From Sharon Hodgson MP
Parliamentary Under-Secretary of State
for Public Health and Prevention

Patrick Hurley MP

14 April 2026

Dear Patrick,

Thank you for your further correspondence of 23 February on behalf of your constituent Mr Stuart Ball about the Rachel's Rule campaign. I apologise for the delay in replying.

I was sorry to read that our previous responses may not have provided Mr Ball with all the information he seeks. I appreciate his continuing concerns on this matter. I would also like to thank you for sharing his proposal document, which has been shared with Departmental officials.

The Royal College of General Practitioners' Curriculum Topic Guide for Genomic Medicine states that it is a GP's role to consider family histories to identify people with, or at risk of, genetic conditions, identify who would benefit from being referred to appropriate specialist services and coordinate care across services. However, as stated in the NHS Constitution for England, it is the responsibility of all staff to ensure high-quality care is provided to patients.

I note Mr Ball's strong argument for clearer ownership, defined review triggers and coordinated surveillance in how the NHS identifies, reviews and coordinates care for people who may have an underlying hereditary risk of cancer, particularly where indicators emerge cumulatively over time and across multiple specialties. These align with current policy and the direction of the recently published National Cancer Plan for England: delivering world class cancer care.

Action 6 in the National Cancer Plan commits the NHS to implementing "risk-stratified" pathways across prevention, diagnosis and follow-up. This is intended to ensure each patient receives the right care at the right time, using genetic, clinical and lifestyle data to tailor surveillance and investigation, and to target screening for those at higher risk. It also supports our wider ambition to achieve earlier diagnosis, including meeting all cancer waiting time targets by 2029. Strengthening hereditary-risk recognition directly contributes to this goal.

The National Cancer Plan also outlines major investment in digital transformation. This includes shared diagnostics platforms, such as the single-queue diagnostics model in Greater Manchester, that enable real-time booking and improved coordination across providers. These will increasingly support clinicians to identify patterns across specialties and, over time, allow for better cumulative risk recognition of the type Mr Ball describes.

The principles underpinning the Plan, particularly the move towards risk-stratified care and the use of wider clinical and genomic data, are consistent with many elements of the proposed Rachel's Rule. Our reform therefore provides an opportunity to consider how models such as the one proposed by Mr Ball could strengthen the system's ability to recognise and act on hereditary patterns earlier.

As a first step towards the new population health service outlined in Fit for the Future: The 10 Year Health Plan for England, NHS England has appointed nurses across England who will be trained as genomics champions in local communities, to help patients get faster diagnoses and access life-saving treatment closer to home. These specially trained nurses – along with other NHS staff – will identify patients suitable for genomic testing, help guide patients and family members through that testing, and support patients to access genomic counselling if needed.

Additionally, the National Cancer Plan sets out a major expansion in the use of genomics to support earlier diagnosis and more personalised treatment. By 2028, genomic data will be integrated into the unified genomic record, forming part of the Single Patient Record and enabling clinicians to make faster, more accurate decisions. More patients will be able to access comprehensive genomic testing, helping identify hereditary cancer risk, guide treatment and connect patients to trials more quickly. The NHS Genomic Medicine Service will also extend the use of circulating tumour DNA (ctDNA) and other biomarkers to additional cancer types, where evidence supports their use.

The National Disease Registration Service has developed a genetic register that will collect patient information on over 100 genes linked to an increased risk of cancer, with plans for it to help fast-track thousands more people to screening and testing, while speeding up access to personalised therapy and trials. Those identified by the NHS as having an inherited risk of cancer will be added to the single central register, and people with changes in certain genes will be automatically invited to screening and offered routine tests.

I hope this reply is helpful.

Yours sincerely,

SHARON HODGSON