Dear Prime Minister,

Re: continued supply of medical radioisotopes in the event of a no-deal Brexit

We represent three professional bodies whose members are directly responsible for the procurement and receipt of medical radioisotopes, and for planning, performing and reporting on nuclear medicine scans and for treating cancer patients across the UK.

We are writing to congratulate you on your recent appointment and draw your attention to specific queries relating to the supply of medical radioisotopes in the event of a no-deal exit from the EU.

Medical radioisotopes are crucial in the diagnosis and treatment of cancer and other conditions. However, as nuclear materials they are constantly decaying and their transport and use needs to be meticulously planned to ensure they reach patients in time – for example, one product used in the diagnosis of Alzheimer’s disease is flutemetamol ($^{18}$F), which is imported from the EU and has a half-life of less than two hours.

Concerns around the continuing, assured supply of radioisotopes in the event of a no-deal Brexit have been well publicised, and there is now broad awareness of how much patients and hospitals rely on the EU import of these highly perishable, life-saving products.

We are very encouraged that radioisotopes are being specifically considered as part of the ongoing supply planning being undertaken by ministerial departments – particularly the Department of Health and Social Care (DHSC) – and appreciate that suppliers are set to provide DHSC with detailed no-deal contingency plans over coming weeks.

We are also encouraged by recent news that the Government has committed an additional £2.1 billion towards preparing for no-deal – some of which will go towards boosting border force and customs capacity – and look forward to more specific detail as to how this funding will expedite the transport of medical radioisotopes.

However, we remain apprehensive about supplier readiness, and the impact shipment changes and/or delays are likely to have on hospital planning and expenditure, and ultimately, on patients.

Suppliers have been asked to use dedicated air freight in the event of a no-deal. We are aware that increased air freight has been trialled by industry, and has been broadly successful. However, we know one supplier struggled with fast-tracking through customs during a trialled ramp-up of air freighting in the spring, leading to questions about whether these time-sensitive consignments can meet their scheduled onward road transport to hospitals in time.

Hospital radiopharmacies are responsible for ordering radioisotopes from suppliers. It has been generally acknowledged that a no-deal will mean increased costs, both because suppliers will have to pass on their increased transport costs and because radiopharmacies may need to order bigger, more expensive radioisotope shipments to ensure they have.
enough to keep scanning patients. While we know the NHS routinely absorbs unplanned costs, nuclear medicine teams and finance managers need to know how to manage this at trust/health board and hospital level.

We appreciate the bulk of contingency planning rests with goods suppliers but, given the crucial nature of these materials, we believe the Government has a clear responsibility to update the health sector about outstanding concerns.

We ask that you provide urgent clarification on a number of issues relating to radioisotope supply:

- What guarantees can be given that reported customs delays at East Midlands Airport will not happen in future and which minister will have direct responsibility for this?
- What clear actions have been taken to ensure industry has sourced enough trained drivers to ensure timely delivery of medical radioisotopes to the North of England, the South West of England, Wales, Scotland and Northern Ireland?
- What action has been taken to ensure future tariff reimbursements for nuclear medicine tests and brachytherapy cancer treatment (both in regards to individual and contract tariff rates) reflect increased costs caused by Brexit?

Yours sincerely,

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Dr John Buscombe
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