



**NHS Commissioning Board**  
**Consultation comments on**  
**Service B9a, SSNDS 16; Specialised Immunology Clinical Services**  
**E3d – Paediatric Medicine: Specialised Paediatric Immunology and Infectious Disease Services**  
**B9b Allergy; Specialised Allergy Services: Adults**  
**B9a2 Clinical Commissioning policy Hereditary Angioedema**  
**Service E1, Medical Genetics**

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| <b>Service B9a, SSNDS 16; Specialised Immunology Clinical Services</b>  |  |
| Consultation question   | Comments   |
| 5. Do you find this clinical policy or service specification clear and comprehensive?   | <p>PID UK considers the service specification comprehensive covering the full range and spectrum of PIDS. The policy includes all options, from home therapy, to clinic visits, to communication with other specialties for people who experience many different complications of varying degrees of seriousness because of their immunodeficiency.</p> <p>We do, however, feel more clarification is needed in certain areas - see detailed comments below.</p> |
| 6. In your opinion, does the clinical policy or service   | PID UK considers that the service specification reflects the evidence base.  |

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| <p>specification reflect the evidence base? Is there any additional information or evidence that you think should be taken into account?</p>   |   |
| <p>7. In your opinion, is this clinical policy or service specification inclusive of all the people who may be affected by it including minority groups? Please provide examples with your response.</p> | <p>PID UK considers that the service specification inclusive. It covers PIDS that are most common (1 in 3,000), to the rarest PIDs (1 less than a million). Patients with antibody deficiency either hospital based or on home therapy (including Hereditary Angioedema) are included. It also includes mention of those with rare autoinflammatory syndromes who need different treatment to PID patient with the use of biological therapies.</p> <p>The consultation is not available in different languages so there is the strong possibility that certain ethnic groups may not feel included in the process.</p>   |
| <p>8. Do you think that this service specification or clinical policy as described will enable all relevant sections of the population to access the service?</p>  | <p>Yes. With the approximately 26-networked centres accessible to patients in England, in a geographically equitable distribution, PID patients should not struggle with access to service.</p> <p>PID UK believes there is a strong need for emphasis on education and training in centres to ensure the care provided is standardised especially for patients receiving immunoglobulin replacement therapy.</p>   |
| <p>9. Can you envisage any barriers to putting this service specification or clinical policy into practice from April 2013?</p>  | <p>Immunology centres need appropriate facilities and enough suitably trained specialist doctors and nurses to implement this specification.</p> <p>Highly trained Immunology clinical nurse specialists (CNS) are an essential component for delivery of safe, high quality services for PID patients. PID UK is aware that CNS positions are often most vulnerable to the effects of 'cost-cutting' in hospitals. To deliver this specification it is essential that Immunology CNS positions are protected. There clearly needs to be a willingness on behalf of Trusts to bring their immunology centre up to the standard required should it be needed.</p>  |
| <p>10. In the next year we will be developing the quality standard section of the service specification. Can you identify any particular standards that should be considered?</p>                        | <p>PID UK would like to recommend standards are developed in</p> <ul style="list-style-type: none"> <li>• Record keeping and monitoring of all patients with HAE and primary antibody deficiency, i.e dashboards etc.</li> <li>• Transition processes</li> <li>• Ensuring the patients are receiving the high quality care they deserve by       <ol style="list-style-type: none"> <li>a) annual audits</li> <li>b) Service evaluation from <b>both</b> staff and patient perspective</li> <li>c) Including patients in decision-making. This is essential to ensuring where possible services are meeting patients needs and to provide the rationale in changing service provision to best serve their needs.</li> </ol> </li> </ul> |

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|   | PID UK would like to see minimum standards for staffing levels at centres for both doctors and nurses and standards set for the training and monitoring of staff.  |
| <b>ADDITIONAL COMMENTS</b>  |  |
| <b>Text or issue to which comments relate</b>                                   |  |
| <b>Page 2 Under diagnosis and delayed diagnosis of PIDS</b>                     | <p>As indicated in the specification under diagnosis and delayed diagnosis of PIDs is still a significant problem and one that causes unnecessary deaths, increased morbidity and reduced quality of life.</p> <p>PID UK would welcome working with all stakeholders to tackle the causes of under-diagnosis and late diagnosis e.g. setting targets for training of doctors, nurses and GP's, helping with publicity materials which are succinct and can grab the attention of busy professionals; availability of guides in different languages.</p> <p>The evidence, rather opinion, suggests that information about PID should be TARGETED at specific groups i.e. (1) families with a known history of PID and (2) hospital specialists working in allied subspecialties who may come across these patients. Blanket canvassing of GPs and the general public is more likely to increase anxiety and unnecessary referrals – see publications:</p> <p><b>Clinical features that identify children with primary immunodeficiency diseases.</b> Subbarayan A, Colarusso G, Hughes SM, Gennery AR, Slatter M, Cant AJ, Arkwright PD. Pediatrics. 2011 May;127(5):810-6.</p> <p><b>Ten warning signs of primary immunodeficiency: a new paradigm is needed for the 21st century.</b> Arkwright PD, Gennery AR. Ann N Y Acad Sci. 2011 Nov;1238:7-14.</p> |
| <b>Page 5. 'What is involved in the management of immunological disorders?'</b> | <p>PID UK believes there is insufficient reference to adult PID patients who require stem cell transplant. These patients may require HSCT without having developed a malignancy. Recent advances in HSCT conditioning regimens such that described by Gungor et al., are leading to successful outcomes. We believe this could be achieved through collaborative management with HSCT centres specifically recognized for the transplantation of patients with primary immunodeficiency.</p> <p><b>Successful low toxicity hematopoietic stem cell transplantation for high risk adult chronic granulomatous disease patients.</b> Gungor T, Halter J, Klink A, Junge S, Stumpe KD, Seger R, Schanz U. Transplantation. 2005 Jun 15;79(11):1596-606.</p>  |
| <b>Page 6, 'research into PID'</b>  | PID UK would like to emphasise that research into PID is vital in driving forward better patient care and outcomes. It is essential for understanding the prevalence, impact and burden of disease and understanding mechanisms leading to developing better treatments through clinical trials.   |

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|   | <p>Further research is also needed in understanding the psychological effect having a PID. Whether a person is diagnosed as a baby or when they are adults they still have to deal daily with their diagnosis and how it affects their life.</p> <p>Having centres that are research active is in the patients' interests. PID UK strongly supports research as an essential part of a national commissioning strategy and would welcome NIHR initiatives in this area.</p>  |
| <p><b>Section 2. Scope. Page 8.</b><br/><b>2.5. Interdependencies with other services; page 14.</b></p>                               | <p>A holistic inter-disciplinary approach is very important in the care of PID patients. The effects of immune deficiency can be wide ranging with gastrointestinal, respiratory and infection complications. Joint PID clinics ('a one-stop shop' model) with respiratory, gastrointestinal and infectious disease specialists, as implemented at some centres to address complications, may provide a useful model for care delivery.</p> <p>Linked to the holistic approach is looking after the mental wellbeing of adult patients. This ranks very high in the needs of patients. Learning new ways to think and cope with their diagnosis through therapies such as Cognitive Behavioural Therapy will help patients deal with the physical manifestations of their PID and so improve their quality of life.</p>  |
| <p><b>2.2. Service description/care pathway, page 9.</b><br/><b>'Access to an appropriately staffed designated day case unit'</b></p> | <p>A definition of 'appropriately staffed unit' must be given.</p> <p>PID UK would welcome inclusion of stated minimum standards for staffing levels at centres for doctors and nurses, as well as minimum training standard requirements for both.</p>  |
| <p><b>Page 11.</b><br/><b>'The provider shall provide transition services.'</b></p>   | <p>PID UK would welcome more emphasis on the PID patient pathway covering transition from pediatrics to adult immunology care and implementation of formal arrangements at all centres, which must be quality monitored. Experiences from the PID UK patient panel highlight that good transition from paediatric to adult clinic is vital and makes a huge difference to patient welfare.</p> <p>PID UK would welcome the development of shared protocols between paediatric and adult services. It is essential that both services work together and take joint ownership. We support the mechanisms proposed to ensure linkage between primary and secondary care.</p> <p>Transition involves young people taking ownership of their condition and parents 'letting go'. Both groups need tailored specific information to help them through this process.</p> <p>There needs to be further consideration of cross-harmonisation of transition throughout all specialties involved in patient care.</p> |

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| <p><b>Page 11, Primary care links<br/>'Care plans of PID patients are shared with primary care' and<br/>'Antibiotic guidelines are shared with general practitioners'</b></p> | <p>PID UK strongly supports these elements of the specification. Communication with GPs is vitally important so that they fully understand a patient's needs. This also means those patients who are far away from an immunology centre can consult their GP initially about medical questions.</p>   |
| <p><b><u>Private sector and third sector links;</u> Page 12<br/>'strong liaison with PID patient groups'</b></p>  | <p>PID UK welcomes the emphasis in the specification for centres to maintain strong links with patient groups. By working actively together we can improve outcomes for patients.</p> <p>Primary Immunodeficiency UK (PID UK) is a new organisation that aims to support families affected by primary immunodeficiencies .</p> <p>We would be grateful to the commissioning board if they could add Primary Immunodeficiency UK (PID UK) to the list given in this section.</p> |
| <p><b><u>Equity of access to services;</u><br/>page 12<br/>'No patient should have to travel excessively'</b></p>   | <p>PID UK would welcome inclusion of a definition of 'travel excessively' as a benchmark.</p>   |
| <p><b><u>Applicable national standards</u><br/>Page 16;<br/>'national care pathways'</b></p>  | <p>PID UK strongly supports the development of a national care pathway and/or NICE guidance for PID and sees this a high priority to ensure best standards of patient care.</p>   |
| <p><b>'training and development of next generation of specialist clinical immunologists'</b></p>  | <p>The onus for this does not rest solely on the provider. It requires the consideration and commitment of medical professional organisations and Royal Colleges to audit and plan succession strategies to ensure future service needs will be met.</p>  |
| <p><b>Harmonisation of patient information and guidelines; underpinning policy development with patient group involvement.</b></p>  | <p>PID UK welcomes harmonisation of patient information and would welcome participation in policy development.</p>  |
| <p><b><u>Key service outcomes, page 16</u><br/>Patient outcomes</b></p>   | <p>PID UK welcomes the requirement for CGD antibiotic/management protocol, including antifungal therapy.....<br/>..as part of their UKPIN Quality Manual.</p> <p>We would like to draw attention to the need to monitor patient drug compliance as an integral part of their care. Drug compliance is a significant issue in adolescent patients.</p>   |

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| <b>Page 17, 'Policy for continuity and plurality of IVIG/SCIG'</b>   | PID UK strongly supports mechanisms to ensure the supply of immunoglobulins for PID patients is ring-fenced and that the supply is continuously available.  |
| <b>Page 17, 'PREM surveys '</b>  | Patients should be involved in the design of PREM surveys to ensure the things that matter to them are addressed and measured.  |
| <b>Page 17, 'Clinic letters will be copied to all patients.'</b>   | PID UK welcomes this. This is essential for patients as records of their care and helps in communicating their health problems and needs to other health providers.   |
| <b>Page 17, 'All patients with a primary antibody deficiency should be 'monitored regularly';</b><br><br><b>'monitored regularly' for development of disease progression and complications</b> | A clear definition of 'regularly' should be given so as to give clarity to patients as to the service being provided.   |
| <b>Clinical governance, page 17</b>  | It is not stated who is responsible for monitoring clinical governance. Is this self-regulation or by an outside body? This must be made clear.   |
| <b>Page 18, 'mandatory participation in shared audit' and commitment to a 'process of continuous quality improvement'.</b>   | PID UK welcomes these statements as a mechanism to share best practice and drive up standards of care.  |
| <b>Accreditation and Quality Standards, page 18</b><br><b>'All centres should participate and actively work towards UK PIN Accreditation'</b>  | PID UK is strongly supportive of the UK PIN accreditation scheme. Assurance of quality standards is very important to patients.<br><br>Clarity is needed for all stakeholders including patients and patient groups on what happens if centres fail to meet the service specification and how this will impact on patient care. |
| <b>'Management of patients – should be led by a clinical immunologist with appropriate training and experience ...'</b>  | PID UK believes it is a <i>necessity</i> that PID patients are under the care of a clinical immunologist. A definition of appropriate training, experience and professional development requirements is needed.   |
| <b>'Patients should be offered a choice of route (IV or Sc) and</b>  | Immunoglobulin therapy is a life-saving therapy for PID patients. There must be patient choice about how to manage their therapy and home-therapy must be available as an option to as many people as is possible. For  |

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| <p><b>location'</b></p>   | <p>those unable to infuse at home it should be made easier for patients to access infusion out of traditional working hours e.g. at evenings or weekends.</p> <p>PID UK supports the statement issued International Patient Organisation for Primary Immunodeficiencies (IPOPI)<br/> <a href="http://www.ipopi.org/uploads/IPOPI%20Position%20Statement%20Access%20to%20IG%20Therapies_FINAL.pdf">www.ipopi.org/uploads/IPOPI%20Position%20Statement%20Access%20to%20IG%20Therapies_FINAL.pdf</a><br/> (dated 8<sup>th</sup> May 2012) concerning access to immunoglobulin therapies for patients living with a primary immunodeficiency. This includes:</p> <ul style="list-style-type: none"> <li>• Availability of immunoglobulin treatments that best suits individual patient needs i.e. not based on the premise that immunoglobulin therapies are generic medicines and can be interchangeable.</li> <li>• Necessary measures to be taken at a national level to ensure PID patients can have continuous and equal access to the widest range possible of safe and effective immunoglobulin therapies.</li> <li>• Prescribing physicians should always have the flexibility to choose the most appropriate therapy for their patients.</li> </ul> |
| <p><b>'All patients should have the opportunity to be assessed for home therapy if appropriate'.</b></p>                                  | <p>A definition of appropriateness must be supplied here. That is the criteria for offering home therapy must be supplied otherwise this requirement may not provide the equity of service it is designed to meet.</p>   |
| <p><b>Page 19, 'Review of patients regularly'<br/>'regular risk assessments'<br/>'monitor trough immunoglobulin levels regularly'</b></p> | <p>A definition of 'regularly' must be indicated to provide clarity to patients.</p>   |
| <p><b>E3d – Paediatric Medicine: Specialised Paediatric Immunology and Infectious Disease Services</b></p>                                |  |
| <p><b>Consultation question</b></p>   | <p><b>Comments</b></p>   |
| <p>5. Do you find this clinical policy or service specification clear and comprehensive?</p>  | <p>PID UK considers the service specification fairly comprehensive. We do, however, feel that more clarification is needed in certain areas and that the specification could be improved - see detailed comments below.</p> <p>We note there is no provision within the specification for 'Service user/carer information' as detailed in <b>Service B9a, SSNDS 16; Specialised Immunology Clinical Services.</b> Specifically a requirement to give information to patients and staff about patient support organisations who play an important role in informing and supporting families when they first receive a diagnosis and begin</p>   |

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|   | <p>their journey through care. PID UK believes this should be addressed in the specification.</p> <p>Assurance of quality standards is very important to patients. We note this specification does NOT make reference to the need for centres to be accredited or to work towards accreditation by professional bodies such as UK PIN <a href="http://ukpin.org.uk/home/accreditation.html">ukpin.org.uk/home/accreditation.html</a>. It should do so.</p>  |
| 6. In your opinion, does the clinical policy or service specification reflect the evidence base? Is there any additional information or evidence that you think should be taken into account?     | <p>Yes to a large extent but the National Policies of relevance in the paediatric service for primary immunodeficiency patients are not aligned with those for the adult (PID) service (Service Spec B9a, SSNDS 16).</p> <p>One example is<br/>Guidance for transition – this needs updating from 2006 guidelines to March 2008 guidelines as referenced by service specification <b>Service B9a, SSNDS 16</b>.<br/><a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083592">www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083592</a>.</p>                               |
| 7. In your opinion, is this clinical policy or service specification inclusive of all the people who may be affected by it including minority groups? Please provide examples with your response. | <p>PID UK would like to have seen more emphasis on patients transitioning from pediatrics to adult care. As stated in the specification this is a critical time for adolescents. There needs to be stated formal mechanisms embedded into the specification.</p> <p>The consultation is not available in different languages so there is the strong possibility that certain ethnic groups may not feel included in the process.</p>  |
| 8. Do you think that this service specification or clinical policy as described will enable all relevant sections of the population to access the service?  | <p>PID UK finds it hard to make a judgement on this from the information given on existing services (National Context; page 3).</p>   |
| 9. Can you envisage any barriers to putting this service specification or clinical policy into practice from April 2013?  | <p>Paediatric Immunology centres need appropriate facilities and enough suitably trained specialist doctors and nurses to implement this specification.</p> <p>Highly trained Immunology clinical nurse specialists (CNS) are an essential component for delivery of safe, high quality services for PID patients. PID UK is aware that CNS positions are often most vulnerable to the effects of 'cost-cutting' in hospitals. To deliver this specification it is essential that Immunology CNS positions are protected. There clearly needs to be a willingness on behalf of Trusts to bring their immunology centre up to the standard required should it be needed.</p> |
| 10. In the next year we will be   | <p>PID UK strongly supports the outcomes service aims as listed on page 11.</p>   |



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| <p>developing the quality standard section of the service specification. Can you identify any particular standards that should be considered?</p> | <p>In addition we would like to recommend standards are developed in</p> <ul style="list-style-type: none"> <li>• Transition processes</li> <li>• Ensuring the patients are receiving the high quality care they deserve by <ul style="list-style-type: none"> <li>a) Annual audits</li> <li>b) Service evaluation from <b>both</b> staff and patient perspective</li> <li>c) Including patients in decision-making. This is essential to ensuring where possible services are meeting patients needs and to provide the rationale in changing service provision to best serve their needs.</li> </ul> </li> </ul> <p>PID UK would like to see minimum standards for staffing levels at centres for both doctors and nurses and standards set for the training and monitoring of staff.</p> |
| <p><b>ADDITIONAL COMMENTS</b></p>   |   |
| <p><b>Text or issue to which comments relate</b></p>  |   |
| <p><b>Multidisciplinary teams and Interdependency, page 7 &amp; 8</b></p>   | <p>PID UK is strongly supportive of these arrangements, which will help ensure holistic best care is provided for patients.</p>   |
| <p><b>Issue of accreditation of centres</b></p>   | <p>This specification does not make reference to the need for centres to be accredited or to work towards accreditation by professional bodies such as UK PIN <a href="http://ukpin.org.uk/home/accreditation.html">ukpin.org.uk/home/accreditation.html</a>.</p> <p>This should be addressed in the specification.</p>   |
| <p><b>Aims and objectives of service Registries, page 6</b></p>   | <p>In addition to ‘entry of Primary Immunodeficiency patients into the ESID registry’ PID UK believes the specification should explicitly state <u>entry of patient data into the UK PIN national registry <a href="http://ukpin.org.uk/home/registry-introduction.htm">ukpin.org.uk/home/registry-introduction.htm</a></u>. This is an important national resource to improve patient outcomes and it should be an obligation for every centre treating primary immunodeficiency patients to submit patient data subject to their informed consent.</p>  |
| <p><b>Page 6, ‘detailed audit of patient outcomes and experience’</b></p>   | <p>The specification does not make reference as to how patients themselves will be involved in determining experience parameters and does not indicate the frequency of the audits. PID UK would welcome alignment with the <b>Service B9a, SSNDS 16; Specialised Immunology Clinical Services specification page 17</b> ‘The provider shall ensure a patient and public engagement strategy for the service to ensure that patient views of the service are measured (in collaboration with patient organisations).....and act on any deficiencies identified’.</p>  |

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| <b>Issue of linkage to third sector</b>             | PID UK believes it is important that centres maintain a strong liaison with Primary Immunodeficiency Patient Groups to provide further community support and continuity of care. Patient support groups are important sources of support and information for parents and patients. The need for such signposting should be added to the specification.   |
| <b>Issue of reinforcing linkage to Primary care</b> | <p>Communication with GPs is vitally important so that they fully understand a patient's needs. This also means those patients who are far away from an immunology centre can consult their GP initially about medical questions.</p> <p>PID UK would welcome consideration of the need for defined links with primary care to be included in the specification: care plans of PID patients should be shared with primary care and antibiotic guidelines should be shared with general practitioners in alignment with the specification <b>Service B9a, SSNDS 16; Specialised Immunology Clinical Services.</b></p> |
| <b>Issue of clinic letters for patients.</b>        | <p>PID UK would recommend the need for clinic letters to be copied to all parents/patients to be included in this specification.</p> <p>This is essential for parents/ patients as records of care and helps in communicating health problems and needs to other health providers.</p>   |

### **B9b Allergy; Specialised Allergy Services: Adults**

| <b>Consultation question</b>   | <b>Comments</b>   |
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| <b>5. Do you find this clinical policy or service specification clear and comprehensive?</b>   | PID UK finds this service specification clear and comprehensive. We welcome the provision of well-managed care for patients affected by the Hereditary Angioedema or Acquired Angioedema that require C1 esterase inhibitor.  |
| <b>6. In your opinion, does the clinical policy or service specification reflect the evidence base? Is there any additional information or evidence that you think should be taken into account?</b> | <p>Yes.</p> <p>Recent published evidence includes:<br/> <b>WAO Guideline for the Management of Hereditary Angioedema.</b> Craig T, Pürsün EA, Bork K, Bowen T, Boysen H, Farkas H, Grumach A, Katelaris CH, Lockey R, Longhurst H, Lumry W, Magerl M, Martinez-Saguer I, Ritchie B, Nast A, Pawankar R, Zuraw B, Maurer M. World Allergy Organ J. 2012 Dec;5(12):182-199.</p> |
| <b>7. In your opinion, is this clinical policy or service specification inclusive of all the people who may be affected by it including</b>  | PID UK believes the policy to be inclusive.   |

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| <p><b>minority groups? Please provide examples with your response.</b></p>  |   |
| <p><b>8. Do you think that this service specification or clinical policy as described will enable all relevant sections of the population to access the service?</b></p>                                    | <p>PID UK believes the service specifications will give equity of access to treatment and excellence in standards of care if the <b>Clinical Commissioning policy for Hereditary Angioedema B9a2</b> is implemented.</p>  |
| <p><b>B9a2 Clinical Commissioning policy Hereditary Angioedema</b></p>  |   |
| <p><b>Consultation question</b></p>   | <p><b>Comments</b></p>  |
| <p><b>5. Do you find this clinical policy or service specification clear and comprehensive?</b></p>   | <p>PID UK agrees that this clinical policy is clear and comprehensive.</p> <p>PID UK strongly supports the implementation of central commissioning for Hereditary Angioedema (HAE). It makes sound health economic sense in that a well managed HAE patient (ie one treated in accord with the Service Specification: B9b Allergy; Specialised Allergy Services: Adults will not need to access A&amp;E, they will not need inpatient care or intensive care. Patients will not need ambulance services and will be able to manage their own condition and live an independent life maintaining full employment and avoiding the need for state benefits.</p> |
| <p><b>6. In your opinion, does the clinical policy or service specification reflect the evidence base? Is there any additional information or evidence that you think should be taken into account?</b></p> | <p>Yes PID UK believes the policy reflects the available evidence base.</p>   |
| <p><b>7. In your opinion, is this clinical policy or service specification inclusive of all the people who may be affected by it including minority groups? Please</b></p>                                  | <p>Yes PID UK believes the policy will give equity of access to treatment and excellence in standards of care.</p>  |

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| <b>provide examples with your response.</b>   |   |
| <b>8. Do you think that this service specification or clinical policy as described will enable all relevant sections of the population to access the service?</b> | Yes. PID UK believes localised funding through GP consortiums may not give equity of access to this essential care. This may mean a large number of HAE patients will get sub optimal care resulting in a poor quality of life and an inability to maintain employment and independent living.<br>PID UK strongly supports this central commissioning policy in order to provide equitable and life-saving therapy for this rare condition. |
|   | <b>Service E1, Medical Genetics</b>   |
| <b>Consultation question</b>  | <b>Comments</b>   |
| <b>5. Do you find this clinical policy or service specification clear and comprehensive?</b>  | PID UK agrees that this clinical policy is clear and comprehensive.   |
| <b>Other comments</b>   |   |
| <b>Page 17<br/>‘Tests not approved by UK GTN are excluded’</b>  | It takes UK GTN up to one year for tests to be approved therefore to avoid undue delay to diagnosis for patients PID UK would suggest the following wording:<br>‘ The test must be included in the list of UK GTN approved tests, or suitable for inclusion ...   |
| <b>Page 17 interdependencies</b>  | Clinical Immunology services should be included in the list of interdependencies.   |
|   | <b>Clinical Commissioning Policy: Pre-Implantation Genetic Diagnosis</b>  |
| <b>Consultation question</b>  | <b>Comments</b>   |
| <b>5. Do you find this clinical policy or service specification clear and comprehensive?</b>  | PID UK agrees that this clinical policy is clear and comprehensive.<br><br>PID UK strongly supports the implementation of central commissioning for PGD to remove the postcode lottery present currently.   |

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