Written Ministerial Statement

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Department of Health

WRITTEN STATEMENT TO THE ASSEMBLY BY HEALTH MINISTER MIKE NESBITT: 30 OCTOBER 2024 – RADIOISOTOPES SHORTAGE

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Mr Nesbitt (The Minister of Health): I am writing to provide an update to Members on a severe shortage of radioisotopes that the UK is facing, which has the potential to cause significant disruption to patient care in the coming weeks. The affected radioisotopes are mainly used for diagnosing cancers, including prostate and breast cancer. They are also used for imaging of organ function in scans, including for the heart. Despite efforts by my Department, working in partnership with the Department of Health and Social Care (DHSC) and the other devolved administrations to limit the negative impacts of this shortage, it is expected that there will be delays to patient access to services relying on the impacted radioisotopes, potentially including cancellations.

This shortage is due to a temporary reduction in the production of molybdenum-99 which is used to generate technetium-99m. The radioisotope technetium-99m is used safely for diagnostics within Health and Social Care (HSC). This issue is impacting not only the UK, but countries across Europe, and worldwide.

The shortage of molybdenum-99 is caused by a sudden global disruption of manufacturing capacity, with several of the nuclear reactors used to produce these elements being out of service. There are six trusted research reactors globally for the supply of molybdenum-99, none of which are in the UK. Some of these reactors are currently out of service to allow for critical repair work; this is essential work necessary for the safe running of the research reactors. Two of the impacted reactors are expected to restart production during the second week of November, with deliveries from these reactors expected to resume in mid-November. DHSC, who have lead responsibility for the maintenance of medical supply chains to the UK, together with relevant experts, is working closely with suppliers to support the process to restart the affected reactors as soon as possible. There will however remain a significantly constrained supply of these radioisotopes to the UK from the remaining reactors. Radioisotopes give off radiation and undergo a process of decay, which means they cannot be stored or kept in reserve.

The supply chains for medicines including radioisotopes are complex, global, and highly regulated. While we can’t always prevent supply issues from occurring, we have a range of well-established processes and tools to manage them when they arise and mitigate risks to patients. The priority during this period of supply disruption is to minimise the impact on patients as much as possible. My Department is working with DHSC, devolved administrations, suppliers and clinical experts to support the allocation of deliveries and ensure there is equitable and fair access across the UK to the constrained supply of stock that is available. Guidance has been issued to the HSC via a National Patient Safety Alert to ensure that patients with the most critical need are prioritised.

I know how difficult this will be for affected patients while we face this supply issue. This issue is different in nature to normal supply chain problems due to the unique challenges radioisotope shortages present. Despite efforts to limit the impact, there will be delays for patients accessing services which rely on this affected radioisotope, with potential cancellations. In the most urgent cases patients will be prioritised for care while supplies are limited. They may also be offered the necessary procedure at another hospital. In some cases, it may be possible to offer patients an alternative scan which does not rely on molybdenum-99 / technetium-99m. Clinicans will review patients on a case-by-case basis to discuss options with their patients directly. If any patient is concerned about their treatment, they should discuss this with their clinician at the earliest opportunity.

I will update Members further on progress to resolve this issue.