



The QA and Technical Services Interest Group of the  
Guild of Healthcare Pharmacists

## Pharmaceutical Quality Assurance and Technical Services Symposium 2023

Thursday 28th and Friday 29th September 2023

International Convention Centre  
Newport, Wales. NP18 1HQ



## POSTER APPLICATION FORM

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Poster title	A positive impact on patient waiting times

***Please submit details of abstract overleaf***

*Please note: all poster applications must be submitted by 18<sup>th</sup> August 2023*

**Please return your application to:**

[admin@pasg.co.uk](mailto:admin@pasg.co.uk)

## marking the subject as “Symposium Posters”

### ABSTRACT

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**Title – A positive impact on patient waiting times.**

**Focal points**

- Switch to batches of standardised doses
- Some more successful than others
- Has a positive impact on patient waiting times

**Introduction**

The aseptic unit at University Hospitals NHS Trust (UHP) orders bespoke systemic anti-cancer therapy preparations from commercial compounders for specific patients to manage the increasing demands on the unit’s capacity. This allows the aseptic team to focus on the preparation of products which must be made locally such as products with a limited shelf life, clinical trials and any products which are needed quickly. It was identified that to support our commercial partners and to reduce the pressure on them from manufacturing bespoke individual units we should order batches of standardised doses for routinely used preparations. This also provides several internal benefits, such as efficiencies in the procurement process, less wastage as the potential to repurpose unused doses is increased and financial savings on the dispensing fee costs associated with patient specific doses. This project was designed to reduce the number of specific patient orders and increase the number of batch doses used at UHP.

**Methods**

Data for patient specific orders for the highest usage drugs with reasonable extended stability (>28 days) was reviewed over a 3 month period to provide usage figures in collaboration with our commercial partner. Products identified as suitable for switch to batch were Bortezomib, Paclitaxel, Oxaliplatin, Carboplatin, Cisplatin, Rituximab, Fluorouracil infusers, and Docetaxel. Doxorubicin, Epirubicin, Cyclophosphamide and Vincristine were already procured as batch, but the service was reviewed as part of the overall project plan following supply issues.

Drug files were set up for each drug and dose and orders were placed with the aim of keeping two weeks supply of each presentation ready to use on the shelf. Orders were initially placed manually at weekly intervals initially to allow for close monitoring of stock levels. This has now progressed to automatic reorder levels which are reviewed periodically to manage fluctuations in demand.

**Results**

Results show that some products have been more successful in their switch over to batch than others. Data for this year shows there is still an average of 287 patient specific orders per month which should have been dispensed as a stock item. This would have provided a saving of almost £93,000 in dispensing charges.

The reasons for this are multifactorial, such as ordering and supply patterns which we are currently working with our supplier to improve. Peaks and troughs in usage has resulted in either stock outages or stock wastage and a lack of confidence within the team regarding order processing times. We are also constantly reviewing the dose ranges kept for each product to ensure we are reacting to new prescribing practices or new patients who require alternative doses to those on the shelf.

**Conclusion**

Having ready to administer products on the shelf has a positive impact on patient waiting times as it allows us to be more responsive to late prescription requests which would otherwise have to be prepared in the unit or result in patient deferrals. It has provided efficiencies within the aseptic unit team by significantly reducing the time taken to process patient specific orders, allowing capacity to be redirected to aseptic processes within the unit. It has also strengthened our relationship with our commercial partner by reducing the number of patient specific orders placed. Work is on-going to refine the process with the aim to further reduce the number of doses being ordered for specific patients, acknowledging there will always be some drugs and doses for which procurement of stock products is not achievable.

**References**

- NHS England Chemotherapy dose banding
- Transforming NHS pharmacy aseptic services in England – Lord Carter of Coles Autumn 2020