



HOUSE OF LORDS
European Union Committee

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The Rt Hon Greg Clark MP
Secretary of State
Department for Business, Energy and Industrial Strategy
1 Victoria St
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8 December 2017

Dear Greg,

Health implications of leaving Euratom

I am writing this letter to raise concerns about the health implications of leaving Euratom. On 22 November the Home Affairs Sub-Committee of the House of Lords EU Select Committee held a meeting to look at the implications of leaving Euratom for the safe and timely import and export of medical radioisotopes. During that meeting the Committee heard from Professor Michael Rees of the British Medical Association (BMA), Dr John Buscombe, President-Elect of the British Nuclear Medicine Society (BNMS), and Dr Jeanette Dickson from the Royal College of Radiologists (RCR). The Sub-Committee also discussed this topic with Lord O'Shaughnessy during the Sub-Committee's meeting the following week.

After hearing from our expert witnesses and Lord O'Shaughnessy, we are very concerned that the health implications of leaving Euratom have not been given the priority that they require within Government. Medical radioisotopes are essential tools for both diagnostic tests and treatments for cancers, heart disease, kidney disease and bone disease. It is estimated that medical radioisotopes are used in the care of 700,000 patients a year. Dr Buscombe of the BNMS suggested that the figure is probably closer to 1 million patients. The UK imports around 80% of its medical radioisotopes, mostly from the EU. Patients depend on the timely delivery of medical radioisotopes, and anything that threatens that supply chain will put patients' health and wellbeing at risk. Medical radioisotopes have a very short half-life, and our concern is that leaving Euratom risks disrupting this time-sensitive supply chain.

I would draw your attention to the key issues that were raised by our witnesses, and ask you to answer some questions resulting from their evidence:

Government co-ordination

1. We are concerned that not enough has been done to engage stakeholders or develop a plan for ensuring a secure supply of medical radioisotopes for the UK post-Brexit. Although BEIS is taking the lead on the Euratom exit negotiations, our witnesses noted that they had no clear Government point of contact on the issue of medical radioisotopes. Dr Buscombe called for "a unified approach" across Government and reported that organisations like the BNMS, BMA and RCR are "willing to help" to get the process right. We note the need to set up urgently a cross-departmental group to

coordinate the Government's plans for ensuring that the supply of medical radioisotopes is not interrupted.

- What is being done at Government level to coordinate the work that needs to happen to ensure a smooth transition and facilitate stakeholder engagement?

Planning and contingencies

2. Security of supply of medical radioisotopes needs to be prioritised. Delay and disruption to the supply of medical radioisotopes can have serious consequences for people's lives. We heard from Dr Dickson that patients who receive brachytherapy to treat cancer of the cervix need to receive the whole treatment within no more than 42 days "or the cure rates reduce". We are concerned that time is running out to set up a system to replace the current structure and ensure uninterrupted access to medical radioisotopes.
3. On leaving Euratom, the UK might need to expand the system currently in place for importing isotopes from non-EU countries. However, doing so will require significant planning and will take time to develop and implement, including the recruitment and training of staff to carry out necessary customs checks. Another consideration raised by Dr Buscombe was about the means of ensuring that delivery vehicles entering the UK carrying medical radioisotopes could be identified and prioritised in the event of any hold-ups at borders.
4. It is worth noting that one advantage of being a member of Euratom is that the UK is able to import and export radioisotopes to another EU country without prior warning or consent. Isotopes sourced from non-EU countries take longer to arrive, cost more and carry a greater risk of delay. The variable but usually short half-life of these products means that delays can result in some or all of the product being unusable.
5. We are also concerned about how changes to nuclear safety standards will impact the import of medical radioisotopes. Our experts told us that the Euratom Treaty is the basis for the UK's nuclear safety regime and that it covers not just the nuclear industry but also the pharmaceutical industry and radioisotopes. Professor Rees noted that leaving Euratom would require the UK to reproduce the system of safety checks that is currently underpinned by the UK's membership of Euratom. In addition to the safeguards outlined in the Euratom treaty, EU legislation such as European Council Regulation 1493/93 on shipments of radioactive substances between Member States and EU radiation protection legislation provides the framework for the safe and timely delivery of medical radioisotopes.
6. Government assurances that leaving Euratom will not have any impact on the safe and timely import of medical radioisotopes from the EU are not enough.
 - What is being done to plan for a post-Euratom system for importing and exporting isotopes?
 - What options are being considered for how the UK will import isotopes from the EU, post-Brexit and 'Brexatom'? How will the new system ensure that the import of isotopes from the EU does not take longer, cost more or carry a higher risk of encountering delays?
 - How do you see this system working during any transition/implementation period?

Research

7. The UK has a world-leading nuclear medicine research community that underpins the development of new cancer diagnostic procedures and treatments. To cite one example, we heard from Professor Rees about the importance of developing areas of research in neurochemistry and immuno-treatments involving medical radioisotopes. The UK attracts high-quality researchers; it is a net beneficiary of research funding from the EU Horizon 2020 and the Euratom research programme; and it enjoys valuable research collaborations with European partners. There is no other equivalent research fund, and the Committee heard from its expert witnesses that the potential loss of this funding is cause for concern. Research depends on people, and our reputation in this field will depend on our ability to continue to attract the best and the brightest.
 - How will the Government ensure that the UK stays at the cutting-edge of research in nuclear medicine and radiology and attract the best people to the UK after Brexit?
 - What funding opportunities for nuclear medicine and radiology research will replace those that the UK will lose when we leave the EU?

Alternatives

8. Careful consideration needs to be given to the connection between the treatments provided to patients and the workforce that delivers that treatment. Dr Dickson gave the example of radiotherapy for prostate cancer patients. An internal brachytherapy treatment which uses imported medical radioisotopes is a one-day treatment. An alternative is an external beam treatment, but this can take between 20 and 40 days to deliver. There are obvious implications, not just for the patient but for how the workforce is able to adapt to delivering different treatments.
9. Dr Buscombe noted that most alternative procedures are very much more expensive and some are less effective, diminishing a patient's chances of being cured. Potential long-term solutions, such as investment in national cyclotron facilities to produce isotopes domestically, do not obviate the need for short- and medium-term planning and are likely, at least initially, to be significantly more expensive than existing mechanisms for the supply of these products.
 - Is the Government considering the implications of leaving Euratom on the existing workforce, and what impact would alternative treatments have on the workforce and the health system more broadly?
 - What is the Government doing to plan for the long-term implications of leaving Euratom?

Future relations with Euratom

10. We understand that the UK's future relationship with Euratom will be a matter for negotiation. The best chance of securing a reliable and timely supply of medical radioisotopes and for maintaining our world-leading position in nuclear medicine research would be, as our witnesses said, to have as close a relationship as possible with Euratom post-Brexit.
 - What options is the Government looking at in terms of future cooperation with Euratom on the import and export of medical radioisotopes?
11. The Committee heard from Lord O'Shaughnessy that a risk assessment on the UK's departure from Euratom has been commissioned. We would be interested to hear what role BEIS is playing in that assessment, and more about its scope and timing. We have also heard that a stakeholder meeting was held on 8 December and would appreciate

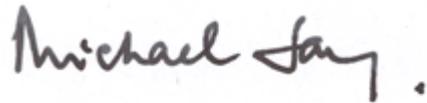
hearing your feedback from that meeting, including a list of the stakeholders who attended.

12. We have outlined the concerns and questions that we have on this issue. For convenience they are:

- i. What is being done at Government level to coordinate the work that needs to happen to ensure a smooth transition and facilitate stakeholder engagement?
- ii. What is being done to plan for a post-Euratom system for importing and exporting isotopes?
- iii. What options are being considered for how the UK will import isotopes from the EU, post-Brexit and 'Brexitom'? How will the new system ensure that the import of isotopes from the EU does not take longer, cost more or carry a higher risk of encountering delays?
- iv. How do you see this system working during any transition/implementation period?
- v. How will the Government ensure that the UK stays at the cutting-edge of research in nuclear medicine and radiology and attract the best people to the UK after Brexit?
- vi. What funding opportunities for nuclear medicine and radiology research will replace those that the UK will lose when we leave the EU?
- vii. Is the Government considering the implications of leaving Euratom on the existing workforce, and what impact would alternative treatments have on the workforce and the health system more broadly?
- viii. What is the Government doing to plan for the long-term implications of leaving Euratom?
- ix. What options is the Government looking at in terms of future cooperation with Euratom on the import and export of medical radioisotopes?
- x. What role is BEIS playing in the development of the risk assessment, and what is the scope and timing of that report?
- xi. What was discussed at the stakeholder meeting held on 8 December, which stakeholders attended?

We look forward to hearing from you soon on this very important and time-sensitive issue.

I am copying this letter to Lord O'Shaughnessy, Parliamentary Under-Secretary of State for Health; Richard Harrington MP, Parliamentary Under-Secretary of State, Minister for Energy and Industry; Lord Teverson, Chair of the House of Lords EU Energy and Environment Sub-Committee; Sir William Cash MP, Chair of the House of Commons European Scrutiny Committee; Lynn Gardner, Clerk to the Commons EU Scrutiny Committee; Arnold Ridout, Legal Adviser to the Commons EU Scrutiny Committee; Les Saunders, Department for Exiting the EU; and Briony Thompson, BEIS Departmental Scrutiny Co-ordinator.

A handwritten signature in black ink that reads "Michael Jay". The signature is written in a cursive style with a period at the end.

Lord Jay of Ewelme
Chairman of the EU Home Affairs Sub-Committee