Summary of Collaborative Working Project outputs between Astellas Pharma Ltd and University Hospitals Birmingham NHS Foundation Trust

Service Optimisation of the Prostate Cancer Oral Systemic Anti-Cancer Therapy (SACT) pathway

February 2026

Objective:

Publishing outputs from the "Service review of the Prostate Cancer (PC) Oral SACT Novel Hormone Therapy (NHT) pathway" in partnership with Astellas Pharma Ltd, Bionical Health Ltd and University Hospitals Birmingham NHS Foundation Trust (including Queen Elizabeth, Heartlands, and Good Hope hospitals) to support the re-design of that pathway to optimize their PC Oral SACT service.

Summary:

New Prostate Cancer cases account for 28% of all new cancer cases in males with 55,300 patients diagnosed every year (Cancer Research UK, Prostate Cancer statistics, 2017-2019). This creates a burden on capacity for the NHS within Prostate Cancer clinics in times of restricted NHS budgets.

The PC Oral SACT NHT service optimisation pathway programme enabled University Hospitals Birmingham NHS Foundation Trust to work in partnership with Astellas/Bionical Health to review this part of the pathway to identify any inefficiencies, wastage, delays & bottlenecks etc. that may be causing an ineffective service, allowing them to identify areas for service improvement. A report is supplied highlighting areas for service improvement. The value of the project was £14,208.

Outputs of Project

Identified Bottlenecks or areas impacting clinic flow.	**Staffing:** • Consultants see new, complex and stable patients across all sites impacting clinic capacity to see new patients • Some of the sites had a non-consistent approach to follow-up clinics, these range from 8-12 weeks, with some patients not on correct follow-up intervals • The use of allied health professional led clinics is limited to just one site • Limited pharmacy clinic presence to support colleagues and patients • Nurses work across day units as well, resulting in constant clinic interruptions and undertaking unnecessary admin roles, impacting their clinic capacity • Site variability in delivery of appointments e.g. some just have face-to-face clinics whilst others offer both telephone and face-to-face. • Access to dedicated phlebotomist varies across sites • Consultants working in clinics on their own without multi-disciplinary team (MDT) support **Processes:** • Patients must attend hospital to have blood taken, limited local services offered • Missing blood results cause delays in clinics as health care teams spend time chasing • Clinics double booked on a regular basis causing clinic overrun • No dedicated telephone clinic for stable patients. Patients also must go through switchboard to change appointments • Multiple software systems to navigate for each patient **Other:** • DPD prescription deliveries do not offer day and time to patients • Hospital parking may lead to appointment lateness

What works well in pathway	• Patients give a high level of satisfaction in regard to their care • Allied health professional led clinics assist in the management of stable patients • Home prescription delivery service is available • Quality of patient treatment information is of a high standard
Solutions	• Patients aligned to correct follow-up intervals; this can lead to increased clinic capacity • Development of allied health professional led clinic across all sites • Explore local options for patient blood tests such as GP surgeries or community hubs • Development on Phlebotomy protocol covering the different IT systems used • Undertake workforce capability needs to identify current and future training needs to support consultant led clinics • Work with DPD to text patients with prescription delivery date and time • Administrative training to avoid double booking of clinic appointments to prevent over running • Investigate feasibility of interfacing software for the multiple different IT systems being used throughout the patient journey