Summary of Collaborative Working Project outputs between Astellas Pharma Ltd and Nottingham University Hospitals NHS Trust, City Hospital, Hucknall Road, Nottingham, Nottinghamshire, NG5 1PB

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

July 2026

Objective:

Publishing outputs from the "Service review of the Prostate Cancer (PC) Oral Systemic Anti-cancer Therapy (SACT) Novel Hormone Therapy (NHT) pathway" in partnership with Astellas Pharma Ltd, Bionical Health Ltd and Nottingham University Hospitals NHS Trust, City Hospital, Hucknall Road, Nottingham, Nottinghamshire, NG5 1PB to support the re-design of that pathway to optimize the cancer centre's PC service. The project has been fully funded by Astellas.

Summary:

New Prostate Cancer cases account for 28% of all new cancer cases in males with 57,898 patients diagnosed every year (Cancer Research UK, Prostate Cancer statistics, 2019, 2021-2022: last accessed July 2026). 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 Nottingham University Hospitals NHS Trust, City Hospital, Hucknall Road, Nottingham, Nottinghamshire, NG5 1PB 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 cost of the project was £9,472.50.

Outputs of Project

Identified Bottlenecks or areas impacting clinic flow.	**Staffing:** • Consultant Follow-up (FU) clinics in outpatients, where staff do not have specific oncology experience and are not aware of required pre assessment screening • No capacity in system to account for sickness or annual leave leading to long appointment backlogs • Specialist Registrar (SPR) and Associate Specialist only support morning clinics – consultant solely runs clinic afternoon lists leading to capacity issues • Staff have to "hot desk" due to limited clinic room space, causing inefficiencies • Consultants seeing new, complex and stable FU patients due to volume of patients attending clinics restricting capacity for new and complex patients • Allied health professional (Pharmacist) led follow-up (FU) clinics for stable patients are not ring-fenced resulting in cancellations and over booking of other clinics

Identified Bottlenecks or areas impacting clinic flow.	**Processes:** • No standard Oral SACT protocol • No specific Oral SACT Multi-disciplinary team (MDT) meeting • Errors in Blueteq registration cause delays in prescription release • A pharmacy communication form is required for each prescription refill • Safety checks impacted if bloods are missing or when prescription errors occur • Working with multiple separate systems leads to increased administration workload • Not enough health care professional (HCP) printers creating delays in printing forms • Admin teams are scanning large numbers of paper records onto Electronic Patient Records (EPR) • Delays in follow up appointment bookings leads to patient confusion when to book blood appointments • Blood monitoring approach Inconstant across the MDT
What works well in pathway	• Established patient urology support worker • Team collaborative working • Allied Health professional (pharmacist) led clinics • Trust moving to Electronic Patient Records (EPR) for future efficiencies
Solutions	• Implement documented process, for staff responsibility, at all stages for ensuring patients have blood forms, including if these have been lost, to smooth the process • Introduce a clinic rota planning process to cover for annual leave • Move all the Consultant clinics to the oncology outpatient department, especially the new patients. • Remove appropriate stable patients out of consultants' workflow and ensure all suitable patients have their FU's at 12 weeks • Move all the Consultant clinics to the oncology outpatient department, especially the new patients. • To address "hot desking" move telephone clinics out of oncology to outpatient department, consider working from home or electronic Patient Reported Outcome Measures (ePROMs) • Pharmacy communication form completed once and then checked at each prescription refill • Pre-print clinic packs & consider admin support with printing • Maximise urology support worker across the multi-disciplinary team • Develop & implement Oral SACT protocol will address many inconsistencies in processes