

Questions to hospital pharmacies:

Name of Hospital/Trust: **ELHT**

Department: **Pharmacy**

Job title: **Specialist Pharmacy Technician**

Contact information:

The Trust does not supply details of members of staff unless they are already in the public domain. Contact details are also not provided unless these are public.

Structures for divisions are located on the Corporate Governance page of the Trust website

<https://elht.nhs.uk/about-us/corporate-publications-annual-reports-and-accounts>

Information relating to the board, including email address is on the Trust board page

<https://elht.nhs.uk/about-us/trust-board>

A) Is compounding outsourced to an **external provider** in your region/city?

Yes – go to question A1)	
No – go to question B)	

A1) What is the **name** of the external provider doing compounding preparation?

A2) What is the **location** of the external provider doing chemotherapy compounding?

B) What **manufacturing/compounding work** is currently being performed by pharmacists at your Hospital/Trust?

C) What **level/grade** of cleanroom do you run and how many of them do you have?

C1) What **size** of unit do you currently run (square footage)?

C2) What is the **number of staff** in this unit?

C3) Do you currently run at your **full capacity**?

Yes	
No	

C4) If no, what % of capacity you're currently running?

D) Do you provide **services** to any other hospital pharmacies?

Yes	
No	

D1). If yes, please specify which other hospitals you service:

E). How **many days per week** do you do compounding work? Please circle the relevant.

No of days/week	1	2	3	4	5	6	7

F) Approximately, how many compounding's do you do each day in your facility?

Number of compounding's per day: _____

Questions A – F Response: -

Please see response relating to gloves as the remainder is not relevant to the request for information on gloves and commercially sensitive.

The Trust is unable to provide this as this information is commercial in confidence. This information is exempt under section 43 (commercial interests) of the Freedom of Information Act (FOIA), as the information would be likely to prejudice the commercial interests of those involved.

Section 43 (2) is a qualified exemption which means the Trust must undertake a public interest test. The Trust has considered the public interest in disclosing this information and while it is in the public interest to disclose information that informs the public of how we spend our money, especially where this relates to the provision of public services, we have determined that the prejudice arising from disclosure outweighs the benefit to the public in this instance

G) Approximately, how many **pairs of gloves** do you use per day for pharmacy compounding work in your facility? (including both under- and over-gloves)

Number of **under-gloves** per day (pairs): **Variable**

Number of **over-gloves** per day (pairs): **Variable**

G1) What proportion (%) of these are **sterile gloves**?

60%

G2) Who is your current gloves **provider(s)**?

Numerous Providers

G3) What **types** of gloves do you use during compounding? Please put % for all relevant options.

	Chemotherapy	Parenteral nutritional	Other – please specify: _____
Sterile exam gloves			
Non-sterile exam gloves			
Sterile PPE (Personal Protective Equipment) gloves			
Sterile Surgical gloves (medical device)	100%	100%	

G4) What **material** are the majority of the sterile PPE/surgical gloves made of when used in pharmacy? Please put % for all relevant options.

Nitrile %	
Polychloroprene %	
Polyisoprene %	✓
Natural rubber latex %	
Other, please state: %	

H) How do you currently **purchase** your hospital pharmacy gloves?

NHS SC	✓
Directly from supplier	
3rd Party provider / distributor (eg. BUNZL)	

Other	

I) How frequently do you place **orders** and is this your preferred frequency?

Weekly

J) What local/national guidelines/accreditation/regulations/governing bodies do you adhere to?

GPhC, NWRQA, GMP

K) When **validating** a new sterile PPE/surgical glove, do you have a specific protocol/evaluation to follow?

Yes	✓
No	

L) Who is involved in the **validation process** and what **criteria** do you follow (please indicate position/role, process and time frames)?

Aseptic Management Team

M) Which of these **requirements** apply for a sterile PPE/surgical glove in your facility? (please tick all relevant options):

Maximum liquid particle count level	✓
Specific outer packaging requirements	✓
Plastic inner-wrap	✓
Be able to stay on isolator glove port for certain amount of time	✓
Withstand certain amount of alcohol disinfections	✓
Chemicals / chemotherapy agents breakthrough time results	✓
Certified for use for a certain clean room grade	✓
We have other requirements (add them....)	
No requirements are specified	

N) Which of these features of a sterile PPE/surgical glove would add value in your current practice? Please tick all relevant options.

Good fit, feel and comfort	✓
Durability	✓
Easy to open sterile barrier	✓
Double gloving	✓
Puncture detection	✓
Anti-slip cuff (stays on gown)	✓

Low endotoxin level	✓
Other features add value	

O) How often are gloves **changed** by operators working with compounding? Please state in relevant minutes.

Over-gloves **Variable depending on workload and degradation of gloves**

Under-gloves **Variable depending on workload and degradation of gloves**

P) What safety **guidelines/recommendations** does the Hospital / Trust currently follow?

NHSE Guidance

Thank you for participating!