



**Portsmouth Hospitals
University**
NHS Trust

Freedom of Information Team
De La Court House
Queen Alexandra Hospital
Southwick Hill Road
Portsmouth
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PO6 3LY

Name:
Email:
Date: 22/05/2023
Ref: 23-24 089

Dear

RE: Freedom of Information request

Thank you for your request for information under the Freedom of Information Act 2000, which was received by the Trust on 12/05/2023. Please see responses to your requests below.

Molnlycke are looking at gaining some insight into how the procuring and the decision-making process of specialist PPE/Med device equipment - gloves for this Specialist area in Hospital Pharmacy takes place?

Please see below Attachment.

Please accept this letter as completion of your request. Please note that copies of this request will be held on file for three years before being confidentially destroyed.

If you are dissatisfied with the outcome of your request, please contact our Head of Information Governance on Information.Governance@porthosp.nhs.uk or write to the above address and we will conduct an internal review. Upon review, if you are still dissatisfied, you may appeal our decision by contacting the Information Commissioner's Office; for more information, please visit the [ICO's website](#).

Please be aware, if we do not receive an appeal within 30 days of you receiving this letter, we will assume that you are satisfied with our response. If you have any further queries, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team

Questions to hospital pharmacies:

Name of Hospital/Trust: Portsmouth Hospital University Trust

Department: Pharmacy Manufacturing Unit

Job title: Operations Manager

Pharmacy contact information: suzanne.platten@porthosp.nhs.uk

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

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

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

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

B) What **manufacturing/compounding work** is currently being performed by pharmacists at your Hospital/Trust? None.

C) What **level/grade** of cleanroom do you run and how many of them do you have? Grade D / 2 Clean rooms.

C1) What **size** of unit do you currently run (square footage)? 400 Sq Metres.

C2) What is the **number of staff** in this unit? 46.

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

Yes	
No	No

C4) If no, what % of capacity you're currently running? 70 / 80%.

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

Yes	Yes
No	

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

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
					x		

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

Number of compounding's per day: n/a.

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):150 pairs.

Number of **over-gloves** per day (pairs): None.

G1) What proportion (%) of these are **sterile gloves**? None.

G2) Who is your current gloves **provider(s)**? Various / BM Polyco.

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	n/a	n/a	
Non-sterile exam gloves			Nitrile 60 % / Latex 40% as under gloves
Sterile PPE (Personal Protective Equipment) gloves	n/a	n/a	
Sterile Surgical gloves (medical device)	n/a	n/a	

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 %	n/a
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Polychloroprene %	n/a
Polyisoprene %	n/a
Natural rubber latex %	n/a
Other, please state: %	Neoprene

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

Plastic	n/a
Paper	n/a

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

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

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

Non -Sterile gloves every 2months / Neoprene gloves twice a year.

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

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

Yes	n/a
No	n/a

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

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

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	n/a
Durability	n/a
Easy to open sterile barrier	n/a
Double gloving	n/a
Puncture detection	n/a
Anti-slip cuff (stays on gown)	n/a
Low endotoxin level	n/a
Other features add value	n/a

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

Over-gloves n/a.

Under-gloves each time they come out of the section.

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

The Trust follows COSHH guidelines & the MHRA orange guide (Rules & Guidance for Pharmaceutical manufactures & Distributors).

Thank you for participating!