

Annex 2: Genomics England will cease to exist

It is medConfidential's assessment that, after DHSC has eaten NHS England, and with the Whole Genome Sequence of all babies going into their Single Patient Record in Palantir, the political and institutional direction of travel is that Genomics England will cease to exist as an independent entity in the medium term. That outcome would be in the interests of the bureaucracy – even if it is utterly terrible for privacy, for patient confidence, and for care.

In 2026 it would make no sense for there to be an “X-Rays England” to be run by DHSC; there is a belief by the Department and their technology providers that genomics is going the same way.

The NHS Genomic Medicine Service will continue as a routine NHS service, in the same way the NHS has many routine medical services. GeL has done that job admirably. GeL has also run a trusted research environment for years, but NHS England has one of those now too. And there's no space for nostalgia in the Treasury's Spending Review.

The Department of Health and NHS England expect the whole genome sequence of babies to go into their Single Patient Record in Palantir – where they can and will do whatever the Secretary of State, as data controller, decides.

After data is ingested, data held in GeL today will be treated as any other data held by DH/E. Genomics will become just ‘part of the government’ like digital ID, and the genome of every resident will be shared the way any government Department shares any data. Such sharing would even be covered by DH/E's proposed expansion of data sharing under the Digital Economy Act – an expansion that would destroy the business model of Our Future Health. DHSC will inevitably make the data available to police and the Home Office; not necessarily on day one, but the forces of State can be patient when temporarily refused...

The independent and trustworthy structures and culture of Genomics England are the best option for a rapid NHS response to the demonstrations of mRNA treatments that we address in [Dog Cancer](#) and related pieces.

The HPV vaccine eradicated cervical cancer in women who've had it. There's a decent chance that, by the end of the current Parliament, it will be possible for your vet to cure cancers in your dog or cat, and it's politically untenable for the NHS not to do the same for your grandma – subject to clinical trials, compassionate use, etc.

GeL deserves to survive as an independent entity; patient confidence will be better if it does, but political priorities override patient confidence when Palantir gets involved, and politics beats patients every time.

In all future scenarios – confidence, culture and consent-wise – it makes complete sense to appoint the Chair of GeL as the Chair of the Health Data Research Service. As a consequence, if the primary legislation necessary to make the Secretary of State data controller for the Single Palantir Record does not pass, but the SPR continues regardless, a

merged GeL/HDRS may be in an ideal position to become the public body that is the data controller as a new 'Information and Innovation Service'.