

Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ

Ref: FOI-052023-00074

Date: 15/6/23

Address / Email:

Dear

Request Under Freedom of Information Act 2000

Thank you for requesting information under the Freedom of Information Act 2000.

Please see response in attached document.

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager
Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ
Email: dgft.dpo@nhs.net

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
www.ico.org.uk

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team
The Dudley Group NHS Foundation Trust

Questions to hospital pharmacies:

Freedom of Information request 00074

Name of Hospital/Trust: The Dudley Group NHS Trust - Russells Hall Hospital

Department: - Pharmacy

Job title: - Principal Pharmacy Technician – QA and Aseptic Services ____

Pharmacy contact information: joanne.fletcher16@nhs.net

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

Yes – go to question A1)	Yes, about 20% remaining in house
No – go to question B)	

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

____ Pre-filled product purchased from Bath ASU and Baxter _____

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

____ UK _____

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

____ Patient specific cytotoxic and monoclonal antibodies _____

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

____ 2 cleanrooms both grade D _____

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

____ 124msq _____

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

2 x Principal pharmacists, 5 x Specialist pharmacists 1 x Junior Pharmacist, 2 x Principal Technicians, 1 x senior Technician, 4 x Higher Level technicians, 1 x SMT, 2 x Senior Assistants, 3 x Assistants _____

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

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

Number of compounding's per day: _____ 42 items _____

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): _____ 10 _____

Number of **over-gloves** per day (pairs): _____ 8 _____

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

_____ 100 _____ %

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

_____ Micronclean and NHS supply chain _____

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)			

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 %	100%
Polychloroprene %	
Polyisoprene %	
Natural rubber latex %	
Other, please state: %	

G5) What **material** is the packaging of your sterile gloves?

Plastic	✓
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Paper	
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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?

_____ Approx every 3 weeks, yes this is preferable _____

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

_____ Audited externally – EL_(97) 52 (QAAPS) _____

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

Yes	Y
No	

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

- Documented checks carried out using a change control procedure. This involves the production manager and the QA team who will appraise any new products. We don't currently carry out any specific validation regarding new gloves, we risk assess using the data provided by the manufacturer.

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 _____ **Every session** _____

Under-gloves _____ **new gloves on entry to cleanroom, every 2 hours** _____

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

_____ **Latex free policy** _____

Thank you for participating!