

# Top Tips for Clinicians



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<b>Subject</b>	<b>Genetics/Genomics</b>
<b>Date / Review</b>	December 2019 / Review date 12m later
<b>Disclaimer</b>	These are intended only as good practice prompts. Use your clinical judgement.
<b>Top Tip 1</b>	<p><b>Genetics/Genomics</b></p> <ul style="list-style-type: none"> <li>· Genomics is the study of the entirety of our DNA, recognising the important role of ‘non-coding’ DNA. Genomic medicine is how this applies to patient care.</li> <li>· The NHS Genomic Medicine Service is delivered by clinical genetic services and Genomic Laboratory Hubs (GLHs)</li> <li>· Please see the <a href="#">RCGP toolkit on genomics</a></li> </ul>
<b>Top Tip 2</b>	<p><b>Familial Cancer</b></p> <ul style="list-style-type: none"> <li>· Include the names and DOBs of family members already seen by the genetics service in your referral if available. If no testing previously done in family, ideally refer people in the family affected with cancer in the first instance, rather than at-risk relative</li> <li>· Include ages of diagnosis as this is vital for cancer risk assessments</li> <li>· See the familial breast cancer template on Assist on SystemOne</li> </ul>
<b>Top Tip 3</b>	<p><b>Haemochromatosis and AATD</b></p> <ul style="list-style-type: none"> <li>· The genetics service no longer accepts referrals for genetic testing of family members of patients affected by haemochromatosis or alpha 1 antitrypsin deficiency (AATD). Guidelines for primary care management are available on Assist on SystemOne (Genetic Risk template)</li> <li>· Haemochromatosis: available on ICE</li> <li>· AATD: Search for alpha 1 antitrypsin test (AAT) under immunology on ICE</li> </ul>
<b>Top Tip 4</b>	<p><b>Inherited Cardiac Conditions (ICC) Clinic</b></p> <ul style="list-style-type: none"> <li>· First-degree relatives of affected individuals should be referred to ICC clinic (if wanting to refer a second-degree relative discuss with ICC service)</li> <li>· When referring asymptomatic relatives they do not need an ECG, echo or any other investigations prior to referral</li> <li>· Include names and DOBs of affected family members or the ‘dear relative’ letter they received from the clinic, if possible</li> <li>· Please refer patients with definite or possible familial hypercholesterolaemia to the Familial hypercholesterolaemia clinic (pathway on Assist)</li> <li>· See <a href="#">link</a> for further info and contact details.</li> </ul>
<b>Top Tip 5</b>	<p><b>Direct to Consumer (DTC) Genetic Testing</b></p> <ul style="list-style-type: none"> <li>· An increasing number of people are accessing genetic testing commercially</li> <li>· If these patients present to you with their results, offer them standard NHS care by completing a family history and risk assessment, offering lifestyle advice, and referring to specialist care only if indicated based on current NHS referral criteria. If these criteria not met, signpost back to commercial company.</li> <li>· Please see <a href="#">this excellent article</a> by The BMJ with practice pointers on this.</li> <li>· Also see the <a href="#">RCGP position statement on DTC testing</a></li> </ul>
<b>Questions to</b>	<b>Clinical Top Tips:</b> <a href="mailto:Top.Tips@bradford.nhs.uk">Top.Tips@bradford.nhs.uk</a>
<b>My CPD</b>	<i>Document the key points simply, reflect on what it means for me, so what?</i>
<b>My QI</b>	<i>Take action, then document a simple Quality Improvement for my next appraisal</i>