

Ref: FOI/GS/ID 8190

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net
www.mtw.nhs.uk

25 May 2023

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Pharmacy PPE – Gloves.

You asked:

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

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?

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

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

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

E). How many days per week do you do compounding work?

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

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)

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

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

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

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

- G5) What material is the packaging of your sterile gloves?
 H) How do you currently purchase your hospital pharmacy gloves?
 I) How frequently do you place orders and is this your preferred frequency?
 J) What local/national guidelines/accreditation/regulations/governing bodies do you adhere to?
 K) When validating a new sterile PPE/surgical glove, do you have a specific protocol/evaluation to follow?
 L) Who is involved in the validation process and what criteria do you follow (please indicate position/role, process and time frames)?
 M) Which of these requirements apply for a sterile PPE/surgical glove in your facility? (please tick all relevant options):
 N) Which of these features of a sterile PPE/surgical glove would add value in your current practice? Please tick all relevant options.
 O) How often are gloves changed by operators working with compounding? Please state in relevant minutes.
 P) What safety guidelines/recommendations does the Hospital / Trust currently follow?

Trust response:

Name of Hospital/Trust: Maidstone and Tunbridge Wells NHS Trust

Department: Oncology Pharmacy, Aseptic Unit

Job title: Section 40.2 exemption is being applied to this question.

Pharmacy contact information: Kent Oncology Centre Pharmacy (Maidstone) – Tel: (01622) 225022, open Monday to Friday: 8.30am – 5pm

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

Yes – go to question A1)	Yes
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A1) What is the **name** of the external provider doing compounding preparation? ITH Pharma / Quantum

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

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

Pharmacist do not carryout any Manufacturing / Compound work

C) What **level/grade** of cleanroom do you run and how many of them do you have? 1 x prep room D, 3 x cleanroom C

C1) What **size** of unit do you currently run (square footage)? 121.9

C2) What is the **number of staff** in this unit? 6

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

Yes	√
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C4) If no, what % of capacity you're currently running? Not applicable

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

No	√
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D1). If yes, please specify which other hospitals you service: Not applicable

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:20

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): 50+

Number of **over-gloves** per day (pairs): 4

G1) What proportion (%) of these are **sterile gloves**? 7%

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

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

	Chemotherapy	Parenteral nutritional	Other – please specify:
Non-sterile exam 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 %	√
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G5) What **material** is the packaging of your sterile gloves?

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

Directly from supplier	√
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I) How frequently do you place **orders** and is this your preferred frequency? Ad-Hoc

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

Regional QA, GMP, GDP, GCP.

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

No	√
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L) Who is involved in the **validation process** and what **criteria** do you follow (please indicate position/role, process and time frames)?

QA / ASM / AOM / AP√

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	√

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	√

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

Over-gloves **240min Approx.**

Under-gloves **120min Approx.**

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

Trust , H&S, HSE