

Building Aseptic Resilience in Region without an Aseptic Hub

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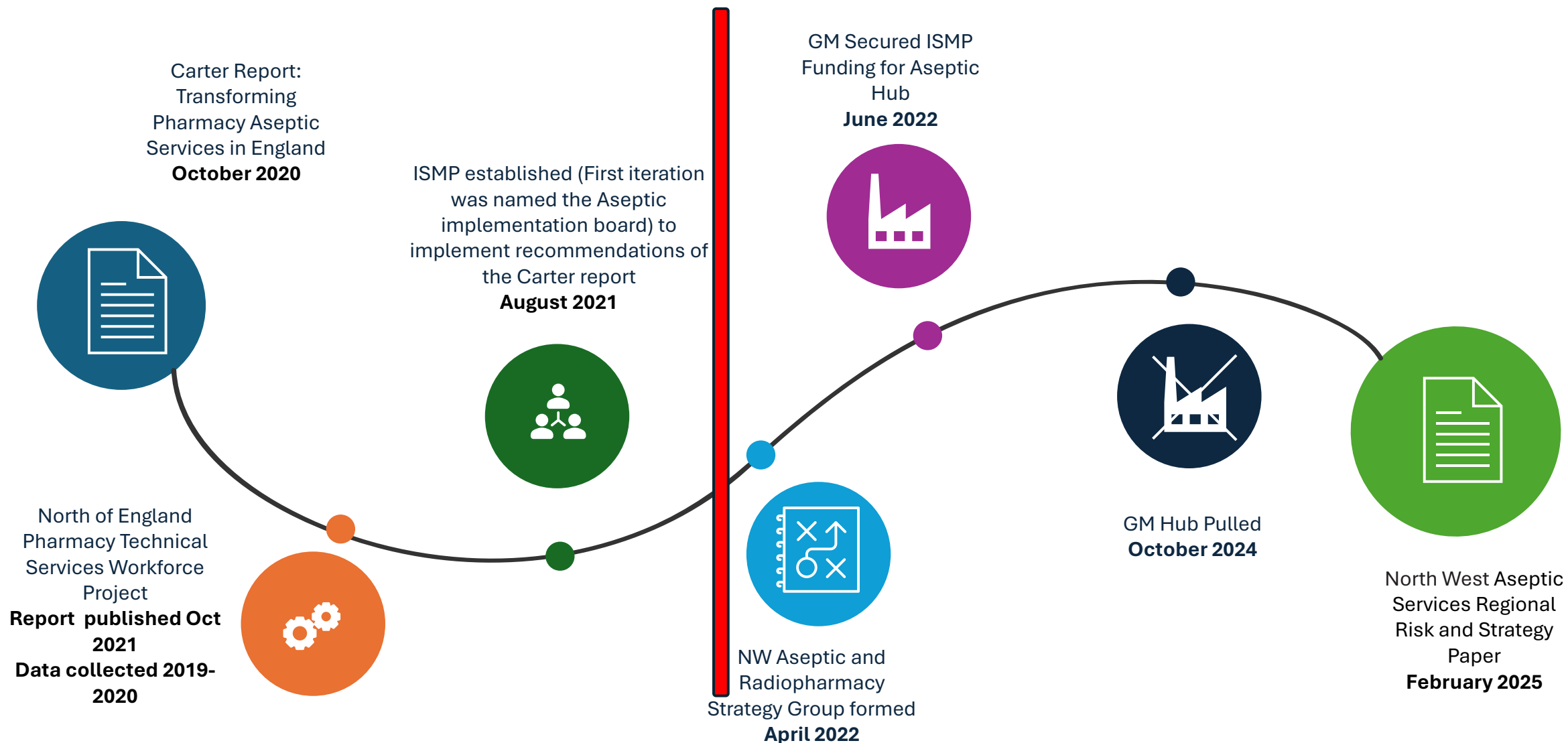
NW Workforce

Covid
2020

SMP

Carter

The Journey So Far.....



NW Aseptic and Radiopharmacy Strategy Group

- Purpose- to address current and future demand and capacity issues for aseptically prepared products across the North West.
- Membership- Chiefs & Aseptic leads from the 3 ICSs, SPS QA, Radiopharmacy, HEE, Regional procurement.
- In the context of national recommendations, transformation of NHS aseptic services and NHS radiopharmacy services are essential to build capacity, capability and efficiencies within the system.
- Strong NW collaboration is required across the 3 integrated care systems (ICSs) with particular focus on 4 key areas (**4Ps!**);
 - **People** (workforce recruitment/retention and training)
 - **Products** (current and future demand for sterile products)
 - **Place** (current and future aseptic estates)
 - **Partnerships** (ICSs and commercial)
- The group will provide strategic transformational oversight to, and collaborate closely with, 3 other NW aseptic groups;
 - NW Aseptic Services Group
 - NW Outsourced Aseptic Services Oversight Group
 - NW Radiopharmacy Services Group

Challenges to Progress- Barriers, Pressures and Moving Parts

- Evolution of ICBs
- Money access/availability
- Time
- Trusts own internal pressures
- NHSE- Hub & spoke. Access to funding. Future intentions.
- NHSE- ISMP workstreams

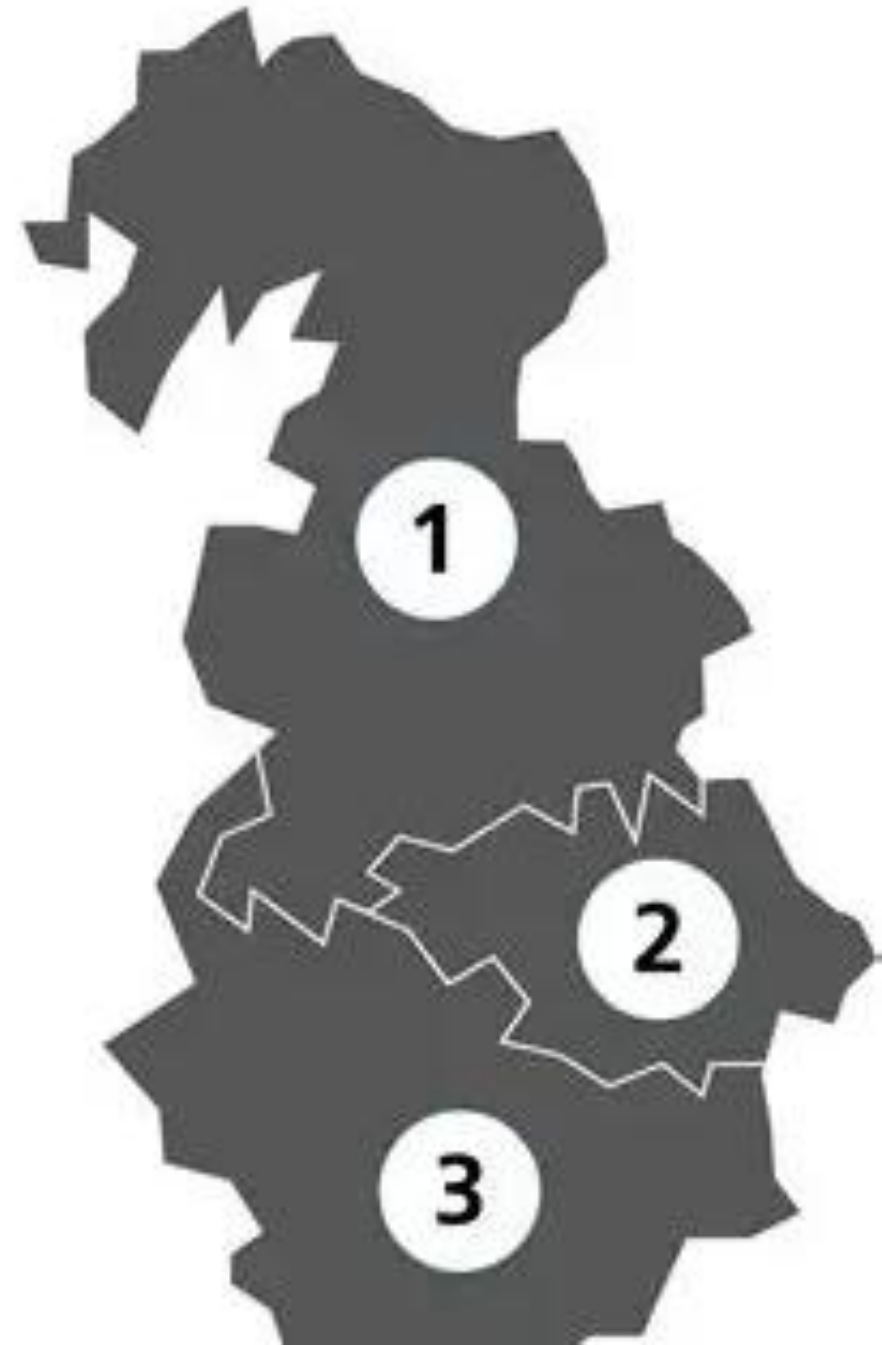


The 4Ps!

- Strong NW collaboration is required across the 3 integrated care systems (ICSs) with particular focus on 4 key areas (**4Ps!**);
- **Place** (current and future aseptic estates)
- **People** (workforce recruitment/retention and training)
- **Products** (current and future demand for sterile products)
- **Partnerships** (ICSs and commercial)

1. Lancashire and South Cumbria
2. Greater Manchester
3. Cheshire and Merseyside

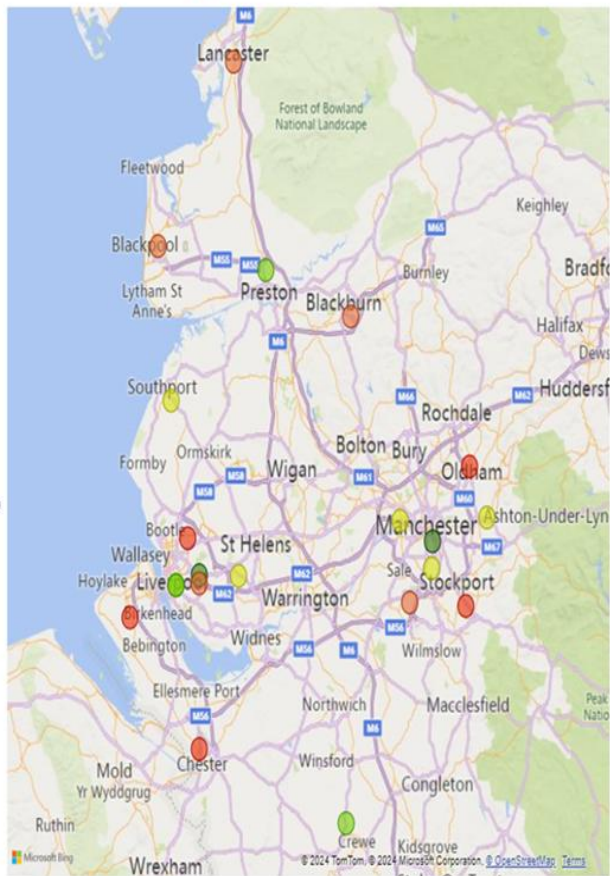
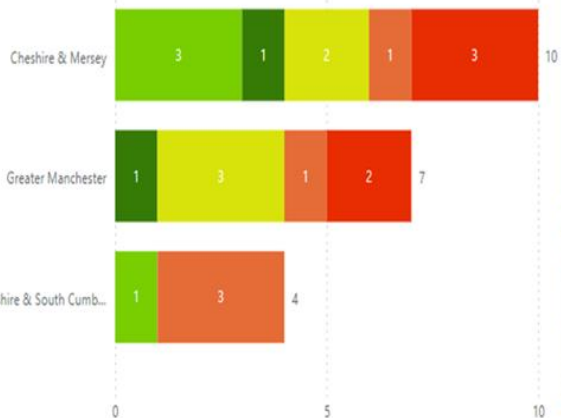
**Current
situation in
the NW.....**



Place (Estate)

Facility Overview - Age

Age of Facility ● 0-5 years ● 6-10 years ● 11-15 years ● 16-20 years ● 20+ years



North West Overview

Section 10 MS Licence and Section 10 MS Licence Inactive

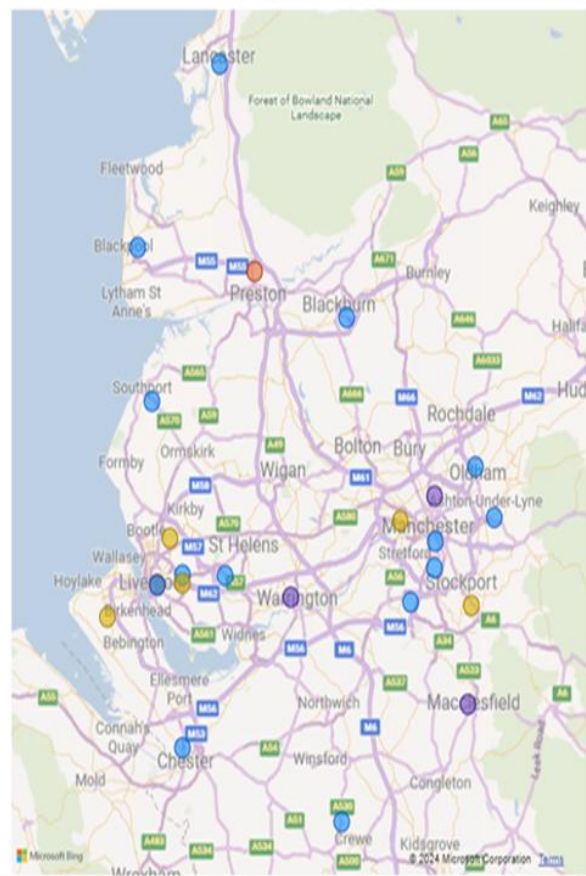
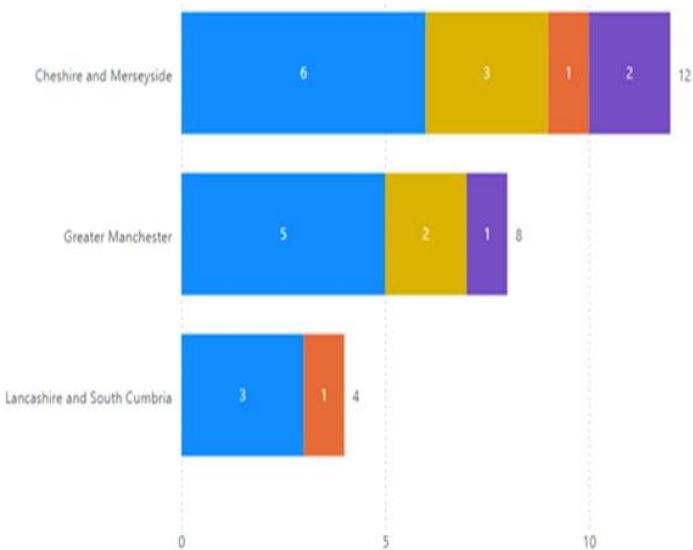
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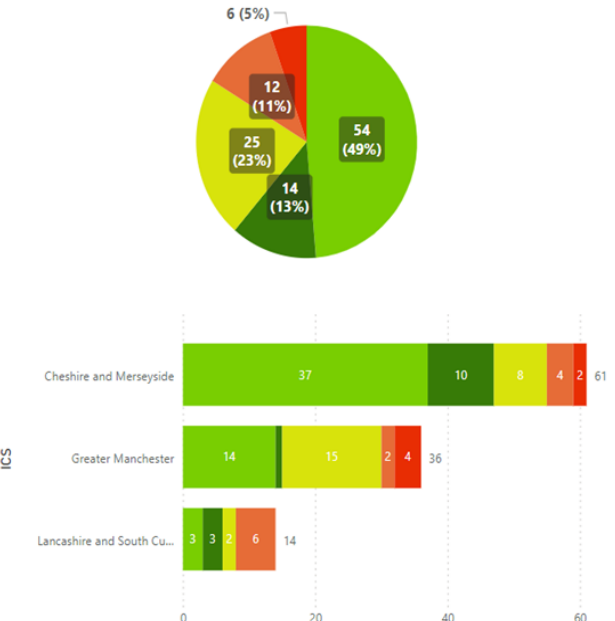
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Regulatory Framework ● Section 10 ● MS license and Section 10 ● MS license ● Inactive



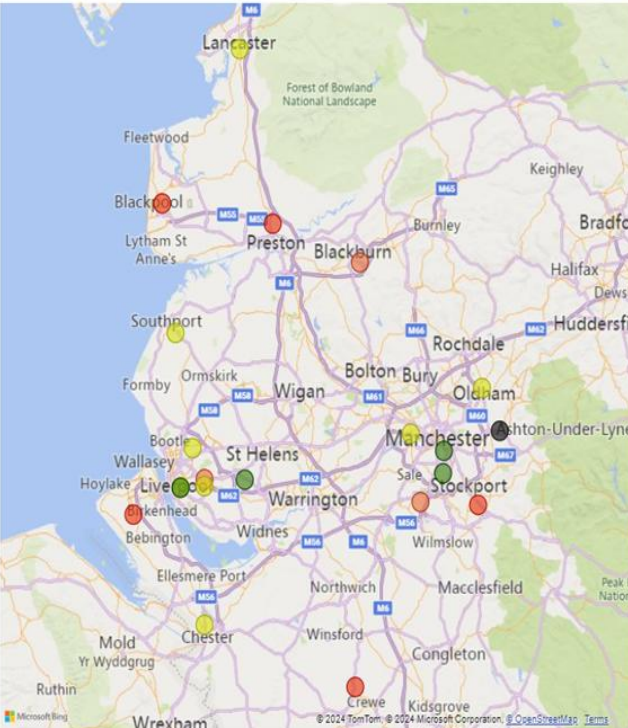
Clean Air Device Overview - Age

Age of CAD ● 0-4 years ● 5-9 years ● 10-14 years ● 15-19 years ● 20+ years



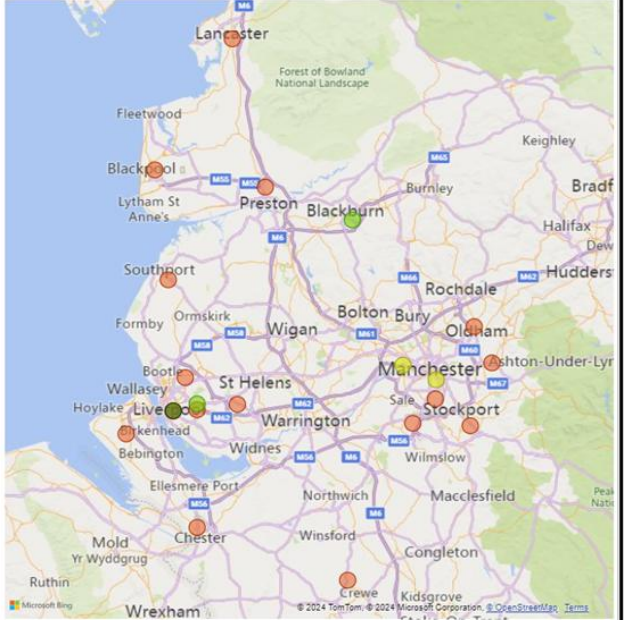
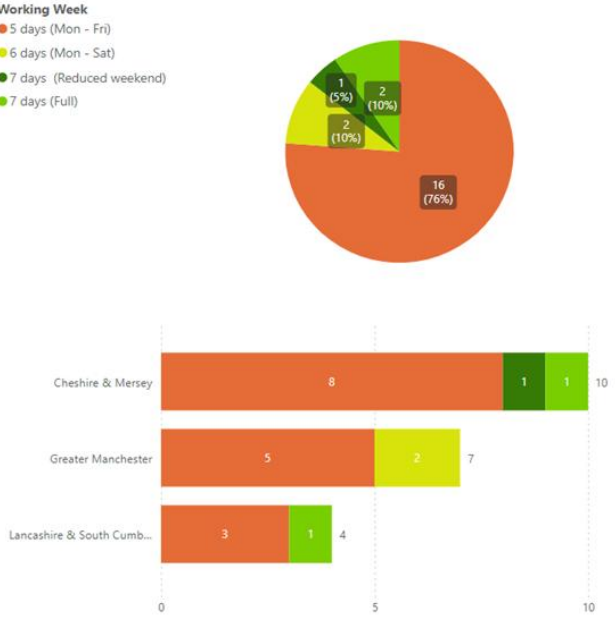
Clean Air Device - Available Capacity

Available CAD Capacity ● 0 ● 0.5 to 1 day ● 2 - 5 days ● 6 to 10 days



Operating Hours

Working Week ● 5 days (Mon - Fri) ● 6 days (Mon - Sat) ● 7 days (Reduced weekend) ● 7 days (Full)



Places

Aseptic Facility Overview



21 aseptic facilities (operational)



10 Cheshire and Mersey



Population 2.7m



7 Greater Manchester



Population 2.8m



4 Lancashire and South Cumbria



Population 1.8m

Clean Air Device Overview



111 Clean Air Devices



61 Cheshire and Mersey



Population 2.7m



36 Greater Manchester



Population 2.8m



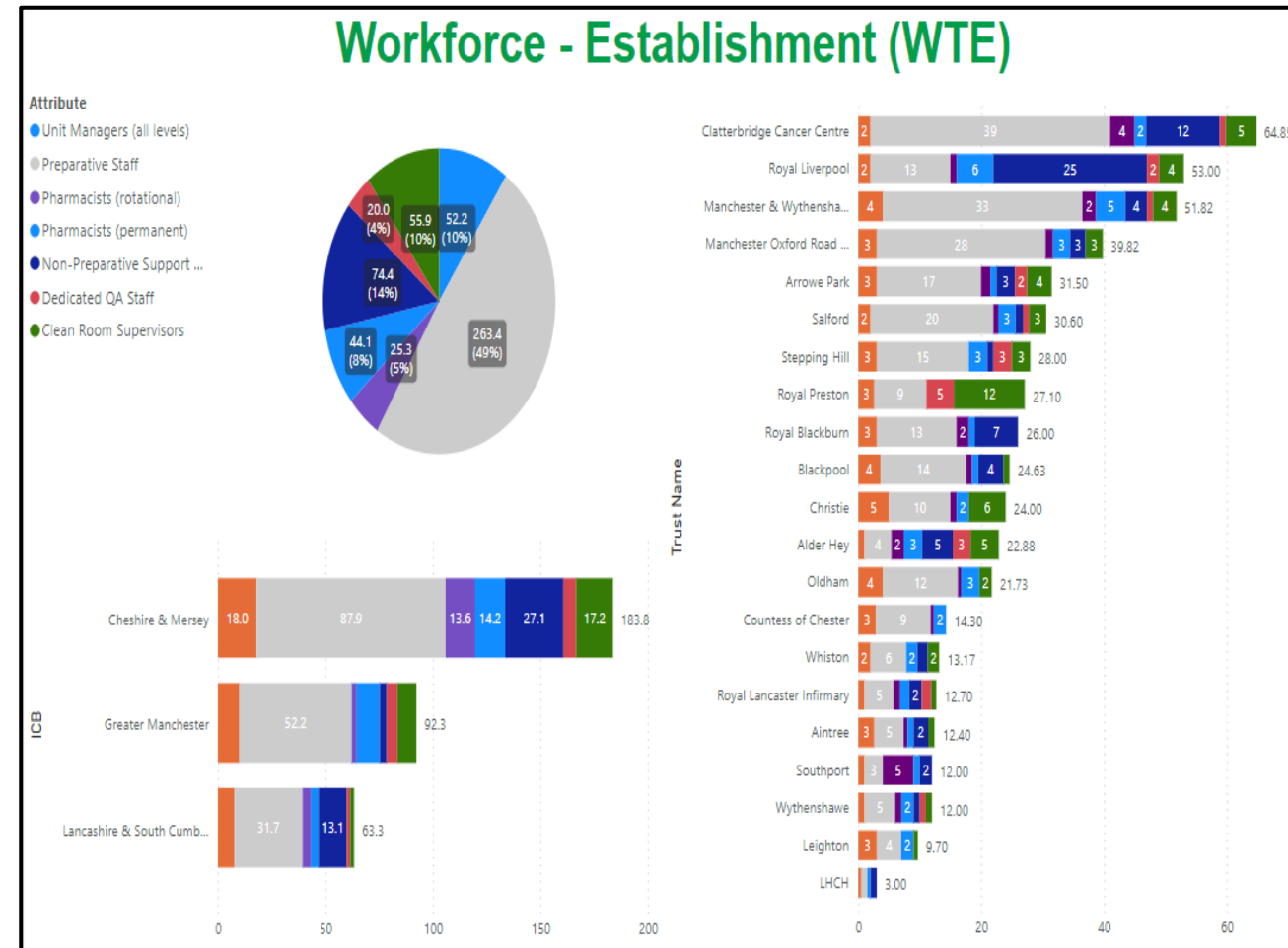
14 Lancashire and South Cumbria



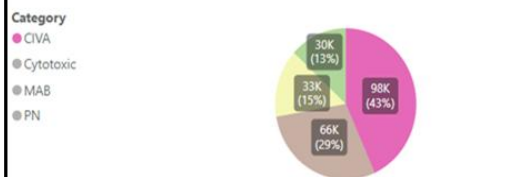
Population 1.8m

People

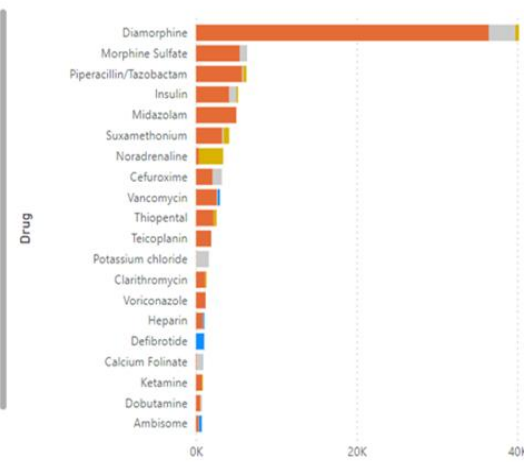
- Significant variation
 - 20% vacancy (90 WTE)
 - R&R issues;
- Specialty area
- Lack of career pathway
- Little Succession planning for seniors
- Candidate pool shrinking
- Lack of capacity and capability for training focus



Product Overview - CIVA

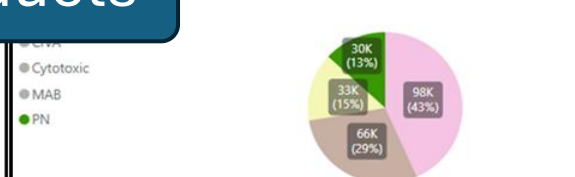


Trust Name	MS Licence	Outsourced (Commercial)	Outsourced (NHS)	S10	Total
Royal Liverpool	38826				38826
Arrowe Park	21010		148		21158
Stepping Hill	8543		141		8684
Aintree	7614		123		7737
Salford	780	1550	1864	66	4260
Oldham		820	2986	445	4251
Royal Preston	1305	1120			2425
Countess of Chester		1758	150		1908
Liverpool Women's Hospital		1873			1873
Royal Blackburn		1351	20		1371
LHCH	1190		24		1214
Tameside		663	532	3	1198
Manchester & Wythenshawe			1122		1122
Leighton		624			624
Clatterbridge Cancer Centre			245		245
NWAS (NWAA)		60	150		210
Christie		162			162
Whiston			156		156
Royal Bolton Hospital		111			111
Blackpool		29	68		97
Total	79268	10121	5532	2812	97733

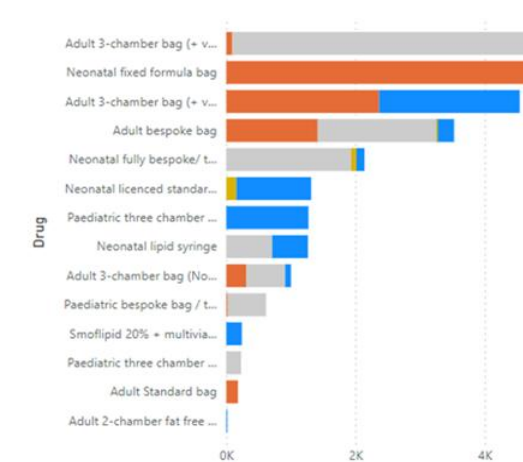


Products

Product Overview - PN



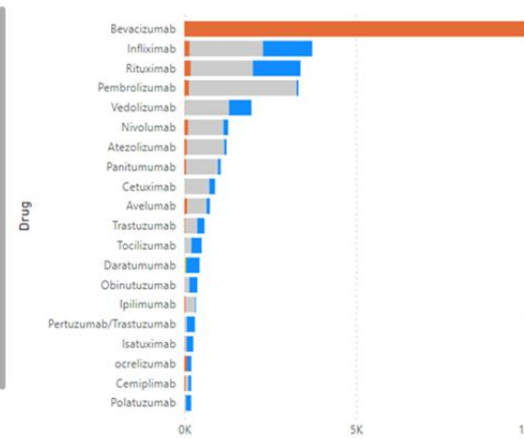
Trust Name	MS Licence	Outsourced (Commercial)	Outsourced (NHS)	S10	Total
Royal Liverpool	8702				8702
Manchester & Wythenshawe		2544	1732		4276
Salford		2069	927		2996
Alder Hey		2165	669		2834
Royal Blackburn		1587	153		1740
Royal Preston	477	1092			1569
Arrowe Park			312	1133	1445
Oldham		827		443	1270
Blackpool		453		551	1004
Aintree			772		772
Whiston		204		457	661
Countess of Chester		15		495	510
Royal Lancaster Infirmary		408		98	506
Tameside		74		350	424
Royal Bolton Hospital		414			414
Macclesfield		173			173
Southport		5		166	171
Leighton			105		105
Stepping Hill		57		29	86
LHCH				41	41
Total	9179	12087	417	8016	29699



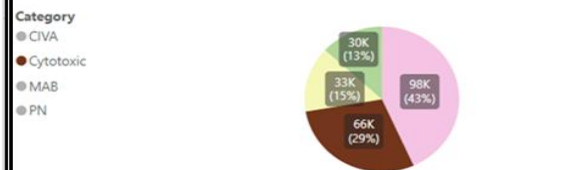
Product Overview - MAB



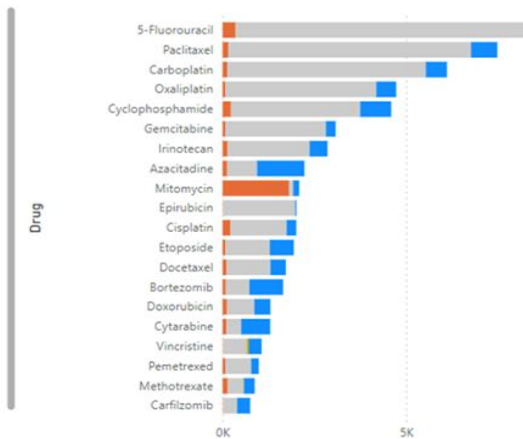
Trust Name	MS Licence	Outsourced (Commercial)	Outsourced (NHS)	S10	Total
Royal Liverpool	10014				10014
Clatterbridge Cancer Centre		4497	599		5096
Leighton		3005	2		3007
Christie		2521			2521
Royal Blackburn		695	1355		2050
Royal Preston	979	618	120		1717
Blackpool		1052	635		1687
Royal Lancaster Infirmary		543	507		1050
Whiston		360	628		988
Salford		516	329		845
Manchester & Wythenshawe		421	102		523
Alder Hey			395		395
Stepping Hill	33	45			381
Arrowe Park	50		325		375
Countess of Chester		371			371
Oldham			27	344	371
Tameside			357		357
Southport			332		332
Royal Bolton Hospital		249			249
Aintree			215		215
Total	11076	14845	149	6797	32867



Product Overview - Cytotoxics



Trust Name	MS Licence	Outsourced (Commercial)	Outsourced (NHS)	S10	Total
Christie		21352			21352
Clatterbridge Cancer Centre		15272	2420		17692
Royal Blackburn		1081	2998		4079
Royal Preston	2072	1491			3563
Manchester & Wythenshawe		558	2731		3289
Leighton		2974			2974
Royal Lancaster Infirmary		1752	852		2604
Blackpool		986	1591		2577
Royal Liverpool	2161				2161
Royal Bolton Hospital		822			822
Arrowe Park	178			619	797
Salford		219		307	526
Alder Hey			519		519
WWL		439			439
Southport			425		425
Whiston		55		344	399
Stepping Hill		82		315	397
Oldham			55	320	375
Countess of Chester		29		278	307
Aintree	40			88	128
Total	4451	47153	73	13807	65484



Products

Product Volume

3-month period



226,000 doses



90,000 Outsourced



104,000 MS Licence



31,500 Section 10

12-month period (Projected figures)



904,000 doses



360,000 Outsourced



416,000 MS Licence



126,000 Section 10

Product type (excluding PN)



194 molecules



2602 presentations



14 molecules greater than 50 presentations



5-FU – 165 presentations (50 doses, 36 volumes, 2 diluent, 10 containers)



Carboplatin – 62 presentations, 21 ISMB band, 41 variations

Partnerships

As part of the work on place, people and products, stronger collaboration between Trusts across the NW will be required. The NW already has well established pharmacy groups (NW Directors of Pharmacy, NW aseptic service managers, NW aseptic strategy group) within which to shape technical services transformation. Stronger partnerships need to be developed with commercial suppliers to truly optimise NW demand and capacity to meet the needs of patients. Furthermore, wide stakeholder engagement and support is needed across NW ICBs, clinical teams, finance and logistics to realise a NW solution to the problem.

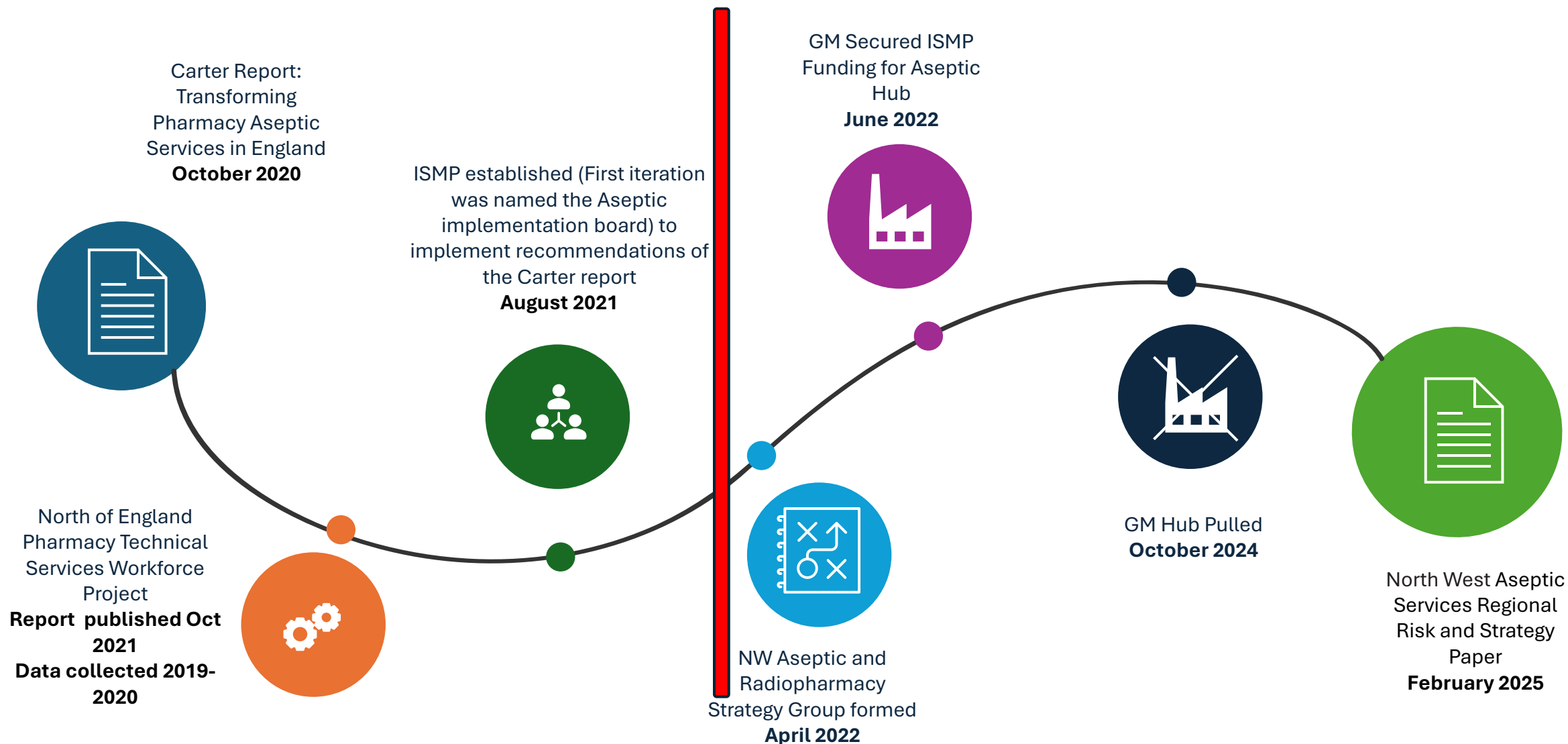
2 big NW aseptic surveys completed

- Challenge- aseptic apathy?
- What next?
- *to address current and future demand and capacity issues for aseptically prepared products across the North West by building capacity, capability and efficiencies within the system.*
- *Reframed Hub and Spoke concept*

The way to get started
is to quit talking and
begin doing.

Walt Disney

The Journey So Far.....





Covered;

- Underpinning key reports
- Why need sterile products and who for
- Growing demand/lack of capacity/capability threat
- 4Ps survey data
- ***This is a healthcare risk, not a pharmacy service risk. Failure to invest will lead to an inability to treat.***

GOV.UK

Home > Health and social care > Medicines, medical devices > Pharmacy > Transforming NHS pharmacy aseptic services in England

Department of Health & Social Care

Guidance

Transforming NHS pharmacy aseptic services in England

Published 29 October 2020

Applies to England

Contents

A national report for the Department of Health and Social Care by Lord Carter of Coles.

NHS Medicines Manufacturing Review (NMMR21)

March 2022 (Commercial/confidential data removed)

NHS England and NHS Improvement

People Considerations

Considerations

- Develop NW workforce strategy for aseptic staff, including recruitment & retention, training, career development and succession planning.
- Creating centralised teams to ensure consistent, high-quality training across the NW.
- Implementing standard procedures and processes for training
- Create a NW training repository. Document and video record training processes to prevent knowledge loss. Standardise and centralise training materials for easy access.
- Utilizing technology such as VR for innovative training methods
- Standardised JDs
- Seeking centralised funding and investment to support trainers, develop training programmes and infrastructure.
- Building relationships with universities and colleges. Collaborate with pharmacy schools and other educational bodies to integrate technical services training in relevant courses.
- Ensuring staff are given adequate time and resources to undertake

24/09/2025

- Key improvements;

Standardisation –

NW training document ratification process
(design and approval of training materials)
Digital platforms (learning hub, ET network)
Training gap analysis

Collaboration-

NW Tech Service training group

Development- Tech Services Educator
Training vourse

Mission Statement:

"Standardisation of training pathways, training resources and career development opportunities in technical services (aseptic)"

NHS England North West Technical Services Regional Facilitator Project

Caroline Reid, Sonia Shaw, Jessica Taylor

Introduction

In March 2024 NHS England North West (NW) commissioned a pilot to support and develop the training and education within Pharmacy Technical Services. 3 posts were created to support the 3 ICBs in the region. The project began by analysing the North of England Pharmacy Technical Services (PTS) Workforce Project Report, 2019¹, NHS England North West Clinical Fellowship Project 2023² findings and discussing with regional and service leads what needs were priority. The key areas identified for the project to focus on can be seen in figure 1.

North West Standardisation of Guidance Documents

A process for the development, ratification, storage, management and distribution of standardised guidance documents for Technical Services in the NW has been written and is due to be piloted in November 2024. The governance structure for process, including specific technical services knowledge and expertise, is NW PTSTG and NW Aseptic Services Managers Group, with oversight from the NW Chief Pharmacist Group and NW Aseptic Strategy Group. A basic process flow can be seen in figure 2.

Digital Platforms

NHS Learning Hub - The Pharmacy Technical Services Training catalogue has been maintained and updated through this project, collating course details from NHS resources, TSET, industry and more, in a single reference point. FutureNHS - Pharmacy Technical Services Training North West platform facilitates communication, chat and support and has given another platform for improving the E&T network across the NW.

North West Pharmacy Technical Services Training Group (NW PTSTG)

NW PTSTG has been formed, launched and successfully embedded into business as usual as part of this project. The group has representation from NHS Trusts delivering an Aseptic Service in the NW, NHS England NW and SPS NW. The regional facilitators chair the meetings monthly, organising guest speakers, providing a forum for E&T staff to discuss problems and share good practice, and look at regional developments with an input from all 3 ICBS. The group welcomes members from all staff groups, especially those delivering training. It is not a strategic level group, it's focus is improving 'day to day training'. The aims of the group are to:

SHARE INFORMATION – COLLABORATE – SUPPORT – NETWORK – PROBLEM SOLVE

Technical Services Train the Trainer Course

The skills required to train in technical services are specialised in order to comply with the environment, behaviours and requirements of the services we work in. A dedicated training course is currently being developed that will guide trainers in how to plan, deliver and manage training, possible trouble shooting options for difficult situations, and help to build trainer networks for future support. The course will also provide training tools and aids to support staff. and will be launched in 2025.

Bulletin

The project has delivered a monthly bulletin to improve communication across the region, covering updates about project work, any key information from other workstreams, upcoming training courses and sends links about input and feedback on developments. There are 185 recipients to date and feedback has been received about how useful a communication tool the bulletin has become. Figure 3 shows the September 2024 Bulletin.

Collaboration

The project has successfully improved the North West representation across the country, collaborating with the ISM working groups, London Regional Facilitator, Midlands Technical Services Working Group and NHS England NE&Y.

Conclusion

The project has demonstrated the benefit of technical services specific regional facilitator roles; the work that has been accomplished in a short time frame has been extremely beneficial and has resulted in an extension to the project for a further 6 months. There has been interest from other regions in replicating these roles, following discussions about the project and benefits brought for the NW.

Figure 2. Regional Standardisation of Guidance Documents Process Flow

References

1. Price L, Jackson M, Rieby G, Welsh S. Northern Pharmacy Technical Services Workforce Project Report. Specialist Pharmacy Service [Internet]. 2021. Available from: <https://www.sps.nhs.uk/articles/northern-pharmacy-technical-services-workforce-project-report>

2. Reid, C. Clinical Fellowship Project 2023. NHS England North West. Unpublished.

Contact Details

Caroline Reid@nhs.uk; Sonia Shaw@nhs.uk; Jessica Taylor@nhs.uk

Place Considerations

Considerations

- No spoke unit must be allowed to fail. Any decision to decommission a unit must be a strategic one informed by an assessment of demand and capacity across all 3 ICSs.
- Compile details on each unit's specific estate risks and repair costs. Risk stratify to prioritise NW case of need informed by an assessment of demand and capacity across all 3 ICSs. Develop standard business case template for local section 10 units (spoke)
- Compile details on each unit's specific equipment risks and replacement costs. Risk stratify to prioritise NW case of need informed by an assessment of demand and capacity across all 3 ICSs.
- As part of NW product demand/supply and unit capacity analysis, optimisation of units output (including utilisation of MS licenses, attaining new MS licenses, maintaining existing MS licenses, extended operating hours, review of products made/sold to other Trusts) and costs/resources therein.
- As part of NW product demand/supply and unit capacity analysis, review need for the 3 hibernating facilities to become operational and costs/resources therein.
- Within all this resilience work, ensure capacity inbuilt to absorb likely future activity rises.

Product Considerations

Considerations

- How do we standardise variation in dose/ volume/ container to increase efficiencies?
 - Uptake of licensed neonatal product
 - Standard specifications
 - Aseptic formulary
 - Medusa (primary injectables information source used by nursing staff on wards)
 - Influence prescribers.
- Assessment of system drug costs due to change in sourcing

Current work

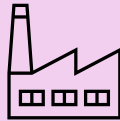
- Review of top 10 products per category (CIVAs, MABs, Chemotherapy)
- Identify products suitable for standardisation and production at scale
- Identify unwarranted variation



Where should products be prepared?

Large scale manufacturing – batch units

- Planned work (make for stock)
- High volume of products made to standard specifications
- Products have long shelf life
- MS Specials (batch production)
- Products cheaper to produce – economies of scale



Local facilities (spokes)

- Responsive
- Patient specific doses
- Products have short shelf life
- MS Specials or Section 10
- Products more expensive to produce



Criteria for batch units

- MS Licence
- Facility (or area of facility) designated to prepare high volume standard specification products
- Ability to distribute products around region
- Doesn't need a new bespoke facility
- Resilience from several hubs

Criteria for local facilities (spokes)

- Ability to prepare patient specific doses with quick turnaround times (within 24 hours if needed)
- Ability to prepare clinical trials
- Some units to have ability to prepare ATMPs

Where do we need batch units?

- Location anywhere in NW region
- No limit to the number



Where do we need local facilities (spokes)?

- All hospitals receiving patient specific aseptic products require access to a spoke unit



Criteria for batch unit products

- Expiry \geq 28 days
- Agreed standard specification
- Demand is at least 5,000 doses per annum



Criteria for local unit products

- Expiry \leq 28 days
- Variable doses and presentation
- Demand is less than 5,000 doses per annum



Partnerships Considerations

Considerations

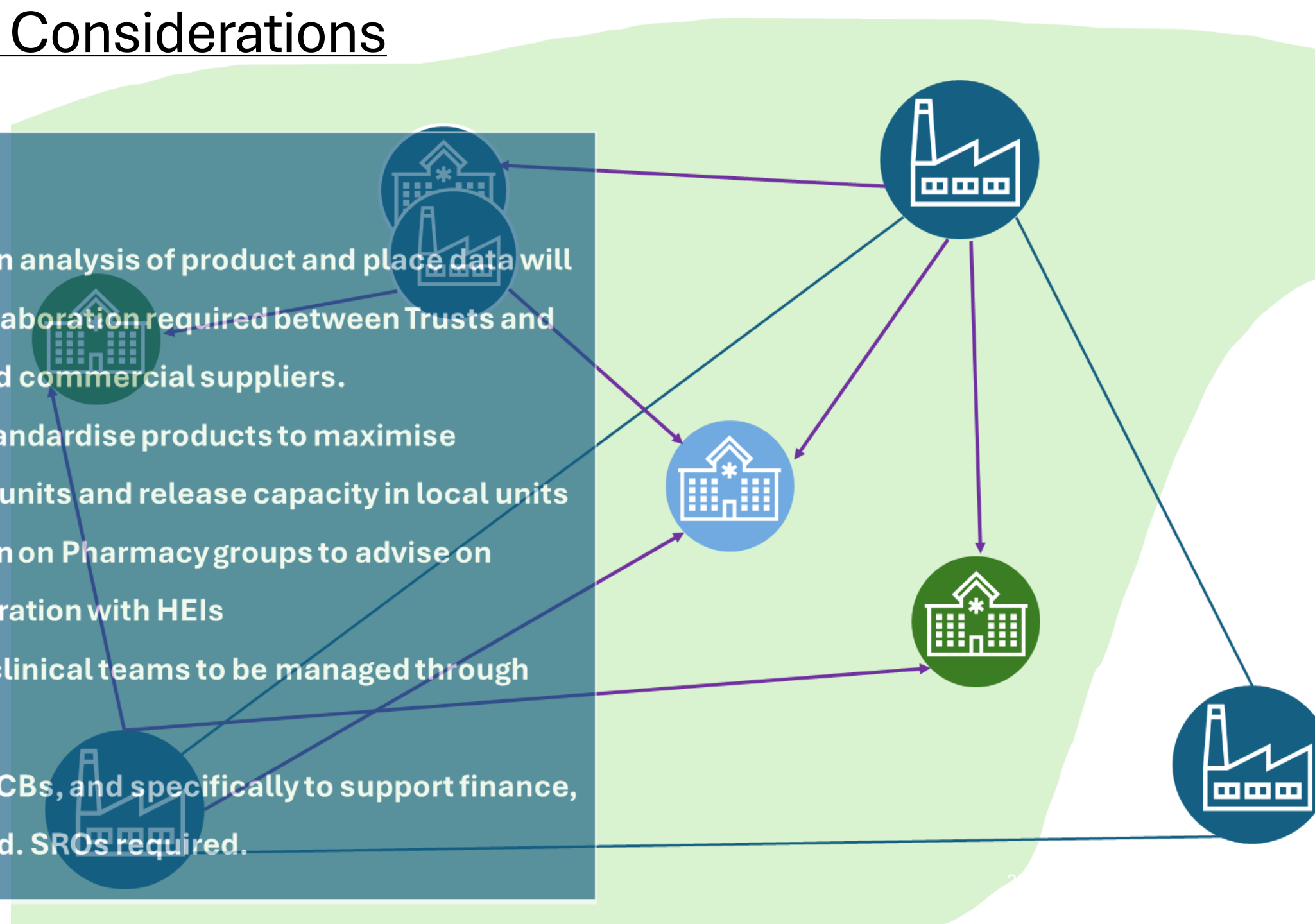
- Further progress on analysis of product and place data will inform level of collaboration required between Trusts and commercial suppliers.
- Rationalise and standardise products to maximise productivity of MS units and release capacity in local units
- HEE representation on Pharmacy groups to advise on necessary collaboration with HEIs
- Engagement with clinical teams to be managed through pharmacy groups
- Engagement with ICBs, and specifically to support finance, needs to be defined. SROs required.

The diagram illustrates a network of stakeholders and their interactions. It features several circular icons: a factory (representing commercial suppliers), a hospital (representing HEIs), and a pharmacy (representing pharmacy groups). Arrows indicate the flow of collaboration or information between these entities. A central node, a factory icon, is connected to multiple other nodes, including a hospital icon, a pharmacy icon, and another factory icon. This central node also has a self-loop arrow. The background is a light green map of the United Kingdom.

24/09/2025

Considerations

- Further progress on analysis of product and place data will inform level of collaboration required between Trusts and between Trusts and commercial suppliers.
- Rationalise and standardise products to maximise productivity of MS units and release capacity in local units
- HEE representation on Pharmacy groups to advise on necessary collaboration with HEIs
- Engagement with clinical teams to be managed through pharmacy groups
- Engagement with ICBs, and specifically to support finance, needs to be defined. SROs required.



Next Steps

- ICBs and relevant senior regional stakeholders to be appraised of the contents of this paper.
- Resources and investment needed for both capital and revenue in order to manage identified risks.
- Single Regional Pharmacy Aseptic Strategy
- PM support
- NW pharmacy groups to continue to work up details on demand, capacity and capability to optimise NW aseptic services
- NW pharmacy groups to work up assessment and risk stratification of aseptic units capital and revenue investment requirements.
- Develop NW workforce strategy for aseptic staff, including recruitment & retention, training, career development and succession planning

Challenges

- Units immediate risks and requirements
- Co-ordination & Collaboration within and Across 3 ICSs
- Money/Business Cases
- Time and capacity to progress programme at pace

Developing a resilient aseptic supply model without a hub

.....Questions?.....and also
any Answers you might have!

