Nuclear medicine: maintain clinical services during July 2009

Dear Colleague,

I am aware that almost every department is likely to be affected by the Molybdenum shortages over the next few weeks.

The Chalk River reactor shutdown is resulting in reduced activities to many departments, and the unplanned downtime at Petten this weekend will mean that there will be a reduction in delivered activity by 30 – 60 % across England. The impact of this will result in potential loss of clinical activity over the next two weeks. We are expecting another two weeks of much reduced moly production in mid July and August. The Department of Health has asked the BNMS to co-ordinate the support to departments in the short term and has asked ARSAC to convene a working group to advise on longer term solutions.

We have, through the website (www.bnms.org.uk) provided information on possible solutions for maintaining the service. All future communications will be posted on the website and members can subscribe to having these delivered by RSS feed. You are encouraged to use the website regularly. We have notified the MHRA, Department of Transport and HSE through the Department of Health of the issues and asked them to respond rapidly to any requests for variations in licences.

I know that many departments have established local Tc-99m eluate distribution networks sharing any activity surplus to the local departmental need. Others are realigning their clinical service to optimise the use of the generator when it has been delivered (unfortunately, this usually means weekend working!). It has been suggested that departments may be able to make local agreements to time shift, so staff may have time off when there is reduced activity. I am aware through the SHA returns that all departments are responding professionally and maintaining services as much as possible. We have emphasised that the Nuclear Medicine services are delivered by a small body of skilled staff and that any changes in working practice must be sustainable and any possible increases in staff occupational exposure risk assessed.

We would like to share any examples of local best practice. This can be achieved thru the member’s forum or email.

I am writing to ask you to let me know if you need any support or advice in responding to the local service challenges. This was discussed at the National Imaging Board in June where the need to sustain our clinical service was endorsed and Erika Denton accepted our advice that SHAs should be asked to recognise our difficulties. We are particularly concerned for those departments who are currently able to report that no patients are waiting in excess of locally agreed targets but where the cumulative effect of the shortages may result in waiting time breaches.
If you are in this position we would like to know and to discuss with you how we can support you.

Please contact me, either thru the BNMS website – “contact us” or Gill.vivian@phnt.swest.nhs.uk.

I look forward to hearing from you.

Yours sincerely, Gill Vivian FRCR FRCP, President BNMS