

Information Governance Department

Suite 9 Buckingham Row Brick Kiln Lane Wigan WN1 1XX

Email: foi@wwl.nhs.uk Web: www.wwl.nhs.uk

Ref: FOI/2023/8894

Date Received: 12th May 2023

Response Due: 12th June 2023

Date: 16th June 2023

Dear Sir/Madam

You asked:

Questions to hospital pharmacies:

Name of Hospital/Trust: Wrightington Wigan & Leigh Teaching Hospitals NHSFT

Department: Pharmacy

Job title: Associate Director of Pharmacy

Pharmacy contact information: via Switchboard

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

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

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

ITH Pharma, Baxters, Fresenius

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

ITH Pharma - Unit 2-4 Premier Park, London NW10 7NZ
Baxters - North West Unit Boundary Court Crossley Road Stockport, SK4 5GA
Fresenius - Cestrian Court, Eastgate Way, Manor Park, Runcorn WA7 1NT

B) What manufacturing/compounding work is currently being performed by pharmacists at your Hospital/Trust?
None – we don't have an aseptic / compounding unit

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

N/A – as above

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

N/A – as above

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

N/A – as above

C3) Do you currently run at your full capacity?

N/A – as above

Yes	
No	

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

N/A – as above

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

Yes	
No	NO

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

N/A – as above

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

0 - N/A - as above

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

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

N/A – as above

N/A – as above						
Number of under-gloves per day (pairs): Number of over-gloves per day (pairs):						
G1) What proportion (%)	of these a	re sterile gloves?	•			
N/A – as above %						
G2) Who is your current	gloves pro	ovider(s)?				
N/A – as above						
G3) What types of glove	s do you u	se during compo	unding? Pleas	se put % for all relevant options.		
N/A – as above						
Chemotherapy Parenteral Other – please specify: nutritional						
Storilo avam glavas						
Sterile exam gloves Non-sterile exam gloves	<u> </u>					
Sterile PPE (Personal Pr Equipment) gloves						
Sterile Surgical gloves (medical					
device)	mourour					
G4) What material are the pharmacy? Please put %			E/surgical glov	res made of when used in		
Nitrile %	100					
Polychloroprene %	0					
Polyisoprene %	0					
Natural rubber latex % Other, please state: %	0					
G5) What material is the	•	of your sterile g	loves?			
N/A – as above – we don' gloves come in a box	t use sterile	gloves due to the	lack of compo	unding facility. All general nitrile		
Plastic						
Paper						
H) How do you currently	purchase	your hospital pha	armacy gloves	s?		

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)

NHS SC	YES
Directly from supplier	
3 rd Party provider / distributor (eg. Bunzl)	
Other	

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

Unknown

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

N/A - as above

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

Yes	
No	NO

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

N/A – as above

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

N/A – as above – not a pharmacy issue as we don't have a compounding facility

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.

N/A – as above

,	Good fit, feel and comfort	
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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.

N/A – as above	9		
Over-gloves			
Under-gloves _			

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

N/A – as above

If you are not entirely satisfied with this response, please do not hesitate to contact the Information Governance Department via the email address provided. If we do not hear from you within 40 days, we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,

Gary Masterman

Associate Director of Pharmacy (Governance Assurance)

PLEASE NOTE:

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Suite 9, Buckingham Row, Brick Kiln Lane, Wigan, WN1 1XX.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision at:

The Information Commissioner's Office

Wycliffe House Water Lane Wilmslow Cheshire, SK9 5AF

Helpline number: 0303 123 111