

**Questions to hospital pharmacies:**

Name of Hospital/Trust: Milton Keynes Hospital

Department: Pharmacy Dept

Job title: Aseptic Services Manager

Pharmacy contact information: 01908 995709

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?

Quantum pharmaceuticals, Baxter healthcare and ITH pharma

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

Burnopfield, Oxford and London

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

None by pharmacists. Technicians and assistants compound chemotherapy

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

2x Grade C and 2 x Grade D

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

Approx 650 Square feet

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

11

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:

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

<b>No of days/week</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
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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): \_\_\_\_\_ 10 \_\_\_\_\_

Number of **over-gloves** per day (pairs): \_\_\_\_\_ 2 \_\_\_\_\_

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

\_\_\_\_\_ 50 \_\_\_\_\_ %

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

\_\_\_\_\_ berner and ansell \_\_\_\_\_

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

	<b>Chemotherapy</b>	<b>Parenteral nutritional</b>	<b>Other – please specify:</b> _____
<b>Sterile exam gloves</b>			
<b>Non-sterile exam gloves</b>	50		
<b>Sterile PPE (Personal Protective Equipment) gloves</b>	50		
<b>Sterile Surgical gloves (medical device)</b>			

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

<b>Nitrile %</b>	60
<b>Polychloroprene %</b>	
<b>Polyisoprene %</b>	
<b>Natural rubber latex %</b>	40
<b>Other, please state: %</b>	

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

<b>Plastic</b>	
<b>Paper</b>	√

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

<b>NHS SC</b>	
<b>Directly from supplier</b>	
<b>3<sup>rd</sup> Party provider / distributor (eg. Bunzl)</b>	√

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

\_\_\_\_\_As required – normally every 2 to 3 months\_\_\_\_\_

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

\_\_\_EU GMP, MHRA orange guide, Section 10 medicines act 1968, QAAPS\_\_\_\_\_

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)?

Accountable pharmacist, Aseptic Services Manager. Process depends on type of glove being validated etc but would include sterility checks, durability and tear resistance, feel and dexterity, grip when hands wet with IMS Again time frames could vary from a couple of days to more than a month.

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

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

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

<b>Good fit, feel and comfort</b>	√
<b>Durability</b>	√
<b>Easy to open sterile barrier</b>	√
<b>Double gloving</b>	√
<b>Puncture detection</b>	√
<b>Anti-slip cuff (stays on gown)</b>	√
<b>Low endotoxin level</b>	
<b>Other features add value</b>	

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

Over-gloves \_\_\_**240 minutes maximum**\_\_\_\_\_

Under-gloves \_\_\_**300 minutes**\_\_\_\_\_

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

\_\_\_NHS safe handling of cytotoxics\_\_\_\_\_

**Thank you for participating!**