ALL PARTY PARLIAMENTARY GROUP ON RARE, GENETIC AND UNDIAGNOSED CONDITIONS

Rare Disease Day reception and Annual General Meeting: minutes

Date: **27 February 2019**

Venue: Terrace Pavilion, Houses of Parliament

Parliamentarians

Catherine West MP

Rt Hon Baroness Neville-Jones

Alex Sobel MP

Bambos Charalambous MP

Baroness Hollins

Baroness Masham of Ilton

David Duguid MP

David Simpson MP

Lloyd Russell-Moyle MP

Lord Rogan

Mark Pritchard MP

Neil O'Brien MP

Pauline Latham OBE MP

Rehman Chishti MP

Rt Hon George Howarth MP

Sharon Hodgson MP

Sir David Amess MP

Stephen Kerr MP

Steve Pound MP

Tan Dhesi MP

Virendra Sharma MP

Peter Dowd MP

Guest Speakers

Dr Jayne Spink, Genetic Alliance UK Baroness Nicola Blackwood Mishal Dattani

1. Welcome from Catherine West MP

Annual General Meeting – election of the officers.

Election of chair: Catherine West MP.

The election of the chair was seconded by Alex Sobel MP, Bambos Charalambous MP and Lloyd Russell-Moyle MP.

Election of vice chairs: Rt Hon Baroness Neville-Jones, Lord Patel, Lord Turnberg and Rt Hon Dame Cheryl Gillan MP.

Genetic Alliance UK contactus@geneticalliance.org.uk www.geneticalliance.org.uk

Registered charity numbers: 1114195 and SC039299

Registered company number: 05772999

Election of officers: Alex Sobel MP, Rt Hon Norman Lamb MP.

Catherine West MP opened up the Rare Disease Day reception by welcoming attendees and highlighted common challenges affecting rare disease patients such as getting a diagnosis, accessing accurate information and support, and the emotional impact of living with a rare condition.

2. Dr Jayne Spink, Chief Executive, Genetic Alliance UK, and Chair of Rare Disease UK

Dr Jayne Spink noted that the UK Strategy for Rare Diseases is nearing its deadline of 2020 but there is still much work to be done to improve the experience and treatment of rare disease patients. Since its publication in 2013 many bodies and initiatives in the Strategy have changed or ceased to exist. Rare Disease UK is calling for a review and refresh of the Strategy before 2020 to ensure progress and momentum is not lost.

Dr Jayne Spink presented Baroness Blackwood, the minister with responsibility for rare diseases, with an open letter signed by over 100 patient organisations calling for a refresh and review of the UK Strategy for Rare Diseases.

3. Screening of 'lan's rare reality', a patient experience video

4. Baroness Nicola Blackwood, Parliamentary Under Secretary of State at the Department of Health and Social Care

Baroness Blackwood informed attendees of the publication of an update from the Department of Health and Social Care, outlining the progress towards delivering the UK Strategy for Rare Diseases. She also reaffirmed the Government's commitment to European Reference Networks and stated that there would be a rare disease 'framework' in place post 2020.

The Minister has asked NHS England to implement a rare disease 'insert' which will ensure that: there is a person responsible for co-ordinating the care of some patients with rare diseases (those with access to specialised services); every patient with a rare disease will have an 'alert card', including information about their condition, treatment regime and contact details for the individual expert involved in their care; and, every paediatric patient has an active transition to an appropriate adult service, even if that adult service is not the commissioning responsibility of NHS England.

Finally, Baroness Blackwood also launched the development of a National Genomic Healthcare Strategy aiming to ensure rare disease patients receive a faster and more accurate diagnosis, as well as providing access to personalised treatment and care.

5. Mishal Dattani, patient speaker

Mishal shared his experience of living with Budd-Chiari syndrome, a blood related liver condition affecting approximately one in a million people. In addition to outlining his diagnostic odyssey Mishal outlined the challenges he has faced in living with a rare condition, such as managing his care with regular blood tests, appointments and visits to clinics, in addition to holding down a job.

6. Close

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