QATS 2026 • ORAL POSTER

PREDICT. PLAN. DELIVER.

Start with today. Anticipate tomorrow. Plan as one service.

Prepared by Farah Al-Sheikhli | Presented with Lyn Jackson | University Hospitals Dorset

DISCLOSURES

Farah — attendance support: Pfizer, Amgen, Chugai Pharma, Johnson & Johnson; speaker engagements: Sanofi

Lyn — no disclosures to declare

Farah — BOPA W&D Co-Chair · BOPA AOS Pharmacy representative · UKMS Pharmacy Group Research Lead

Understand the whole service before forecasting

One shared baseline—not separate pharmacy, nursing and aseptic narratives.

PATIENT FLOW

Referrals, active regimens, waiting lists, treatment visits

CLINICAL PHARMACY

Verification, clinics, prescribing, homecare, safety duties

ASEPTIC & QA

Items, process times, release capacity, infrastructure limits

NURSING & DAY UNITS

Staffed chair hours, administration time, monitoring, skills

CHECK: safety caps, existing efficiencies, unmet demand, variability and the real bottleneck

Use the tools to expose today’s shortfall

Triangulate workforce evidence with activity and physical constraints.

BOPA clinical tool

Available patient-facing clinical WTE versus workload WTE, including service duties and experience modifiers.

PASG capacity model

Technical process workload, aseptic staffing and outsourcing against local production conditions.

Nursing capacity model

Staffed chairs, visit duration, complexity, observation, skill mix and workable treatment sessions.

CURRENT GAP = required safe service capacity – available deployable capacity

Example BOPA testing workbook: 9.93 WTE required vs 5.81 available = 4.12 WTE gap*

Add the pipeline—then translate into workload

Use NICE appraisals in development and NHS England pipeline intelligence; review repeatedly.

1 IDENTIFY	NICE pipeline + NHS England intelligence
2 LOCALISE	Eligible Dorset population × expected uptake
3 TRANSLATE	Cycles/visits + clinical + aseptic + nursing time
4 NET OFF	Displaced treatments, route changes, efficiencies
5 TEST	Dates, optimistic/base/constrained scenarios

Forecast every pathway together: pharmacy + aseptics + nursing + day-unit operations

Convert one forecast into one funded service plan

Current limitations + net future demand → coordinated options, risk and monitoring.

315

weekly baseline slots

+14

daily slots forecast over 3 years

£1.7m

investment approved

PREDICT

Current gap + net pipeline demand

PLAN

Workforce, nursing, aseptics, outsourcing

DELIVER

Funding, recruitment, training, review

Reassess monthly against actual demand, waiting times, staffed capacity and safety risks.