



FOI REF: 23/165

31st March 2023

Tel: 0300 131 4500

Website: www.esht.nhs.uk

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act.

[The answers to your specific questions are detailed within the attached document.](#)

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Linda Thornhill (Mrs)
Corporate Governance Manager
esh-tr.foi@nhs.net

Questions to hospital pharmacies:

Name of Hospital/Trust: East Sussex Healthcare NHS Trust

Department: Pharmacy

Job title: Lead Pharmacist, Cancer & Aseptic Services

Contact information: Lucia Osul-Ochieng

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?

Bath ASU
Baxter Healthcare
Quantum Pharmaceutical

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

Bath ASU
Corsham
SN13 9RG

Baxter Healthcare
Croydon
CRO 4TU

Quantum Pharmaceutical
Burnopfield
NE16 6EA

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

Systemic Anticancer Therapy.

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

Grade C x 1.

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

33m².

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

9, including Pharmacists/Technicians/Assistants.

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

Yes	
No	✓

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

60%.

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

Yes	
No	✓

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: 10 to 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): **2**

Number of **over-gloves** per day (pairs): **1**

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

100%

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

Helapet and Bioclean

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			✓ Preparation room only.
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 %	✓
Polychloroprene %	
Polyisoprene %	
Natural rubber latex %	✓
Other, please state: %	

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

Internal Orders

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?

When required.

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

Good manufacturing practice, not accredited but under the guidance of Quality Assurance team from Guys and St Thomas'.

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)?

Not applicable.

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 **Twice Weekly**

Under-gloves **Session**

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

EN374-3

Thank you for participating!