



Healthcare
Conference **2022**

17 - 18 March 2022 | QEII Centre, London

National Scan4Safety programmes

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National Scan4Safety programmes

Andrew Smallwood

Head of sourcing, NHS Wales Shared Services Partnership – Procurement Services

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“Creating the Procurement Value Chain for NHS Wales....Aligning and Integrating Services”

Andy Smallwood
Assistant Director of Procurement Services
NHS Wales Shared Services Partnership

18th March 2022



NHS Wales Shared Service Partnership



- Several parallel workstreams sit beneath our Annual and Integrated Medium-Term Plans (IMTP):-
 - Creation of a National Distribution Centre as part of a broader Supply Chain Modernisation programme
 - Introduction of an inventory management solution to underpin Scan for Safety throughout NHS Wales
 - Evolving National Category Strategies to embrace the above

National Distribution Centre

- Significant investment by Welsh Government
- Imperial Park 5, Newport – Opened 2019 – initial focus was Brexit contingency planning – now evolving into NDC
- Invaluable space for managing COVID response
- Added 9,000 pallet spaces to network (previous capacity c3,000)



Logistics Modernisation



- Investment in NHS Wales-wide logistics operations alongside Scan for Safety (S4S) Programme
- S4S will deliver enhanced system wide tracking of serial and batch number information
- Development of a Nationally Stocked Product Range informed by S4S data signals
- S4S enables supply resilience through visibility of stock across NHS Wales (not just warehouses)
- Future opportunity for interfacing with industry for enhanced supply chain visibility and management
- Purchase to Pay opportunities as PEPPOL development evolves with roll-out of S4S



National Category Strategy Refresh



- Realignment of Procurement Services in NHS Wales
- Closer integration between national, frontline and logistics operations
- Category refresh based on e-Class codes
- Sourcing encompasses all the sourcing of specific categories
- Nationally Stocked Product Range driven by National Category
- Supply Chain visibility and tracking of NSPR underpinned by S4S

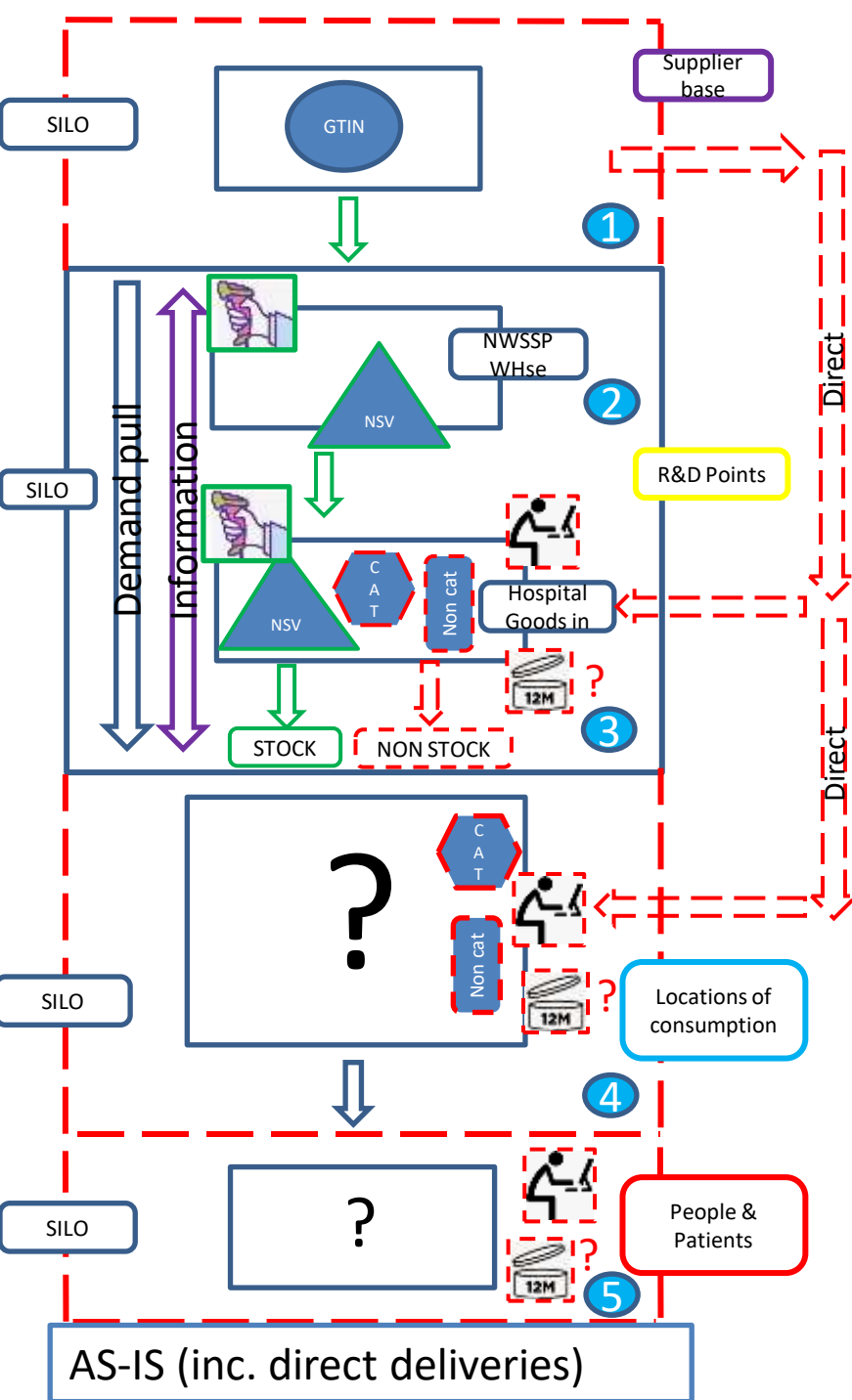
Scan for Safety Wales



- Close links with DHSC in England throughout the S4S pathfinder process since 2016
- Strategic direction of NHS Wales differed from England and allowed for a national collective approach
- Scan for Safety Wales Programme sponsored by Welsh Government's Chief Medical Officer
- Programme Board established Sept 2020 with representatives from Health Organisations
- All Wales membership of GS1 commenced in December 2020
- Full Business Case approval from Minister for Health and Social Services in June 2021
- 5-year investment of £7.3m (inc. VAT) – ROI £10.7m in addition to benefits outlined in later slides
- Inventory Management Solution Partner tender awarded to Omnicell in September 2021




Current flow of products and data



- 1 **Supplier** products shipped to NWSSP or directly to hospital goods in / other downstream location. GLN Required
- 2 **NWSSP Warehouse** receipts stock lines and creates NSV code. GLN Required
- 3 **Hospital goods- in** calls from w/house or direct delivery of cat or non-cat requiring manual input. GLN Required
- 4 Areas of product use/storage **within hospital** , may also take direct deliveries of cat or non-cat.
- 5 Some products/devices eventually linked to **patients** via procedures.


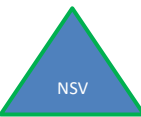





Key message AS-IS:

- Lack of inventory control along supply chain
- Multiple product entry points
- Manual processes e.g. input of batch and expiry
- No end to end visibility
- Multiple identifiers for a single location or unique product
- Need progress from relative chaos to relative control of inventory



GTIN ignored

Key:

	Scanning		Stock NSV code		Non cat non stock		Batch code and expiry date risk
	Manual entry		GS1 GTIN		Non stock catalogue		

Not just new systems
Cultural challenge is as big



AS-IS

TO-BE Phase one

Primary objective:

Right product / right place / right time
We are lacking the basic data, signals and granular detail needed to be able to answer the fundamental questions that underpin this objective.

- How much stock do we have? ●
- Where is the stock? ●
- How long will it last? ●
- Are any locations under or over stocked? ●
- Is all my stock in date? ●
- Where and when was it last used? ●
- Is my inventory level optimal? ●
- Can we meet clinical need? ●
- Any direct deliveries? ●
- Where is the supply risk? ●
- What is my supplier stock? ●

Key message TO-BE:
Progress to increased inventory control.
Accurate timely information.
End to end visibility.
Standard data signals GLN/GTIN.
Increased automation.
Entry points captured.

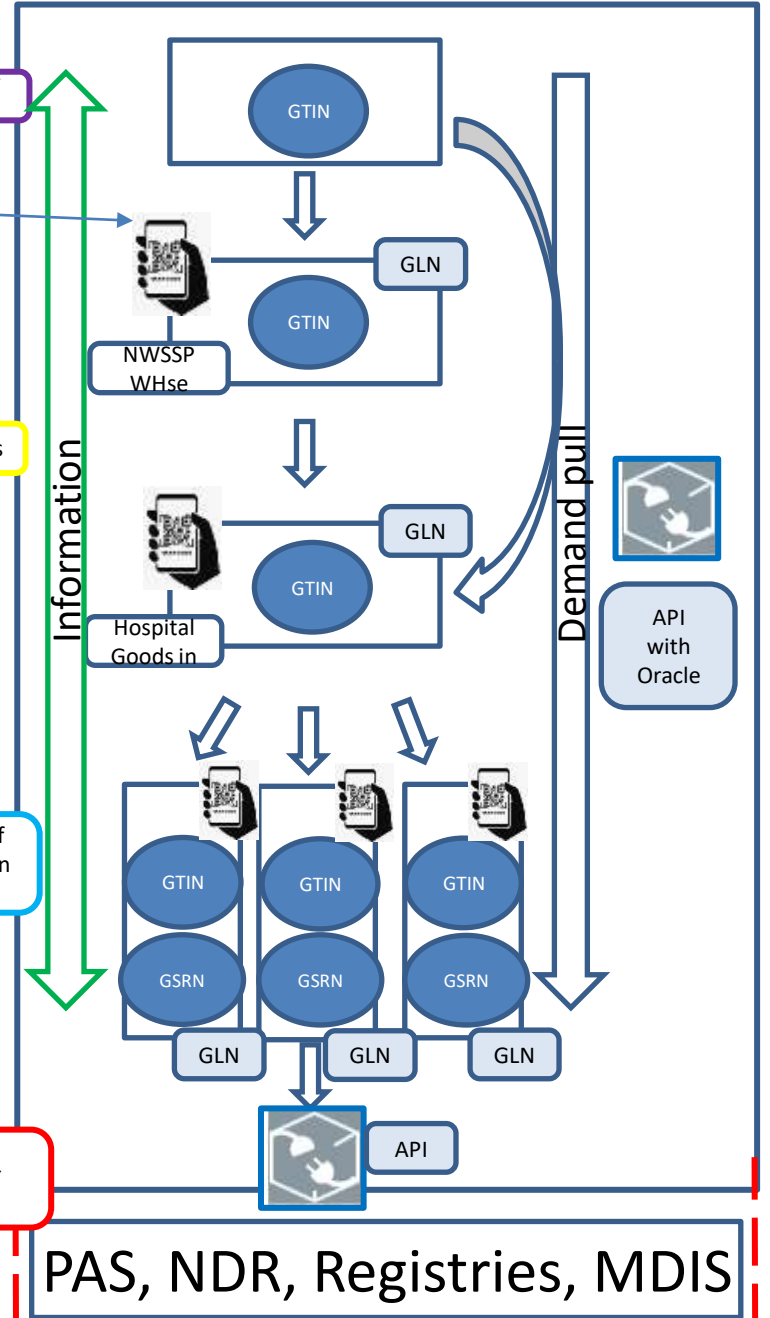


Linear, 2D barcodes, RFID, manual entry

R&D Points

Locations of consumption & waste

People & Patients



PAS, NDR, Registries, MDIS

Expected benefits

A benefit can be defined as “A measurable improvement from a change which one or more stakeholders have identified as being positive and has contributed to the achievement of organisational (including strategic) objectives” Jenner (2014).

Qualitative Clinical Benefits (QCB):

- Improved clinical time to care
- Improved patient safety
- Improved patient outcomes
- Improved response to emergency situations

Quantitative Benefits (QB):

- Improved understanding of clinical demand
- Improved whole system collaboration
- Increased access to info to support clinical decision making
- Reduction in manual admin tasks
- Reduction in time spent looking for products

Cash Releasing Benefits (CRB):

- Reduction in stock write-offs
- Optimised stock holdings
- Reduction in “never events” and litigation costs
- Reduced unit prices with economies of scale

Non-cash Releasing Benefits (NCRB):

- More user friendly and consistent service
- Richness of data
- Reduced carbon footprint



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Shared Services
Partnership

In Conclusion



Value added in Procurement through integration of services, underpinned by data standards – in this approach.....

- National Category Strategies (***Product***)
- Logistics (***Place***)
- S4S (***Process and Patient***)

