

## Brexit, radiology, and NHS privatisation: a tragedy for frontline care?



The UK's exit from the European Union (EU) is arguably one of the worst self-inflicted harms any country has done to itself in peace-time. In a Health Policy piece in *The Lancet* in 2017, and updated in February, 2019, Fahy and colleagues state that Brexit will have “negative consequences for the UK's leadership and governance of health, in both Europe and globally”. An editorial in *The Lancet* on March 2, 2019, went further, emphasising: “There is no good news for the NHS (National Health Service)...in all scenarios, depletion of the NHS workforce is inevitable, care for UK nationals living in the EU is uncertain, and access to medicines, vaccines, and devices hangs in the balance”. Indeed, the provision of diagnostic imaging and radiopharmaceuticals for patients with cancer is one key specialty in which the consequences of Brexit are multiple and potentially catastrophic.

On March 5, 2019, the UK Royal College of Radiologists (RCR), in collaboration with the British Nuclear Medicine Society and the UK Radiopharmacy Group, issued practical guidance to nuclear medicine physicians on how to manage Brexit in a no-deal scenario. The advice states that there might be delays to deliveries; nuclear medicine teams should try to keep their workloads light in the first week post-Brexit; teams should consider the use of alternative radiopharmaceuticals where possible; and certain patients should be prioritised over others. These are drastic measures. The UK Government has stated that, “in the event of a no-deal, the UK's major radioisotope suppliers have committed to 6-month air freight contracts as a contingency...rather than run the risk of road transport delays”. Inevitably, this contingency raises major concerns about the increased delivery costs and who will pay for them, and the problems caused by the time of day in which a delivery is made for radiopharmaceuticals that need processing on-site prior to use.

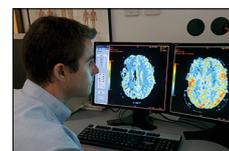
The RCR guidance also gives specific advice about radionuclide therapies, and notes—rather worryingly—that it is only aware of one supplier that is confident of being able to continue to supply therapeutics on a specific schedule after Brexit. A 1-day delivery

delay, for example, could reduce the activity of some radiotherapeutics by as much as 20%, thus rendering them unusable. The potential for medical error or waste of radiotracers and radiotherapeutics are therefore manifestly high post-Brexit.

And, if these challenges in access to essential reagents weren't enough to destabilise health care in the UK, new developments in the increasing privatisation of the NHS certainly will. An announcement on March 6, 2019, stated that the Churchill Hospital in Oxford, UK, will no longer carry out its own PET-CT services; rather, the tender has been given to InHealth, a private company. Patients will be transported by ambulance to the company's locations for their scans. Shockingly, NHS England has invited profit-driven companies to bid against NHS trusts for PET-CT services in 11 different regions across the country, including major teaching hospitals such as King's College Hospital in London and the Christie Hospital in Manchester. This latest move could exacerbate the global shortage of radiologists and creates uncertainty about what becomes of established imaging teams in hospitals that will lose their service. Most importantly, privatisation of frontline patient services necessitates a moment to reflect on whether this is truly in the best interests of patients and what consequences it might have on the safety and quality of care. Short-term, fragmented, financial gains often do not translate in to long-term advantages in complex health-care systems.

Patients with cancer in the UK face substantial challenges in accessing the best care. Despite attempts to reduce such inequities, they persist in the form of geographical limitations, resource allocation, availability of various specialised services, access to cancer medicines, a shortfall in the numbers of consultants and other health-care professionals, and now, two additional barriers to the quality of care: increasing privatisation of frontline services, and a maelstrom of unknowns related to Brexit and its impact on all aspects of the NHS. Successive UK governments, of all party colours, have failed to provide effective and fair health care in the UK. A radical course correction is desperately needed.

■ *The Lancet Oncology*



Mark Thomas/SPL

For more on how Brexit will affect health services in the UK see *Lancet* 2019; 393: 949–58

For the no-deal Brexit practical guidance from the RCR see [https://www.rcr.ac.uk/sites/default/files/no\\_deal\\_brexit\\_planning\\_guidance\\_for\\_nuclear\\_medicine\\_teams\\_march\\_2019.pdf](https://www.rcr.ac.uk/sites/default/files/no_deal_brexit_planning_guidance_for_nuclear_medicine_teams_march_2019.pdf)

For more on the privatisation of imaging services in the NHS see <https://www.theguardian.com/society/2019/mar/06/nhs-cancer-centre-loses-scanning-contract-to-private-firm>