

#### 9<sup>th</sup> of January 2023

#### **GS1 UK Response to: The Hewitt review call for evidence**

GS1 UK is a not-for-profit membership body that sets and enables global standards across industry. Our standards are used six billion times per day and form the basis of a global business language that identifies, captures and shares key information on products around the world – with the best known being barcodes and QR codes.

We welcome the opportunity to respond to the Hewitt Review call for evidence, especially in relation to data and transparency. GS1 UK has already helped the NHS progress in this area, however there is still much further to go.

Standards have the power to "join the dots" and help create a fully digital and interoperable health ecosystem in the NHS, saving lives and resources.

In healthcare, GS1 standards enable the globally unique identification of every person, every product and every place. From product barcodes to patient wristbands, our standards have the power to deliver change now and in the future, improving patient safety, increasing efficiency and reducing unwarranted clinical variation. The 2016 Scan4Safety programme – a Department of Health and Social Care initiative that now sits under NHS England – provides evidence of the benefits of using GS1 standards in clinical settings. GS1 standards are also mandated within NHS acute trusts and implementation has been proven to save lives and money.

Scan4Safety programmes are being implemented in some trusts in England, Scotland and Wales with Northern Ireland looking to implement point of care scanning via its transformational Encompass programme, however there is much further the NHS could go in its adoption across all four nations

Outside of the UK, adoption continues to gain momentum as similar initiatives have also since been developed in other countries including Norway, Japan and Ireland among others.

We believe that our experience of implementing standards in the NHS can provide value evidence and trust that you will find our comments below helpful. In addition we would also welcome the opportunity to provide further more detailed evidence to the review in the future.

If you have any additional questions or queries, please contact our head of policy using the details at the end of this document.

Kind regards,

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### **Data and Transparency**

## Do you have any examples, at a neighbourhood, place or system level, of innovative uses of data or digital services?

Yes, GS1 UK has worked with the NHS to highlight the power of interoperable standards through the Scan4Safety<sup>1</sup> initiative. During the first two years, more than 140,000 hours of clinical time were released back into care across the six demonstrator sites. Royal Cornwall Hospitals NHS Trust reported a 76 per cent reduction in prevented-error rates in pharmacy dispensing, and at Leeds Teaching Hospitals NHS Trust, product recall execution time was reduced from 8.33 days to less than 35 minutes. Independently audited accounts from the Department for Health and Social Care also show that Scan4Safety helped save millions of pounds across the six NHS trusts.

<sup>&</sup>lt;sup>1</sup> More details of which, including the report, can be found here <u>https://healthcare.gs1uk.org/scan4safety/</u>



Central support for Scan4Safety was renewed this year. However, despite clear benefits, this programme has currently been adopted by less than half of NHS trusts in England.

Data standards have brought clear and demonstrable benefits in Scan4Safety hospitals, most notably in how they link the people, products and places together through data since they are both system and device agnostic. This helps to provide consistent accurate data, helping to save lives, millions of pounds, and resource that can better be deployed.

# How could the collection of data from ICSs, including ICBs and partner organisations, such as trusts, be streamlined and what collections and standards should be set nationally?

Because of the sheer amount of data collected and the variance of practice that currently exists across ICSs, ICBs and partner organisations, it will be vital that any data collected is standardised, making it interoperable across systems. Otherwise this risks a massive overhaul over current practices and systems, which comes at a significant financial and resource cost.

GS1 standards are both system and device agnostic so are open and fully interoperable. This helps link together diverse and disparate sets of data into a common thread.

The GS1 Global Service Relation Number (GSRN) should be set as the standard national identifier for patients. The GSRN consists of the NHS number linked to a unique number so it is globally unique to prevent any patient misidentification errors. Its use is already included in the NHS Digital standard DCB1077<sup>2</sup> for patient identification, with around half of all NHS acute trusts already compliant. This is critical as patients move between organisations and across multiple services across an ICS. It can also be used to identify staff to capture clinician details at the point of care.

With GS1 standards, products, medical devices, and assets, can also be uniquely identified – products and medical devices using the GS1 Global Trade Item Number

<sup>&</sup>lt;sup>2</sup> Further information on DCB1077 can be found here: https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb1077-aidc-for-patient-identification



(GTIN), and assets using a Global Individual Asset Identifier (GIAI). Any patient encounters, including medications given, or implants or devices used, can be accurately recorded and attributed to the correct patient in the associated record.

Guy's and St Thomas' NHS Foundation Trust is currently working to develop a regional asset management registry to support traceability across London. There is future potential opportunities for a national registry.

Lastly, each encounter can be attributed back to the relevant location e.g. trust, hospital, or department, via the GS1 Global Location Number (GLN), which enables the unique identification of organisations and their physical locations.

Using the standards in tandem enables full interoperability and promotes consistent record keeping across multiple sites and databases<sup>3</sup> with data captured in real time at the point of care

## What standards and support should be provided by national bodies to support effective data use and digital services?

We believe that the use of GS1 standards across the NHS is vital to providing a digital, transparent and more efficient NHS, saving thousands of lives and millions of pounds. We have most clearly seen this through our work with Scan4Safety, and our continued involvement across other NHS trusts and ICSs such as North East London and North Central London.

To support effective data and digital services, national bodies should:

1) Mandate a patient ID standard (specifically NHS E) based on the NHS number (including DCB2077) as opposed to individual Trust Medical Record Numbers (MRN)

2) Encourage the national rollout of Scan4Safety across healthcare organisations to support NHS England's current Scan4Safety programme plans

Firstly, doing so will enable greater traceability and transparency of patient records across regional and national health systems, but will serve to replicate the widespread benefits of Scan4Safety for patients and organisations.

Secondly, standardising the use of GS1 standards to identify people, products, and





places, will also support other NHS strategic programmes such as the NHSE Outcomes and Registries programme<sup>4</sup> and The National Perioperative Data Standard Programme<sup>5</sup>, both introduced in response to The Cumberlege Review<sup>6</sup>.

By capturing the relevant data in a standardised format, in real time, and at the point of care, organisations (namely NHS trusts), can easily collect the required data to meet the requirements for the patient-identifiable database and the national implants register.

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<sup>&</sup>lt;sup>6</sup> Details on The Cumberlege Review (The Independent Medicines and Medical Devices Safety Review) can be found here: https://www.immdsreview.org.uk/downloads/IMMDSReview\_Web.pdf



<sup>&</sup>lt;sup>4</sup> Further information on the NHSE Outcomes and Registries programme can be found here: <u>https://www.gov.uk/government/publications/independent-medicines-and-medical-devices-safety-review-update-report-on-government-implementation/independent-medicines-and-medical-devices-safety-review-update-report-on-government-implementation#the-medical-device-information-system-mdis</u>

<sup>&</sup>lt;sup>5</sup> Further information on The National Perioperative Data Standard Programme can be found here: <u>https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/national-perioperative-data-standard-programme</u>