●	○
Linking data from sequenced genomes to clinical data (Electronic HealthRecords) or other types of data	○	●	○
Information provided to patients/citizens after involving them in NGS testing	○	●	○
Sharing genomic data with other institutions in the same country or cross- border	○	●	○
The purpose of genomic data in cancer centers	○	●	○



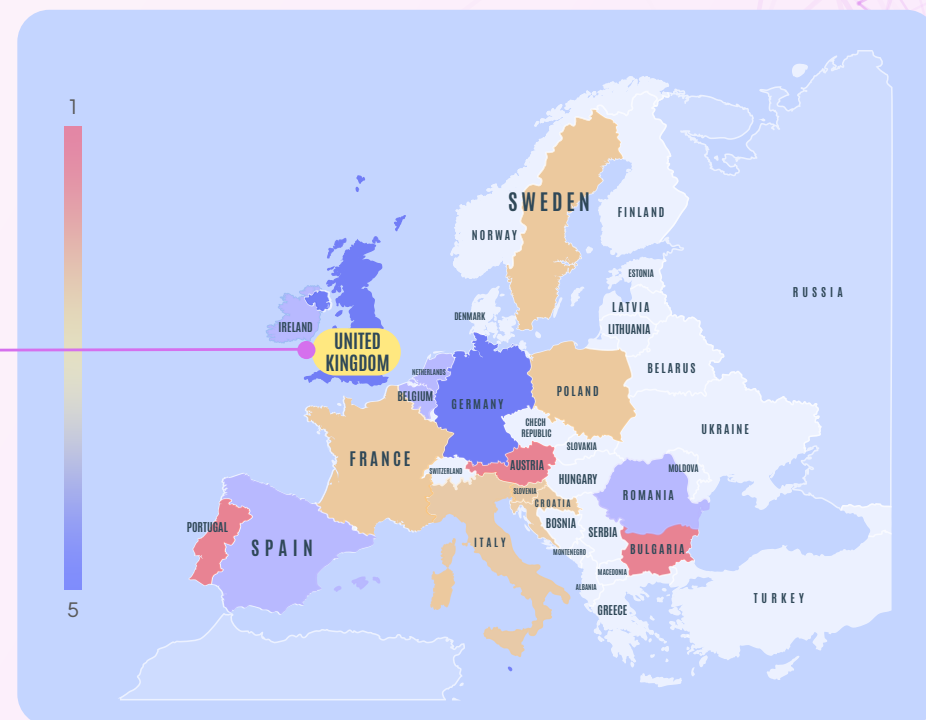
European Alliance for
Personalised Medicine

DATA SHARING AND LINKING

CORRELATION AMONG DEPENDENT AND INDEPENDANT VARIABLE

	Available	Not Available
Cross-border/cross-disciplinary collaborations	●	●
Routine sharing of data	●	●
Availability of security guidelines external/internal	●	●
Data linking to Electronic Health Record	●	●
Controlling body for data sharing	●	●

In the UK, there are multiple umbrella bodies regulating data-sharing and interoperability across laboratory hubs, and depending upon what type of data it is they have to apply for approval. Data is mainly collected and it's mainly clinical data that they're running on. They are trying to collect clinical data based on the genetic test they've done. Also, they are trying to look at how different treatments make a difference.



DATA INFRASTRUCTURE

United Kingdom (UK) has a relatively high level of confidence in their data infrastructure for NGS implementation. There should be more collaborations among research institutions, hospitals, and other healthcare stakeholders to facilitate efficient sharing and integration of NGS data.



Confidence Level (95.0%)

Belgium



Croatia



Spain



Italy



France



Germany



UNITED KINGDOM



Ireland



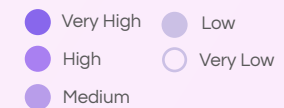
Slovenia



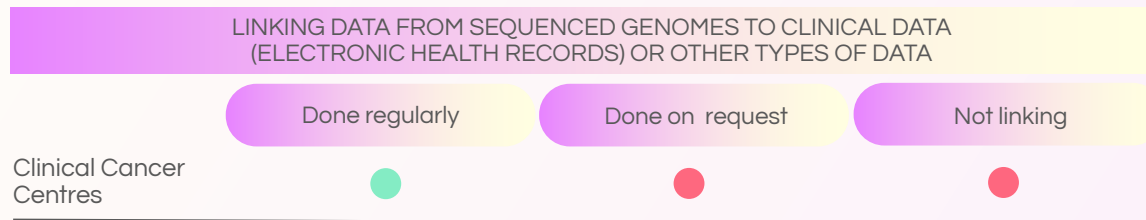
Poland



Sweden

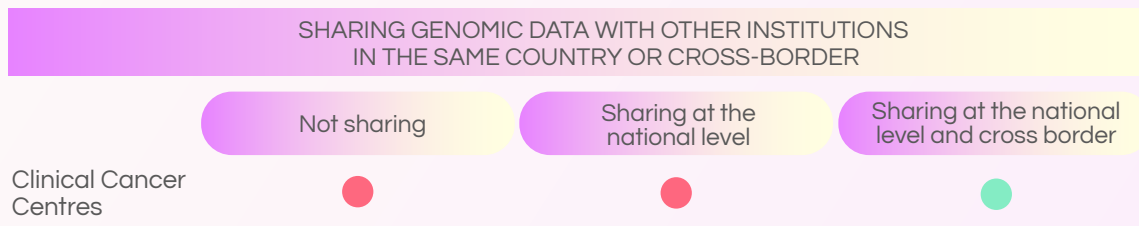


LINKING DATA FROM SEQUENCED GENOMES TO CLINICAL DATA (ELECTRONIC HEALTHRECORDS) OR OTHER TYPES OF DATA



Linking data from sequenced genomes to clinical data (Electronic Health Records) or other types of data is in Cancer Centers mainly done on a regular basis. There should be more linking of health data and other forms of public sector data in the UK for public interest research.

SHARING GENOMIC DATA WITH OTHER INSTITUTIONS IN THE SAME COUNTRY OR CROSS- BORDER



Sharing of genomic data is mainly done both at the national level and cross-border in the Clinical Cancer Center in the UK. There was already evidence that the framework of laws allowing public authorities to share data for research was too complicated. A single generic power to share data for research purposes would prevent this kind of impasse for research.

INFORMATION PROVIDED TO PATIENTS/CITIZENS AFTER INVOLVING THEM IN NGS TESTING



Clinical Cancer Centers are often offering complete information to patients/citizens after involving them in NGS testing. Health literacy, as called out in Europe’s Beating Cancer Plan, should play a more important role not only in prevention but also in the context of precision medicine and respective NGS testing.

THE PURPOSE OF GENOMIC DATA IN CANCER CENTER



Genomic data are used for both clinical trials and research purposes. Large-scale generating of genomic data could prove a powerful tool for improving population health through a better understanding of genomic contributions to health and disease.



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