



SACT Strategy

(SACT – Systemic Anti-Cancer Therapy)

2025-2030



Contents

- Introduction
- Background
- Challenges to SACT services
- Key priority areas
 1. Patient outcomes
 2. Workforce
 3. Estate
 4. Care closer to home
 5. Digital technology and innovation
 6. Optimal SACT pathways
 7. Patient experience
 8. Equity of access

- Sustainability and economic considerations
- Other considerations
- SACT clinical advisory group
- Work plan
- References

Introduction

This strategy aims to address the current and anticipated pressures on systemic anti-cancer cancer treatment (SACT) services in Wessex. SACT refers to a number of non-surgical cancer treatments that include cytotoxic chemotherapy, immunotherapy, targeted therapies and other medicines like cancer vaccines.

The SACT strategy sets out the key priority areas that need to be addressed to ensure that people affected by cancer in Wessex have equal and timely access to high quality SACT now and in the years to come.

This will involve exploration and challenge to the way SACT services are currently delivered and to explore new ways of working and sharing best practice examples from the region and beyond to promote safety, efficiency, patient and workforce satisfaction and improved patient outcomes from SACT.

The delivery of the SACT strategy will require engagement from key stakeholders including people affected by cancer and primary and secondary care workforce and 3rd party organisations including pharma and charity sectors to ensure it is fit for purpose and that the strategy's key objective priorities are met.

Measurement of progress against the objectives set out in this strategy is essential as a way of evaluating the impact of any changes that are made that support improvements to SACT services in Wessex region.

This SACT strategy was approved by WCA treatment board on 2nd September 2025.

Background

Based on national SACT data, the Royal College of Radiologists have estimated an annual increase of between 6 & 8 % of SACT activity year on year ¹(RCR 2023). With the current capacity within the system, meeting this increased demand will not be achievable if changes are not made. In fact, doing nothing will result in harm to patients who will be affected by not having access to the optimal treatments at the right time in their pathway which will affect cancer outcomes.

The issues relating to SACT services have been escalated to the Dept of Health and a joint summary of recommendations in relation to short to medium term solutions was proposed by a range of national bodies in 2024, including the Royal College of Radiologists (RCR), UK SACT Board, British Oncology Pharmacy Association (BOPO), Association of Cancer Physicians and United Kingdom Oncology Society (UKONS). ²

There are multiple reasons why NHS SACT services find themselves in this challenging place. Our understanding of cancer has developed at pace over recent years and in line with this, technology to improve the diagnosis and treatment of cancer continues to grow. These developments mean that people are being diagnosed with cancer at an

earlier stage in their disease trajectory which comes with an increased chances of cure or long-term survival in many cases.

New treatment opportunities with SACT are becoming available to people diagnosed with cancer who would previously not have been eligible for supplementary treatment options beyond their primary treatment. This adjuvant SACT aims to reduce the risks of cancer recurrence and is now being offered to more people than ever before due to increased knowledge and understanding.

For some cancers including blood cancers, SACT is the primary choice of treatment and is given with the aim of curing the cancer in some cases. SACT has become more complex with combinations of medicines being used to improve outcomes.

Other patients are benefiting from evidence that suggests some do better if they have SACT before their primary cancer treatment. This neo-adjuvant SACT makes the cancer more amenable to surgery or radiotherapy and reduces the risks of the cancer spreading at a later date.

The role of genomics in understanding cancer and informing the optimal treatment by way of a personalised medicine approach is fast becoming the norm for many people. This leads to new treatment options that are tailored to the individual and their cancer in order to maximise chances of a favourable response and outcomes.

These technological developments also mean that people living with treatable but incurable cancer are enjoying longer, healthier lives thanks to the use of palliative SACT, however, this increases pressures on the health services and in particular SACT services.

The impact of increasing SACT services puts extra demand on many other health services including significant impact on acute oncology services, pathology and phlebotomy, oncology and haematology and radiology. These services are essential to the delivery of SACT so must be given due consideration when planning services.

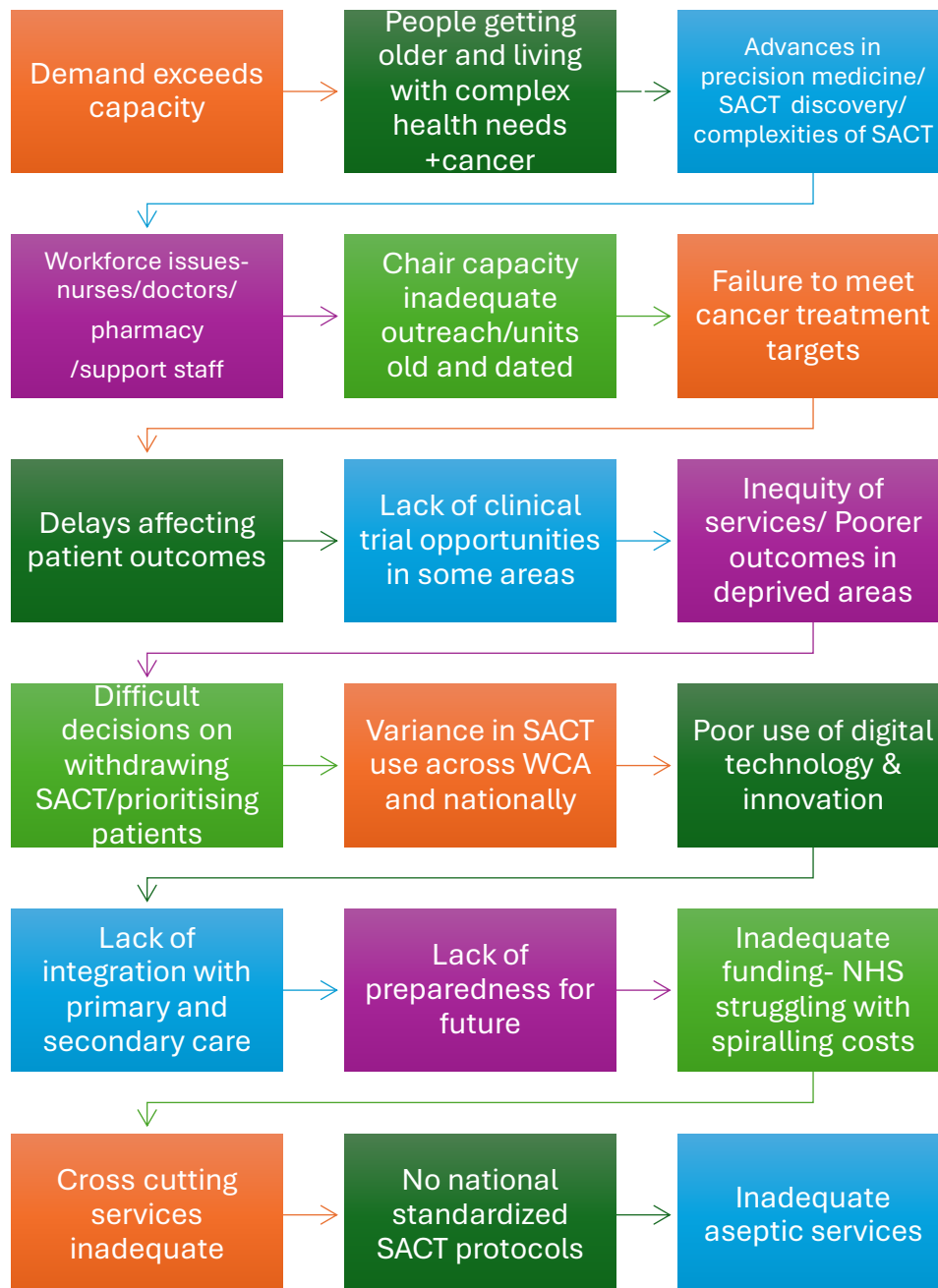
The development of newer SACT technology has resulted in patients experiencing wide ranging and sometimes long-lasting toxicities which in turn has put significant demand on other specialities whose expertise is needed to support the clinical management of these patients. Such specialities include dermatology, respiratory medicine, cardiology, endocrinology, renal medicine and neurology (list not exhaustive).

The breakthroughs in improving the diagnosis and treatment of cancer are a positive gain for the health of the population, however, delivering the new technology and treatments comes with challenges and costs which will need to be addressed for demand to meet capacity and for the full benefits for people affected by cancer to be realised.

Challenges to current SACT services

As well as the technology advancements that are seen as a huge plus but pose a challenge to delivery themselves, there are multiple other factors that pose as difficulties to the NHS being able to deliver high quality SACT treatments at the right time and in the optimal place to those affected by cancer.

These challenges can be seen below:



Key Priorities

Based on our understanding of the challenges to SACT services, coupled with our knowledge of SACT services regionally, this strategy has been developed to focus on a number of core priorities. Many of these priorities have strong links and dependencies on the other priorities and so many will need to be worked on together to achieve success in the individual areas.

The key priorities are:

1. Patient outcomes
2. Workforce
3. Estate
4. Care closer to home
5. Digital technology and innovation
6. Optimal SACT pathways
7. Patient experience
8. Equity of access

1. Patient outcomes

Patients will achieve the best results from their SACT, in terms of measurable outcomes such as objective response to treatment, time to progression, disease free survival, adherence to treatment protocols and achievement of personal goals and ambitions.

Optimal patient outcomes will be achieved by:

- Timely access to SACT across Wessex with no delays and no waiting lists
- Identifying bottlenecks and inefficiencies in the system and resolving these
- Treatment being given on time at optimal doses
- Optimal prevention and/or management of SACT toxicities
- Frailty assessment to support treatment decisions with SACT
- Appropriate and timely baseline genomic testing to support optimal treatment options
- Adherence to evidence based SACT protocols
- Optimal management of deferrals to treat
- Using national SACT outcome data to understand local picture and any variance in outcome
- Good understanding of patient identified goals

2. Workforce

The workforce involved in SACT services is far reaching with both clinical and non-clinical roles essential for the provision of a robust SACT service.

However, there are existing gaps in workforce, with high vacancy rates amongst cancer doctors, pharmacy professionals and SACT nurses in particular. Growing demand for SACT is not accompanied with parallel increases in resource for staffing establishments, despite a more complex and increasing workload.

The workforce directly and indirectly involved in SACT services will need to be competent to do their jobs, adequate in number, resilient, flexible, be able to cross boundaries where appropriate. They will report that they feel valued and have a good work life balance with adequate time and support for professional development & career progression through embedding of ACCEND.

The workforce will be underpinned by low staff turnover, successful recruitment and training and the right people doing the right jobs, ensuring skill set is commensurate with tasks in the SACT pathway. Annual SACT capacity and demand modelling will inform workforce and estate planning.

The role of non-specialist staff and primary care staff are integral to the success of the SACT pathway and necessary for the support of patients who receive SACT. Their role in the SACT pathway will need to be explored and opportunities and threats to this highlighted and addressed to maximise their contribution.

Workforce challenges will be managed by:

- Capacity and demand audits in SACT units to understand current services and the impact of increasing SACT demand year on year. The audits will be repeated annually.
- Capacity and demand audits in SACT verification processes to understand current service provision and inform future staffing modelling
- Access to training and development to develop knowledge and skills for existing staff, both in SACT specialism and in other specialities who provide support to SACT patients.
- Appropriate minimum establishments across all clinical SACT disciplines will be determined to meet the needs of patients on SACT pathways
- The use of non-medical prescribing professionals will be increased to improve flow and safety.
- The use of skilled administrative staff to deliver non-clinical elements of SACT pathway.
- The use of non-registered support staff will be increased to support patients on SACT, in both secondary and primary care.

- The use of digital technology will support staff who work in SACT to work more efficiently and safely without compromising patient experience
- Staff wellbeing offer will be adequate to help staff achieve a good work life balance
- Support for clinical supervision for staff working in patient facing roles will support complex decision making, learning and help prevent burnout.

3. Estate

SACT will be prepared and administered in facilities that are fit for purpose, up to date and comfortable. SACT services will be delivered in all secondary care hospitals and tertiary centres, with outreach SACT services increasing in all areas to be part of business as usual. Chair and bed capacity will be sufficient to meet demand with the ability to flex up if needed to response to spikes in demand.

This will be achieved by:

- Annual capacity and demand SACT unit analysis across all acute providers in Wessex
- Modelling of capacity requirements based on increased SACT activity/ removal of non-SACT activity from units
- Understanding where aseptic units require enlarging/ updating or replacement of essential equipment and organisational plans for this
- Understanding the impact of aseptic hubs and impact on local SACT services across Wessex

4. Care closer to home

Where safe to do so, people will have their SACT delivered and administered close to where they live. This reduces hospital attendances, reduces carbon footprint, improves pathway efficiency, reduces costs to patients and some costs to the NHS and improves the experience for patients and staff. This also aligns closely with 10 Year Health Plan: fit for the future³ which has a strong focus on moving care from hospital to community with a Neighbourhood Health Service Model.

This will be achieved by:

- Increasing self-administration of SACT and supportive medication where appropriate

- Explore and scope other options of care closer to home with mobile SACT units/off site venues/NHS delivered homecare model/3rd sector provider homecare
- Explore how to integrate SACT patients firmly into Neighbourhood Health Service model, ensuring right care, right place and right staff
- Working with primary care to increase the tasks and care given to SACT patients by non-specialist but competent staff

5. Digital Technology

Digital technology will be utilised to improve the SACT pathway.

It will be used to promote safe care, to educate and encourage patients to self-care, to help us understand capacity and demand for planning SACT services, to understand patient outcomes and to support increased productivity and efficiency within the workplace.

This will be achieved by:

- Development of SACT digital dashboard and use of SACT data to inform practice
- Consider use of regional digital platform to host information for trusts on pipeline SACT regimens that are being considered by NICE to help inform planning of services in advance.
- Introduce PROMS tools and telehealth solutions to promote early reporting of SACT toxicity (Patient recorded outcome measures)
- Increased use of digital platforms to improve communication and reduce hospital attendance for patients
- Increased use of digital speech recognition to improve communication and record keeping and save staff time.
- Consider value of home blood testing and pilot if deemed useful.

6. SACT pathways

Patients will receive their SACT at the optimal time in the treatment pathway with no avoidable delays with the objective of improving outcomes. The SACT pathway will be underpinned by up-to-date, evidence-based protocols, promoting consistency across Wessex.

Implementation of NICE technologies will be implemented within the agreed timescales with proactive planning for new technologies and the impact they will have on NHS providers.

This will be achieved by:

- Mapping trusts SACT pathways to identify delays and bottlenecks and inefficiencies.
- Effective use of existing NICE technology impact assessment tools and the development of user-friendly digital tools that will model impending

NICE technology appraisals to support providers to better plan for associated impact on services.

- Use of SACT data to investigate treatment variation, delays to starting SACT or implementing NICE technology.
- Maximise use of SACT protocols to support efficient decision making in all disciplines.
- Improved management of deferrals – develop robust systems.

7. Patient experience

The experience of patients receiving SACT services will be reported by them as positive, wherever they live in the region and whichever type of SACT service they use. Personalised care will thread through SACT services to ensure patients are at the centre of the care they receive. People with lived experience will be involved in SACT workstreams.

This will be achieved this by:

- Improved patient education using consistent approach where possible.
- Incorporate prehabilitation and rehabilitation into SACT pathway to optimise wellbeing and outcomes.
- Promote use of frailty scores in assessment process to help support SACT decision making.
- SACT nurses to have training in key areas such as communication skills, mental health first aid, level 2 psychological skills to be better equipped to provide holistic care in the SACT pathway.
- Invite people with lived experience to co-design new services and share experience through attendance at relevant meetings/workshops.

8. Equity of Access

Regardless of where people live, financial situation, their age, gender, ethnicity, disability or any protected characteristic, they will have access to the optimal SACT treatment that is most appropriate for the management of their cancer. Patients will be actively involved and central to the SACT treatment decisions and choices made.

This will be achieved by:

- Ensuring time to first appointment with oncologist/haematologist is within acceptable timeframe.
- Explore experience of SACT patients from underrepresented groups and identify actions needed to improve pathways for these patients.

- Develop patient information about SACT in different formats to ensure accessible by all (Film with audio, other languages, easy to read etc).
- Increasing care closer to home provision – in particular for those people with mobility impairment, disability or financial concerns.
- Considering using frailty assessments at start of SACT pathway to underpin decision making regarding appropriateness of SACT.

Sustainability and economic considerations

Some of the priorities identified in this document can be addressed through identification and management of inefficiencies in the system and adjustments to services or in some cases, service redesign. Mapping current SACT pathways will be a useful tool in helping identify inefficiencies and fuelling new ideas to overcome these challenges. These changes may be cost neutral or may release resource in the system to be repurposed elsewhere in the SACT pathway.

For example, by streamlining outpatient review of patients on SACT pathway and reducing the number of consultant-led outpatient reviews, valuable time can be released for consultants to see new patients sooner which improves time to first consultation and treatment.

Another example is the delivery of “SACT closer to home” which has significant cost benefits for patients including less travel time, less fuel/bus/taxi costs, less car parking costs, minimal delays on the day of SACT, reduced anxiety, less time away from work/ family commitments together with a more efficient throughput of patients using the service compared to hospital delivered service.

Other priorities will have significant costs attached to their delivery including developments such as new builds, refurbishment, reconfiguration and/or expansion of current estate to cope with increasing demand for SACT services. There will also be costs attached to increasing workforce establishments to meet this increasing demand and the design, implementation and ongoing costs of digital solutions to support new ways of working.

Wessex Cancer Alliance will continue to work with trust SACT leads, commissioners and regional NHS teams which will be key to ensuring fully informed discussions and appropriate planning for the future SACT services.

Working with pharma and charity will be considered and valued where appropriate. Partnership working has huge benefits by offering support with innovation, specialist skills and knowledge and financing of workforce and equipment to enable testing of new ways of working and expansion of services in response to increasing demand.

Other considerations

Along with the general adult population, due consideration will be given to Teenage and Young Adult services for cancer who largely access the same SACT services across the region. The TYA lead nurse and other interested clinical staff will be invited to be actively involved with delivery of the SACT strategy, ensuring the needs of TYA patients are considered as part of any service development or redesign.

Paediatric oncology leads will also be invited to be involved in delivery of the SACT strategy in a similar way to TYA and as they feel appropriate.

Both TYA and Paediatric oncology will be invited to SACT CAG as an optional attendee.

SACT Clinical Advisory Group (CAG)

The WCA SACT CAG has been re-launched and a key role of the members of this interactive and interested group will be to participate in working groups that will be developed to deliver some of the key deliverables as outlined in the SACT strategy. The SACT CAG will meet 3 times a year and any working groups that are set up as part of the SACT CAG group will meet separately to this main group.

Work Plan

The SACT CAG will have a work plan which will record all key objectives, associated actions, achievements and risks identified as part of this work.

It is anticipated that the work plan will be shared on the WCA website to enable updates on progress and to promote sharing of best practice across the region.

ICB's and Treatment board members will be regularly updated on progress of the subgroups who are working on the action plan. An annual report will ensure progress, and any challenges are shared with providers, ICB and the wider general public via WCA website as deemed appropriate.

References

1. The SACT capacity Crisis in the NHS [rcr-policy_policy-briefing-the-sact-capacity-crisis-in-the-nhs \(1\).pdf](#) [accessed 18th August 2025]
2. The SACT capacity crisis: short – medium-term solutions for supporting the oncology multidisciplinary workforce. [rcr-briefing-on-the-short-medium-term-solutions-for-supporting-the-sact-capacity-crisis \(2\).pdf](#) [accessed 18th August 2025]
3. Fit for the future: 10 Year Health Plan for England <https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf> [accessed 18th August 2025]