

Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
London
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United Kingdom

25 September 2019

Dear Secretary of State,

Impact of a “No-deal” Brexit on patients relying on clinically-prescribed specialist nutrition

Specialist nutrition products, sometimes referred to as (prescribed) medical nutrition, are for some of the most vulnerable patients their only source of nutrition and hydration. There are hundreds of thousands of people living with a wide range of illnesses and conditions who are in clinical need of these products in order to survive.

A No-deal Brexit has the potential to hugely disrupt supplies of these products, many of which are manufactured outside the UK. Although the government has offered assurances that supplies will be protected, disruption seems inevitable.

The British Specialist Nutrition Association, which represents the major manufacturers of specialist nutrition products, have previously highlighted that there are many tonnes of specialist nutrition products imported to the UK on a weekly basis. Some of these products are only manufactured by one or two companies, and as such are already highly vulnerable to supply shocks.

This vulnerability is highlighted by the recent supply shortages of home parenteral nutrition products to patients in need. Hundreds of patients found themselves with very limited supplies of their only source of nutrition and hydration. Many needed to be hospitalised to ensure they could keep hydrated, and could receive some form of intravenous nutrition. Apart from the distress and personal toll to the individuals this placed a great deal of additional strain on NHS services.

During this crisis, the Department of Health admitted in an update dated 16 July to there being “concerningly limited capacity available in the homecare market”: other manufacturers were unable to easily make up the shortfall created by one supplier’s fall in production.

By comparison, a “No-deal” Brexit involves a huge number of unknowns, and many of the factors affecting capability are beyond the control of the UK’s current provision and any published contingency. It is difficult to see how we would not end up in a similar situation but

on a much larger scale, not only for the most vulnerable patients, but also for those living with a wide range of morbid conditions such as a metabolic condition; a rare disease; a severe food allergy; inflammatory bowel disease; cancer; stroke; COPD, or swallowing problems, all of whom have a clinical need for some form of prescribed enteral nutrition support.

We seek reassurances of a continued, safe and uninterrupted supply of nutrition support provision so those individuals who have a clinical need for such support do not suffer.

Stockpiling of these bulky items is not a viable solution, even in the short term, due to their perishability. Government must do everything it can to avoid this outcome. For many, it really could be a matter of life and death.

Yours sincerely,



Caroline Bovey BEM
Chair, BDA



Dr Trevor Smith
President, BAPEN