

## Summary of Collaborative Working Project outputs between Astellas Pharma Ltd and Royal Surrey 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 Surrey 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 Surrey 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 £9,172.50.

**Outputs of Project**

Identified Bottlenecks or areas impacting clinic flow.	<p><b>Staffing:</b></p> <ul style="list-style-type: none"> <li>• Stable patients are seen by doctors, impacting clinic capacity to see new patients</li> <li>• Only one cancer care coordinator, in times of annual leave or sickness. Bottlenecks occur and affect clinic efficiency and planning</li> <li>• Non-consistent approach to follow-up clinics, these range from 8-12 weeks, with some patients not on correct follow-up intervals</li> <li>• No allied health professional led clinics</li> <li>• Limited pharmacy clinic presence to support colleagues and patients</li> </ul> <p><b>Processes:</b></p> <ul style="list-style-type: none"> <li>• Prescription and fit to treat forms sometimes not sent to pharmacy in time for patient on day of clinic</li> <li>• No confirmation receipt of prescription pharmacy receipt, has to be done manually</li> <li>• GP Blood results not available at time of follow up clinic</li> <li>• Patients forget to arrange bloods or loose forms – no patient reminder processes in place</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Hospital parking a challenge causing late appointments and prescription pick ups</li> </ul>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">What works well in pathway</p>	<ul style="list-style-type: none"> <li>• Clear established nationally recognised protocols.</li> <li>• Out of hours prescription pick up service</li> <li>• The Uro-Oncology team provide a very well rounded well of support. Delivering an open and evidence based honest approach to care service delivery.</li> <li>• Easily contactable team to help resolve issue faced.</li> <li>• Patients have access to multi-disciplinary support such as Physiotherapy, Complimentary services, mental health support and wellbeing therapies and exercise through leading university collaborations.</li> <li>• Cover large demographic area working closely with other leading hospitals and research options for our patients.</li> <li>• They are given 24/7 support through Acute Oncology service and direct access to CNS team for symptom management and guidance.</li> <li>• Tailored support through email and telephone post or 'face to face'.</li> <li>• Home delivery service available</li> <li>• 'Face to face' clinics or telephone clinics</li> <li>• Dedicated team for Prostate specific patients</li> <li>• Pharmacy offer education to the patient at point of collection.</li> <li>• Dedicated complimentary centre within hospital.</li> <li>• Signpost to enhanced support if required imbedded in our practice and service delivery.</li> <li>• Multidisciplinary service provisions</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Solutions</p>	<ul style="list-style-type: none"> <li>• Patients aligned to correct follow-up intervals; this can lead to increased clinic capacity</li> <li>• Potential development of an electronic patient reported outcome measures (ePROMs) toolkit to manage follow-up patients</li> <li>• Defining and upskilling of cancer coordinator role</li> <li>• Development of nurse led clinic for new patients to alleviate capacity for medical oncology doctors</li> </ul>