

Summary of Collaborative Working Project outputs between Astellas Pharma Ltd and Royal Devon University Healthcare 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 Royal Devon University Healthcare NHS Foundation Trust to support the re-design of that pathway to optimize the cancer centre’s PC 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 Royal Devon University Healthcare NHS Foundation Trust (Northern and Eastern sites) 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 £13,759.

Outputs of Project

Identified Bottlenecks or areas impacting clinic flow.	<p>Staffing:</p> <ul style="list-style-type: none">• No consistent medical approach to monitoring / follow-up (FU) of oral patients, this makes it difficult for the Nurse team to recall individual physician preferences and impacts clinic capacity if patients are being monitored across a variable 6 to 12-week period.• Uro oncology metastatic nurse works across both sites and covers all specialties, there is only one role. Absence could be a bottle neck for patient FU and review.• No current appointment structure or protocol for Cancer Support Worker.• No cross cover for Clinical Nurse Specialist (CNS) & Pharmacy across all sites• Less experienced staff are booking patients in to be seen more frequently than required• Minimal pharmacy input into Eastern site compared to Northern site• Clinician clinics at capacity, unforeseen absences put pressure on services
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Identified Bottlenecks or areas impacting clinic flow.</p>	<p>Processes:</p> <ul style="list-style-type: none"> • Patients that are out of area for Community Phlebotomy Service have blood forms posted to them, they sometimes lose these • Patients don't have any reminders to get their bloods checked, so they can forget. This leads to delays in them getting their prescriptions. • EPIC has lots of forms/checklists that must be completed before being able to move on • CNS message pad can only be edited by one person at a time and must be saved before others can view/edit it • Booking system only capable of booking 8 weeks in advance, for 12-week follow-ups administration contact patients 4 weeks post appointment to book the FU at 12 weeks • EPIC can generate more workload as clinicians have to type and proofread letters instead of dictating • No protocol or pathway of which Multi-Disciplinary Team (MDT) member can see different types of patients. This leads to consultants sometimes seeing stable patients when this is not needed
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">What works well in pathway</p>	<ul style="list-style-type: none"> • The use of home care aids swift dispensing to patients, saving time waiting for medicines and travel to hospital. • MDT across all sites has pre-clinic meetings discussing in advance patient plans • Nurse consultants run separate complex and non-responding patient clinics • Cancer support workers provide valuable patient support across Eastern site • Pharmacy follow-up clinic input at Northern site
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Solutions</p>	<ul style="list-style-type: none"> • Consistent follow up protocol for all sites, identifying more patients for remote FU's • Cancer Support Worker (OSM); Plan to upskill and to define role as currently no set protocol on her input • Align consultant time for new and complex patients only freeing up consultant capacity • Development of pharmacy led clinic at Eastern like the Northern site • Improve booking system capabilities with supplier to accommodate 12-week booking • Explore other members of the MDT to see FU patients e.g., advanced pharmacy technician role