



The Global Language of Business

Demonstrating success in healthcare

What it means to be a demonstrator site

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Background

Leeds Teaching Hospitals NHS Trust is the third largest Trust in England, treating 1.5 million patients a year across 7 sites and in 35 out of 42 specialities determined by NHS England.

For Leeds, what is key about barcodes is the data which sits behind them. For example, after doing a recent stock check in Leeds's orthopaedics department, they discovered that there were 5 different barcodes being used on the same product. You can't expect someone in theatre to find the right barcode and scan it, so the result is that a product gets used, it doesn't get scanned, and it doesn't get replenished.

Implementing GS1 standards is not just a procurement or finance project for them. It's about transformation and organisational turnaround. For this to succeed, the top of the organisation needs to be engaged. It is key that they understand what the benefits are and what they can do for efficiency in the NHS. And the 8,000 staff that come into contact with this project also need to be engaged. Communication is key to becoming a successful demonstrator site.

“Being a demonstrator site is not about getting funded and spending the money on new procurement inventory systems – it is about investing in people.”

The GS1 and PEPPOL adoption journey

The GS1 and PEPPOL adoption journey at Leeds is based on 6 pillars:

1. Location identification

Since 2009, the Trust has allocated unique GS1 Global Location Numbers (GLNs) to all receiving entities, mapping over 25,000 GLNs to locations across the Trust. The primary objective in doing this was to build a single electronic repository of GLN-driven location identification for each room and area within the Trust, which is then publishable to a national database.

2. Catalogue management

In the absence of a national Product Information Manager, Leeds has been collaborating with other Trusts to obtain and share product data from suppliers and distributors, utilising the Nexus Catalogue Management solution. The Trust is working with pharmacy to understand any variances, as well as learning from the experience of stakeholders in the US and Europe. The goal here is to build a single electronic catalogue of products and services (holding attributes identified by the Department of Health) linked to contracting information identification.

3. Patient identification

The Trust has been sourcing wristbands that are GS1 compliant and is planning to roll-out point of care scanning for clinical staff- enabling positive patient identification and scanned information to be stored in the relevant systems.

4. Inventory management

The Trust is currently reviewing all policies and processes related to inventory management. Actions include upgrading systems and learning lessons from implementations in the US, working with each inventory area to understand variances. They are also mapping

PEPPOL access point usage across the organisation. The goal is to obtain a Trust-wide inventory average holding of less than 3 weeks cover, and batch or serial number tracking of 50% of relevant products to the patient record.

5. Purchase-to-pay

As with inventory management, the Trust is currently reviewing all policies and processes related to purchase to pay. Here, they're working with each procuring area to understand variances and mapping of PEPPOL access point usage across the organisation. The primary objective is to have 60% of the organisations' purchase orders and invoices exchanged via PEPPOL access points.

6. Product recall

The Trust is reviewing all policies and processes related to product recall by working with each clinical area to understand variances. By doing this, the Trust wants to obtain a real time ability to track and trace products.

Conclusion

By implementing GS1 standards the Trust is ensuring patient safety through its ability to identify clinical usage from procedure to patient, on a micro to national level. Additionally, they can release time to care through the automation and simplification of non-clinical tasks, from administration to locating inventory. Finally, GS1 standards enable the Trust to effectively measure and efficiently source goods and services at the optimum cost.

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