Summary of Collaborative Working Project outputs between Astellas Pharma Ltd and Portsmouth Hospitals University NHS Trust, Queen Alexandra Hospital, Southwick Hill Road, Cosham, PO6 3LY

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 Portsmouth Hospitals University NHS Trust, Queen Alexandra Hospital, Southwick Hill Road, Cosham, PO6 3LY 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 Portsmouth Hospitals University NHS Trust, Queen Alexandra Hospital, Southwick Hill Road, Cosham, PO6 3LY (including Portsmouth, Isle of Wight and Chichester Hospital sites – known as Portsmouth) 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 £14,208.75.

Outputs of Project

Identified Bottlenecks or areas impacting clinic flow.	**Staffing:** • Allied health professional (Pharmacist) led follow-up (FU) clinics for stable patients only at one site and existing clinic does not have admin support • Specialist Registrar (SPR) and Associate Specialist only support morning clinics – consultant solely runs clinic afternoon lists leading to capacity issues • Medical secretaries' capacity affected by dealing with large volume of issues around booking, blood issues, missing patient information etc. • Consultants seeing new, complex and stable FU patients due to volume of patients attending clinics restricting capacity for new and complex patients • Consultant clinic flow interrupted to support other members of staff, causing delays in patient lists • Care support worker support for clinics varies from site to site • Clinics routinely overbooked; this results in longer working hours outside normal working day • No capacity in system to account for sickness or annual leave leading to long appointment backlogs • Limited outpatient pharmacy opening times (1pm to 4pm) and Homecare delivery slots for patients on some sites with only collection available at one site

Identified Bottlenecks or areas impacting clinic flow.	**Processes:** • Oncology Pharmacy screening prescriptions before sending to outpatient pharmacy for processing creating extra process step • Multiple steps in supplying blood booking paper forms to patients • Prescriptions require dual communication (system & email) resulting in process duplication • Booking systems do not triage on important risk factors leading to rebooking • Dispensing delays due to missing information or no blood results • Not enough printers creating delays in printing forms • Errors in Blueteq registration cause delays in prescription release • Patient wishing appointment changes are difficult due to limited availability of medical secretaries • Working with multiple separate systems leads to increased administration workload • Outsourced off-site pharmacy as a 48 hour dispensing time; there is a time cut off each day to ensure 48 hour delivery • Difficult for some sites to access Portsmouth systems – specific laptops are required to access off-site systems
What works well in pathway	• Allied Health Professional led clinics • Band 4 care coordinator at Portsmouth • Shared proformas and guidelines across all sites • Oral SACT protocols which are based on NICE guidance- Wessex Chemotherapy Protocols across all 3 sites • Strong collaborative working between all 3 sites
Solutions	• Increase SPR/Associate Specialist clinic time to cover the full day to allow for FU's to be moved from Consultant Clinics • Implement documented process for responsibility at all stages for ensuring patients have blood forms, including if these have been lost to smooth the process • Admin allowance to Pharmacy led clinic to ensure all tasks completed at the point of appointment • All stable FU's to be moved to Clinician/Clinical Nurse Specialist (CNS)/Pharmacist as appropriate • Equip current clinicians with the training to review, pre-cycle 2, patients or some of the more complex patients in place of consultants • Explore alternative technology such as electronic Patient Reported Outcomes Measures (ePROM's) for stable patients • Create Oral SACT panels to ICE (blood booking software) - Drug specific if required • Create a SACT support worker role to assist with SACT Clinic Prep and booking of clinics when on leave • Develop nurses to achieve prescriber status to reduce need for consultant prescription sign off • Ensure all clinicians use the patient journal to update regarding dose changes • Review Plexus (software) to see if clinic lists can be shared with Pharmacy team automatically so they know who to check on ARIA (software) following clinic • Implement text reminder for patients prior to appointments to ensure this is completed • Agree to use only one booking programme- Plexus or PT care (software)