

Written evidence submitted by Astellas Pharma Ltd (DEL0200)

Summary

- This submission outlines Astellas Pharma Ltd (Astellas) suggestions for service changes that may help to unlock the capacity and innovation to deliver prostate cancer care during and after the COVID-19 pandemic.
- COVID-19 appears to disproportionately impact the same demographics as prostate cancer.^{1,2,3} This means men with prostate cancer, and black men in particular, could face an increased impact from COVID-19, both directly threatening their health in multiple ways⁴ and indirectly disrupting prostate cancer services.
- The NHS has transformed rapidly during the pandemic to try to protect cancer services, however the necessary measures to respond to COVID-19 have severely disrupted the treatment and care of cancer patients⁵, which are likely to include that for men with prostate cancer.
- As the NHS moves beyond the pandemic, prostate cancer services will need to respond to ensure that men with symptoms receive swift diagnosis and patients receive the most appropriate treatment and care.
- Existing capacity will come under increased pressure from: a backlog of patients requiring treatment; patients may present with more advanced disease as a result of delays in diagnosis and treatment; and the ongoing complexities and demands of COVID-19.
- How the NHS meets these demands will require careful planning, including the innovative use of the existing workforce. A number of innovative workforce utilisation models have been tested in the pre-pandemic period which could now be more widely adopted. One example of this is supporting the enhanced role of non-medical practitioners (NMPs).
- NMPs are healthcare professionals without a medical degree, such as nurses and pharmacists, but who undertake specialist training to allow them to take on enhanced roles.
- NMP-led clinics have been shown to expand service capacity, enabling patients to benefit from rapid access to high quality treatment and care, through joined-up services that make the most of the skills and expertise of the whole cancer team⁶. NMP clinics may require initial investment of time and resource to set up, but they have also been shown to reduce costs and improve the safety, continuity, quality and sustainability of patient care.⁷
- Our recommendations, as listed below, are made with the hope that in order to better support prostate cancer patients now and the future, government should look to enhance the role of NMPs, and support them to lead their own prostate cancer clinics.

¹ IFS Deaton, Are some ethnic groups more vulnerable to COVID-19 than others, April 2020

² Cancer Research UK, Prostate cancer incidence by ethnicity, accessed May 2020

³ New Scientist, Why are men more likely to get worse symptoms and die from covid-19?, April 2020

⁴ Prostate Cancer UK, Coronavirus (COVID-19) and prostate cancer, accessed May 2020

⁵ Cancer Research UK, How coronavirus is impacting cancer services in the UK, April 2020

⁶ NHS Health Education North West, Non-medical prescribing (NMP): an economic evaluation, December 2015

⁷ Department of Health, Public Health England and NHS England, Improving outcomes: a strategy for cancer. Fourth Annual Report, December 2014

- We make the following recommendations for the Committee to consider:
- **Recommendation 1:** NHS England & Improvement should publish a cancer services strategy, setting out the actions that will be taken to:
 - Evaluate and manage the backlog of patients requiring diagnosis or treatment, and address any variations across the country
 - Encourage the public to engage with the NHS if they show signs and symptoms of cancer
 - Reassure patients of the safety of NHS cancer services in relation to COVID-19.
 - Evaluate and sustain some of the beneficial changes rolled out in response to the pandemic that help support the NHS and cancer patients
 - Address the pressures faced by the cancer workforce, including the shortage of oncologists and rising patient demand, so as to enable the sustainable delivery of services over the medium term by rolling out NMP clinics.
- **Recommendation 2:** Given the fact that prostate cancer is the most common cancer in for men the UK⁸, and the impact that COVID-19 will have had on prostate cancer patients, particular attention should be paid to prostate cancer pathways.
- **Recommendation 3:** The Department of Health and NHS England & Improvement should work with the Royal College of Nursing, the Royal Pharmaceutical Society and other relevant professional bodies to accelerate the roll out of NMP-led prostate cancer clinics in order to increase the capacity of the NHS to effectively manage patients with prostate cancer.
- **Recommendation 4:** The NHS People Plan should be refreshed to address the challenges that will occur after the pandemic and to build on the learnings from the COVID-19 response. As part of this, Health Education England (HEE) and Royal Colleges should promote the benefits of NMP-led clinics, including for prostate cancer, and provide clarity on courses and funding available.
- **Recommendation 5:** Local NHS networks, including the Integrated Care Systems which include hospital trusts and Clinical Commissioning Groups (CCGs), should review local prostate cancer pathways to examine the potential to incorporate NMP-led prostate cancer clinics.
- **Recommendation 6:** The Royal College of Nursing, the Royal Pharmaceutical Society and other relevant professional bodies should create a searchable register of NMPs in order to facilitate workforce planning, funding and the appropriate deployment of NMPs by NHS cancer services.

Background to Astellas

1. Astellas is a Japanese pharmaceutical company with UK and European headquarters based in the UK. Astellas is dedicated to being on the forefront of healthcare change to turn innovative science into value for patients. In prostate cancer, Astellas has a proven history of working with the oncology community to develop and advance innovative targeted therapies that improve the lives of patients around the world.

The impact of COVID-19 on men with prostate cancer

2. Around 47,500 men are diagnosed with prostate cancer in the UK every year⁹. For every month of lockdown, nearly 4,000 men would normally be diagnosed. However, in the current

⁸ Prostate Cancer UK, About prostate cancer, Accessed May 2020

⁹ Prostate Cancer UK, Prostate cancer statistics, 2018

circumstances these men could be experiencing difficulties in receiving a diagnosis (as set out in more detail below).

3. Every 45 minutes one man in the UK dies from prostate cancer¹⁰. It is essential that men living with the disease receive prompt and effective treatment.
4. The COVID-19 pandemic has led to unprecedented disruption for health systems, economies and everyday life. This disruption will (hopefully) be short-term in nature, but there could also be longer-term implications.
5. The impact of COVID-19 is likely to be profound for men with prostate cancer given that they face elevated risks from the pandemic:
 - a. Men are more likely than women to both be hospitalised from and die of coronavirus¹¹.
 - b. Latest statistics published by the Office for National Statistics for 2017 show that 22,983 men in England were diagnosed with prostate cancer at the age of 70 or over; this is approximately 56% of all diagnoses in 2017¹².
 - c. Black, Asian and minority ethnic (BAME) communities are also at increased risk from COVID-19; latest research shows, after adjusting for age and geography, Bangladeshi hospital fatalities are twice those of the white British group, Pakistani deaths are 2.9 times as high and black African deaths 3.7 times as high.¹³ Similarly, black men are more than twice as likely than their white counterparts to develop prostate cancer.¹⁴
6. The COVID-19 pandemic has also impacted significant parts of the prostate cancer pathway:
 - a. The diagnosis of some men with prostate cancer will likely have been delayed. There is local evidence that testing for prostate cancer has been disrupted during the pandemic¹⁵. Furthermore, there is evidence that fewer people with signs and symptoms related to cancer are seeking medical help and urgent referrals for the investigation of suspected cancer have significantly reduced since the beginning of the pandemic. It is expected that this will translate into delayed diagnoses and therefore poorer outcomes¹⁶.
 - b. Prostate cancer treatment has been disrupted by COVID-19. Prostate cancer treatments including surgery, chemotherapy and radiotherapy have all been affected by COVID-19. This will create a backlog of patients requiring treatment once it is deemed safe to do so.
 - c. Ongoing monitoring and support has been disrupted. Many men require ongoing monitoring and support, either to evaluate the impact of their treatment, or to check whether their cancer has progressed so that prompt and effective treatment can be given. Outpatient services have inevitably been disrupted, likely increasing the feeling of separation by men with prostate cancer to those who provide their care. This could also add to the anxiety and other well documented mental health issues faced by cancer patients.

¹⁰ Ibid

¹¹ New Scientist, Why are men more likely to get worse symptoms and die from covid-19?, April 2020

¹² Office for National Statistics, Cancer Registration Statistics in England, April 2019

¹³ IFS Deaton, Are some ethnic groups more vulnerable to COVID-19 than others, April 2020

¹⁴ Cancer Research UK, Prostate cancer incidence by ethnicity, accessed May 2020

¹⁵ Shropshire Star, Prostate cancer screening cancelled over coronavirus fears, March 2020

¹⁶ Lai, Alvina; Pasea, Laura; Denaxas, Spiros; Chang, Wai Hoong; Pillay, Deenan; Noursadeghi, Mahdad; Linch, David; Hughes, Derralynn; Forster, Martin; Turnbull, Clare; Boyd, Kathryn; Foster, Graham; Cooper, Matt; Pritchard-Jones, Kathy; Sullivan, Richard; Davie, Charles; Hall, Geoff, Estimating excess mortality in people with cancer and multimorbidity in the COVID-19 emergency, April 2020

- d. Many men with prostate cancer will be immuno-compromised and therefore require shielding. This is likely to create additional complexities and anxiety for men, their families and the NHS services that support them.
7. The combination of disrupted prostate cancer services and the direct impact of the COVID-19 pandemic could therefore have a serious impact on men with prostate cancer. It will be important that the re-introduction of routine services is carefully planned to mitigate these risks.

Adapting NHS prostate cancer services to address the pandemic

8. Many of the changes introduced by NHS cancer services in the immediate pandemic response could play an important role in helping prostate cancer services recover. These include:
 - a. Remote consultations for outpatients. The rapid move, wherever clinically appropriate, from physical attendance at outpatient clinics to virtual appointments has unquestionably established a new 'digital first' norm for the NHS. The pace and scale of this transformation can only be applauded, particularly given the history of clinical reluctance to adopt virtual practices.
 - b. Adoption of digital technology. To support the move to virtual outpatient monitoring, the NHS has implemented new technologies enabling better remote monitoring and facilitating patient self-evaluation and self-care. For men with prostate cancer, many of whom undergoing active surveillance, these technologies and practices could create a new, less onerous 'normal' – without as many regular visits to hospital, even as the NHS 'reopens'.

Moving beyond the pandemic

9. On 29 April 2020, NHS Chief Executive Sir Simon Stevens wrote to providers across the NHS to encourage services to take the opportunity to “lock in beneficial changes”, specifically “the continuation of local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology-enabled service delivery options such as digital consultations”¹⁷.
10. This will be a significant challenge in oncology services, given the shortage of oncologists in the UK. A 2018 workforce report found that the number of vacant posts for oncologists had doubled over five years and one in four consultant clinical oncologists were working excessive hours (>48 hours per week), risking stress, burn-out and potentially compromising patient safety.¹⁸ For patients, this can result in longer waits and poorer experience.^{19, 20}
11. This critical workforce gap would have been a major challenge even without the pandemic. In the context of the COVID-19 pandemic, changes to ways of working are essential. One route would be to fully maximise the skills of the entire multi-disciplinary cancer team, specifically non-medical practitioners (NMPs) such as highly experienced pharmacists and nurses.
12. NMP-led clinics expand service capacity, enabling patients to benefit from rapid access to optimal treatment and care, through joined-up services that make the most of the skills and

¹⁷ NHS England, Simon Stevens letter to CEOs dated 29 April 2020, accessed May 2020

¹⁸ Royal College of Radiologists, Clinical oncology: UK workforce census report 2018, 2019

¹⁹ Department of Health, Public Health England and NHS England, Improving outcomes: a strategy for cancer. Fourth Annual Report, December 2014

²⁰ NHS England, Waiting times for suspected and diagnosed cancer patients: 2017–18 annual report, June 2018

expertise of the whole cancer team.²¹ They have also been shown to reduce costs and improve the safety, continuity, quality and sustainability of patient care.²²

13. Over the past two years, Astellas has been working with nurses and pharmacists to pilot NMP-led clinics in prostate cancer. This follows a programme of workshops and preceptorships for nurses and pharmacists developed by Astellas which has helped NMP-led clinics become established in eight local areas in the UK.
14. Evidence shows that the estimated cost of writing a 5-minute prescription in 2018/19 was £9.00 per consultant physician, £5.25 for a pharmacist and just £5.33 for a nurse.^{23,24,25}
15. Previous studies of the outcomes of nurse-led prostate cancer clinics show that patients respond well and give positive feedback. For example, having the continuity of a nurse practitioner has led to men being significantly more satisfied with their care, experiencing shorter waits, and building trusted long-term relationships with their care team^{26,27}.

²¹ NHS Health Education North West, Non-medical prescribing (NMP): an economic evaluation, December 2015

²² Department of Health, Public Health England and NHS England, Improving outcomes: a strategy for cancer. Fourth Annual Report, December 2014

²³ NHS Health Education North West, Non-medical prescribing (NMP): an economic evaluation, December 2015

²⁴ Health Education England, Agenda for change payrates, Accessed May 2020

²⁵ Lord Carter of Coles, Operational productivity and performance in English NHS acute hospitals: unwarranted variations, February 2016.

²⁶ Nursing Times, Empowering advanced practitioners to set up nurse led clinics for improved outpatient care, 1 April 2010

²⁷ Martin, Estelle; Persaud, Satyendra; Corr, John; Casey, Rowan; Pillai, Rajiv 'Nurse-led active surveillance for prostate cancer is safe, effective and associated with high rates of patient satisfaction—results of an audit in the East of England', *ecancer* 12 854. 2018
