



Department
of Health &
Social Care



4+ Supplier Adoption

Written by Trusts, for Trusts

A Trust's guide to supplier engagement and
adoption

V1.0

Aligned to Scan4Safety
Implementation Requirements v1.9

SCAN4+ SAFETY

Patient. Product. Place. Process.

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1. Introduction

Scan4Safety is a pioneering initiative, led by the Department of Health and Social Care and developed by NHS trusts, that is improving patient safety, increasing clinical productivity and enabling supply chain efficiency across the NHS. Scan4Safety achieves these aims by driving standardisation across healthcare. Adoption of the initial scope of Scan4Safety by all acute trusts in England will, in itself, generate net efficiency benefits of over £1 billion in seven years.

Scan4Safety is about the adoption of common ways of working across healthcare, supported through two international standards, GS1 and PEPPOL. These enable all organisations involved in healthcare to use standard and proven nomenclature systems for the vital clinical and operational processes that support the delivery of care.

“Scan4Safety is a world first in healthcare – and a vital part of this government’s drive to make the NHS the safest and most transparent healthcare system in the world.”

Jeremy Hunt

Secretary of State for Health and Social Care

The opportunities for Scan4Safety are broad and varied, ultimately covering all areas of healthcare. To make adoption manageable an initial scope was agreed that limited activity to just acute trusts, to the three core enablers (Place, Product and Patient) and to three primary use cases (Inventory Management, Purchase to Pay and Product Recall). In future it is expected that the scope will be expanded to cover all healthcare organisations, other enablers and a far broader set of use cases.

To define the ways of working, validate the benefit to the NHS of adopting initial scope, and to learn the lessons once on behalf of NHS, the Department of Health and Social Care provided funding and support to six acute NHS ‘Scan4Safety Demonstrator sites’.

- Derby Teaching Hospital NHS Foundation Trust;
- The Leeds Teaching Hospital NHS Trust;
- North Tees and Hartlepool NHS Foundation Trust;
- Plymouth Hospitals NHS Trust;
- Royal Cornwall NHS Trust; and,
- Salisbury NHS Foundation Trust.

The Department of Health and Social Care and the Demonstrator sites have worked closely with both medical suppliers and technology service providers to drive the adoption of GS1 and PEPPOL standards upstream within the healthcare supply chain.

Further information on Scan4Safety and its benefits can be found at: www.Scan4Safety.nhs.uk.

2. Background

The six acute NHS Scan4Safety Demonstrator sites worked through adoption of the three primary use cases (Inventory Management, Purchase to Pay and Product Recall) and supporting three core enablers (Place, Product and Patient). In doing so, the sites defined a highly structured approach of phases, milestones and achievements as outlined in the published “Guidance Scan4Safety implementation requirements”.

The Demonstrator sites have worked together to capture and document their experiences and learnings in a set of ‘How To’ guides. These guides provide any NHS trust looking to follow the Scan4Safety approach robust, step-by-step manuals for each area of activity, ensuring a consistent approach is taken and maximum benefit is realised for the NHS.

The suite of Scan4Safety ‘How To’ guides will continue to grow and initially includes:

- Place;
- Product;
- Patient;
- Inventory Management;
- Point of Care (Surgical);
- Purchase-to-pay (NHS trusts);
- Purchase-to-pay (suppliers);
- Product Recall;
- Pharmacy;
- Supplier Adoption;
- Resource and Cost Planning;
- Benefits Planning and Reporting.

3. Who should read this?

This guide is aimed primarily at individuals working within the NHS whose responsibility it is to implement Scan4Safety (the adoption of GS1 and PEPPOL standards) within their organisation as part of the national Department of Health and Social Care Scan4Safety programme.

It is a guide for those organisations who need to actively encourage suppliers to engage and adopt the relevant GS1 and PEPPOL standards within their own organisations and to continue to secure their trade with the NHS.

4. Acronym Decoder

Term	Definition
GS1	GS1
	A not for profit organisation who issue guidance about on the formatting and content of bar codes to provide an industry standard. GS1 UK is part of a global network all implementing the same standards.
GLN	Global Location Number
	A globally uniuq code for the identification of locations and functions
ABHI	Association of British Healthcare Industries
CMS	Catalogue Management System
	A system for the exchange and storage of product and pricing data.
DHSC	Department of Health and Social Care
GDSN	Global Data Synchronisation Network
	A network of standardised and interconnected data pools for the exchange of product catalogue data.
GIAI	Global Individual Asset Identifier
	A globally unique code for the identification of assets and equipment.
GSRN	Global Service Relation Number
	A globally unique code for the identification of people (including patients).
GTIN	Global Trade Item Number
	A globally unique code for the identification of a product or a service.
NHSSC	NHS Supply Chain
PEPPOL	Pan-European Public Procurement Online
	A European set of standards for the transfer of purchasing and payment related documents between buyer and supplier. Started as an EU lead large-scale pilot and now

Term	Definition
	maintained by Open PEPPOL AISBL.
RFID	Radio Frequency Identification
SME	Small/Medium Enterprise
UDI	Unique Device Identification



5. Why adopt suppliers?

5.1 Background

In 2007, the Department of Health and Social Care published “Coding for Success”, which recommended the adoption of GS1 coding standards for patient identification and for manufactured products. Following on from this, the McKinsey report, “Strength in Unity”, published in October 2012 estimated annual recurring cash releasing benefits of £2m per (682-bed) acute trust with one-off costs to implement the necessary changes of approximately £2m. The ISB1077 standard was also published, making the adoption of GS1 coding for patient identification a requirement for all NHS trusts.

The NHS eProcurement Strategy was then published by The Department of Health and Social Care in May 2014. Compliance with the recommendations of the strategy was mandated as a requirement for NHS Trusts through the 2014/15 NHS Standard Contract for provider organisations. Under this requirement, acute trusts were requested to put in place an appropriate, board-approved, adoption plan by the end of June 2015.

In order to validate the findings and recommendations of various national and international reviews the Department of Health and Social Care agreed to support six NHS acute trusts to act as Demonstrator sites and these were successfully chosen in December 2015. These six trusts were provided funding and support to work together to adopt the requisite standards and to develop associated common ways of working in order to become compliant in the use of:

- Place - utilising the GS1 GLN - Global Location Number;
- Product - utilising the GS1 GTIN – Global Trade Item Number;
- Patient -utilising the GS1 GSRN – Global Service Relationship Number; and,
- The adoption of PEPPOL (Pan European Public Procurement On-Line) for document transfer.

5.2 Department of Health and Social Care Approach to Supplier Adoption

The NHS eProcurement Strategy includes all suppliers to the NHS in its scope. In order to manage and prioritise appropriately the Department of Health and Social Care (DHSC) segmented and prioritised the supplier base as follows:

1. Medical and In-Vitro Diagnostic Devices (MIVDD);
2. Medicines;
3. Office & IT;
4. Estates & Facilities; and,
5. Services.

MIVDD and Medicines were prioritised because of the sectors’ importance in relation to patient safety. Work began with MIVDD in 2014 and to a lesser degree with the Medicines industry. In 2017, the DH began engaging more closely with Medicines as well as with Office & IT sector. The remaining sectors are timetabled for early 2018.

The requirements for a successful programme of engagement include a need to be far-reaching and to capture as many stakeholders critical to successful delivery as possible. Additionally, it is recognised that engagement is not limited to a specific period and will be an on-going process. Meeting these requirements poses some challenges for the DH, which is constantly applying learning to continuously improve its engagement with industry.

Trade associations have been invaluable when communicating the benefits of the programme to suppliers. Helpfully, there are active trade associations that represent several of the key priority sectors listed above. As such these have been key channels for communication and engagement.

Central to the approach taken to supplier adoption has been the setting up of a number of online workspaces, which facilitate collaboration, the sharing of questions and ideas and also provides a central repository for all the documentation related to the programme.

The approach to adoption that the DH has taken has focussed on a number of initiatives.

- The DH has produced a suite of documents on how to adopt GS1 and PEPPOL standards. This includes a MIVDD 'Data Dictionary', describing the data attributes required to populate a GDSN datapool; Master Data Exchange Guidance; Statement of Commitment Guidance; a high level Ten Step Guide and FAQ supporting documentation.
- In addition, there is a Supplier Readiness Survey to set a baseline for measuring the adoption of GS1 and PEPPOL standards across the supplier base. There is also a suite of documents supporting assurance requirements and the Self-Declaration scheme. The documentation has been developed with support and input from industry, relevant trade associations, GS1 UK, NHS trusts, the Commercial Medicines Unit (CMU), the Medicines and Healthcare products Regulatory Agency (MHRA) and technology providers to ensure it meets the needs of all stakeholders and has buy-in prior to publication.

After consultation with industry the DH published a Compliance Timeline for MIVDD, which incorporates the key elements of standards adoption for suppliers; data, labelling and purchase-to-pay. In July 2017 the Department of Health and Social Care published a Compliance Timeline for Medicines and other industry Compliance Timelines will follow. These are mandated via the NHS Terms and Conditions of Contract for the Supply of Goods and Provision of Services. Adherence to the Timeline(s) is monitored via the Self-Declaration scheme and audits.

5.3 Which categories have been engaged within the Demonstrator sites?

Medical and Invitro-diagnostic devices

Pharmacy

The demonstrator sites, as well as implementing localised engagement activity, have also worked collaboratively to engage suppliers. For example:

- Joint supplier letters
- Developing an external-facing website containing supplier information
- Delivering a quarterly newsletter – Scan4Safety Healthline – to suppliers.

Examples of these communications can be found in the Appendices.

These are some of the localised approaches taken by the Demonstrator sites:-

See attached Case Studies under Appendix F.

5.4 Current (National and Local) progress with engaging suppliers:

Through the work of the Demonstrator sites and the Department of Health and Social Care, a lot of work has already been undertaken to engage suppliers. You may find that many of your key suppliers are already highly engaged with the programme. Before you embark on any engagement activity locally, it is strongly recommended that you refer to the following sources of information to check if your suppliers are already on their Scan4Safety journey. All of the information below can be found at:

<http://www.scan4safety.nhs.uk>

However, we felt it important that you are aware of the information sources that will be useful to you, in order that you don't overlook anything, as detailed below:

Statement of Commitment – the list of suppliers who have submitted statements can be viewed on the Scan4Safety website. Individual documents can then be viewed on the Department of Health and Social Care eProcurement Supplier Workspace. You will need to request access to the DH Exchange to view this information, please email: <mailto:Scan4Safety@dh.gsi.gov.uk> to request access.

<https://dhexchange.kahootz.com/connect.ti/eProLibrary/view?&objectId=6982672>

The Statement of Commitment letter demonstrates a company's commitment to the programme and how they are progressing with adoption and adherence to the standards.

5.5 GS1 UK

Find out if your suppliers are already GS1 members by contacting the GS1 UK Healthcare team on Freephone 0808 172 8390 or healthcare@gs1uk.org or visit the GS1 UK web site at www.gs1uk.org

5.6 PEPPOL

Ask your suppliers if they have appointed their PEPPOL Access Point and if not guide them to OpenPEPPOL to understand what they need to do to be PEPPOL compliant.

5.7 Demonstrator Sites

Some of the demonstrator sites have hosted supplier events and engaged their suppliers at a local level. The Demonstrator sites have comprehensive list of suppliers they have communicated to which should be accessible through the Department of Health and Social Care Scan4Safety Workspace

Demonstrator site	email
Derby Teaching Hospitals NHS Foundation Trust	DHFT.Scan4Safety@nhs.net
Leeds Teaching Hospitals NHS Trust	Lth.scan4safety@nhs.net
North Tees and Hartlepool NHS Foundation Trust	Scan4safety@nth.nhs.uk
Plymouth Hospitals NHS Trust	Plh-tr.Scan4safety@nhs.net
Royal Cornwall Hospitals NHS Trust	Scan4safety.cornwall@nhs.net
Salisbury NHS Foundation Trust	Scan4Safety@salisbury.nhs.uk

6. How to engage and adopt suppliers

6.1 Recommended Adoption Approach;

Step 1 Objectives

Define your Trust's overall objectives for implementation across the Trust, these could be one of the following;

1. Total percentage of spend.
2. Total percentage of orders
3. Business critical
4. Top 200 key suppliers
5. By key Trust areas/departments
6. By critical products categories

Engage collaboratively with these suppliers to strengthen the mutual relationship. Make sure that you approach the correct person within the business, the email address in most purchasing platforms are of a sales/finance nature to receive orders and will not be the email address to use when engaging for changes such as this. You need decision makers at operational/finance level, as there may be funding to ensure adoption.

Ensure that you use all of the resource available to you to compile the target list, see links to Demonstrator sites, Scan4Safety website, DH Exchange, etc.

Step 2 Roles & Responsibilities

Agree ownership, Roles and Responsibilities, you will need to identify these at inception of your project.

Who in your organisation has the skill set to engage with your open market suppliers? Are they able to engage verbally, written, face to face, or stand up and present the programme to an audience, etc. Is this one person or does your organisation require more than one person to engage suppliers?

Who in Pharmacy will engage their suppliers? This is an entirely different set of suppliers and requires an entirely different approach due to the very nature of Pharmacy having restrictions/limitations around legislation and other compliance requirements outside of the programme that need to be considered.

Step 3 Current state assessment

Review the current status of your supplier base, it may be that you will need to cleanse and rationalise your supplier database, e.g. take out suppliers you have not worked with for years, one off purchases, ad hoc, etc. Then identify your target suppliers, to do this;

- Work with your procurement team to pull reports on spend/volume across all Trust systems and analyse all of the data.
- There may be replications of supplier entries, duplicate products contained within legacy systems/catalogues.
- Cleanse the data as much as possible

Step 4 Segment supplier base

Segment your suppliers, identify those of high importance to your organisation, e.g.; strategic partners, volume of orders, value of orders, engaged already, early adopters, etc. We suggest you start with;

- NHS Supply Chain
- Top 100 suppliers by value and spend
- Strip out suppliers who you spend less than £1000/year, are ad-hoc or one-off suppliers, these are not worth the effort

Step 5 Communication toolkit

Build your communication (see section 10 Your toolkit)

Look at various options around communications.

Suppliers will have many touch-points into your organisation, so it is therefore very important that all internal staff are aware of the programme. If your own colleagues are unaware of the Scan4Safety programme, this could undermine any engagement you have with suppliers.

Staff who have direct contact with suppliers should be provided with more detailed communications for when they receive supplier queries. For example; procurement, inventory, clinical, estates, finance and pharmacy.

More in depth training might be useful for these colleagues, equipping them to respond or divert to suppliers and queries on Scan4Safety to the right, knowledgeable resource.

- a) Email is a good way to quickly communicate your message to a large group with minimal resource. Sequence emails over a period of weeks and tweak the messages each time. Don't believe that one email can do the trick! Make sure the messages are clear and easy to understand.
- b) Address suppliers with a series of emails with a strong persuasive message along with benefits for early adoption and the change requirement*.

Email is a good way of introducing a subject, but email in isolation is unlikely to be sufficient. Be prepared to undertake follow up telephone calls and face-to-face engagement, particularly for your highly valued suppliers.

Leverage any existing external communication channels available. Many of your colleagues will be communicating with suppliers on a regular basis and may already be planning to send letters/emails etc. as part of their business as usual activity. Consider whether you can use any of these channels to push your messaging, such as:

- Email signatures for internal staff
- Adding standard 'Scan4Safety' wording into business as usual supplier communications

By leveraging existing communication routes, this will not only save you time but will demonstrate to your suppliers that the programme is being embedded across your organisation and is not just a standalone project.

Compliance requirements will be mandated within all procurement exercises and documentation, such as;

- Tenders
- Formal Requests for Quotes
- Contracts
- Price Agreements

The compliance with the standards will form part of the mandatory requirements of the procurement process and suppliers will be evaluated on the set criteria within the procurement exercise.

- c) Email, start collating email addresses from your P2P data, as this is the first set of data that you will have to work with.
- d) Contact other NHS Scan4Safety sites for their contact data. Some of the contacts will be common across many NHS sites.
- e) Use materials available from the Demonstrator sites, you will find this on the DH Exchange, Scan4Safety website, or contact the sites directly.
- f) When emailing remember to utilise the option to BCC all email contact before sending out, the reason for this is that some suppliers do not want their email addresses shared widely with competitors.
- g) Write to your suppliers telling them that your organisation has embarked on the Scan4Safety journey and seek support and assistance from them, many of them may already be working towards compliance, or already there. Their experiences can help too.
- h) Inform your internal colleagues; start with awareness sessions of the programme across all departments.
- i) Engage with clinical teams to sign up clinical champions who can work with you to share the message and help you to roll out the programme in the clinical areas. Their buy-in is key to the success of the programme.
- j) Conduct supplier events on site to engage with your suppliers to share your updates and to also give them guidance on what they need to do to achieve compliance.
- k) Sometimes it is necessary to work with smaller suppliers face-to-face to share understanding of the programme requirements.
- l) Your communications must be clear, concise, useful and constant. The “one hit wonder” approach will not succeed, communications must be continuous and relevant.
- m) Various media approaches can be used, webinars, conference calls, events, emails, letters, telephone, presentations, news publications, local media, in house publications, poster campaigns, etc.

Step 6 Review progress and measure your success.

- a) Meet with your team regularly to review your milestones and workstreams to check that you are on track. Discuss hurdles and challenges to enable the team to work together to overcome them.
- b) Identify risks and ensure they are captured.
- c) Share successes across your site (if appropriate or relevant).

7. The Benefits:

There are many benefits associated with supplier adoption for both parties:

- Improved patient journey/outcomes
- Released clinical time to patient care
- Greater inventory control/management
- Improved product traceability/product recall response
- Lower lifecycle costs of goods or services
- Reduced waste
- Increased performance in relation to business to business transactions, which can directly help to secure more contracts in the future
- Greater innovation and creativity
- Possible reduction in transport and logistics costs, in turn increasing sustainability
- Greater degree of flexibility
- Better risk management
- Compliance with legislation (both UK and European) and alignment with various international regulations
- Potential to generate stakeholder goodwill
- Opportunity to develop new products and services
- A single repository of your data for the NHS
- Fewer invoice queries and order disputes
- Reduced transaction costs around process and resource
- Quicker released payments
- Increased accuracy of vigilance reporting
- Greater supply chain visibility

8. Challenges

Adopting suppliers early brings clear benefits. However, there are also a number of barriers that need conscious effort by you if they are to be overcome.

One of the biggest obstacles is a lack of awareness among suppliers of the real business benefits. Therefore it is important that you involve the supplier in the process from the start, offering a collaborative approach and true business value.

Engaging smaller suppliers (SMEs) for this type of change process usually means changing the way in which you deliver your approach/messages to suit the target.

But by taking small, manageable step changes and carrying out some basic communication inroads, such as;

- email, newsletters, telephone calls, face-to-face meetings, there is a high probability that you can actively engage more suppliers willing to adopt the standards and get on board faster and easier.

From the perspective of the larger organisations, the main barriers to engaging with these are usually a consequence of not knowing;

- Who is the decision maker to engage with in the first instance,
- Understanding how to use the best tools to contact these companies (other agencies, face-to-face national events, press and multi-media advertisements etc).

It is also important to set realistic milestones and timescales, whilst also making allowances for suppliers still wedded to old processes.

This is a huge programme of change for both the suppliers and NHS alike, so setting timelines is key to achieve common goals.

The Demonstrator sites have a comprehensive list of suppliers engaged; please contact them to source this information:

9. References

- For latest information from the demonstrator sites, go to www.scan4safety.nhs.uk
- For latest information regarding data dictionaries and compliance timelines by market sector go to [Scan4Safety Supplier Workspace](#)
- For further details on the use of GS1 standards required by the DH, please go to the [Scan4Safety Trust Workspace](#)
- For GLN Allocation Rules, go to <http://www.gs1.org/1/glnrules/en/>

Contact us:

To speak directly to a demonstrator site, email scan4safety@nhs.net

10. Your toolkit

10.1 Understand your suppliers and define your messaging

Before approaching your suppliers, understand their motivation and intentions towards adopting the standards. Tailor your approach to each type of supplier, based on segmented adoption groups as described in Appendix B - For example, messages that will appeal to an “Early Adopter” (who is keen to work with you and be on board first) will not work for the “Mainstreamer” or “Late Majority”. You will be able to engage Early Adopters without too much persuasion, whereas with the other categories of suppliers, you may need to be much more persuasive and perhaps evidence your requirements in much more detail, and it may take much more effort and time to on board these latter categories of adopters.

Start with your Early Adopters (top 200 key suppliers, some of whom may already be engaged) who are keen to embrace change and adopt the GS1 and PEPPOL standards. This will set your pathways for early success and enable you to hit key milestones in your programme and achieve your adoption targets. Your wins will allow you to promote your successes internally and externally, build momentum and drive change which, will in turn, fuel greater adoption.

Communicate early wins internally and within the supplier base to drive further adoption. Early adopters may only nudge your programme towards your planned uptake target, adoption success being measured on suppliers on-boarded rather than transaction volumes. Ensure you start with an achievable target or segment of suppliers.

10.2 Mainstream Adoption and Beyond

Segment these into manageable groups or target waves. These adopters need assurances that other suppliers have already joined the cause, so use Early Adopters as proof of concept to encourage adoption and apply competitive pressure.

See “Sample Wording” section

The key to success is to park unwilling suppliers and move on to the next. You can catch these companies at a later stage. As you achieve successes and hit obstacles, adapt your messages for the next groups.

Once you achieve 50-70% supplier adoption, adjust your message to include the mandated timeline, as published by the Department of Health and Social Care¹. This will encourage uptake. Focus on the remaining high-volume suppliers.

Finally, you’ll need to analyse the Laggards, at this point it pays to carry out cost/value analysis. Is the supplier business-critical or are they low value or ad hoc? Critical suppliers may need gentle persuasion; however the balance should be pushed via the mandate or dropped. It is an opportunity to cleanse your supplier base and strip out suppliers that are very low value or a one-off purchase.

¹ The Compliance Time Lines are available in the Department of Health and Social Care eProcurement Supplier Workspace. To obtain access to the workspace email: Scan4Safety@dh.gsi.gov.uk

10.3 Set of key messages/statements (as a guide only):

The XXXXXXX NHS Trust (hereafter known as “The Trust”) is one of many NHS sites pioneering the way for Healthcare to adopt and implement GS1 and PEPPOL standards to improve patient care, streamline processes and achieve efficiency savings.

The Trust is seeking to adopt best practices and processes, as used by leading retailers, in its approach to optimising its supply chain.

The Trust is adopting these standards, designed to make the patient journey safer, enhance process, provide better product data and simplify business to business relations between the Trust and its suppliers.

10.4 Department of Health and Social Care eProcurement Strategy

The Trust is working in line with the DH eProcurement strategy and seeks to adopt best practice and become a centre of excellence for Healthcare within the UK.

Scan4Safety and the adoption of GS1 and PEPPOL standards will deliver efficiency benefits for both the trust and you, our supplier. We want to work with you to continuously improve process and ensure that opportunities to improve from a supplier perspective are also explored.

Next Steps

Please read the attached supporting documentation to guide you.

The Department of Health and Social Care expects that all products will be allocated a unique GS1 identifier known as a Global Trade Item Number (GTIN) by 30th September 2018, for medical and in-vitro diagnostic devices. We would, however, encourage all of our suppliers to make every attempt to adopt the GS1 and PEPPOL standards as soon as practical.

And finally...

We value our supply chain partnerships and would like to work with you to ensure that we achieve our goals. The changes being implemented within Healthcare are long overdue and we are confident that they will not only improve patient care, but will also improve our relationships with you, our supplier.

If you have any queries please do not hesitate to contact us via scan4safety@XXXXXX mailbox.

10.5 Reinforce the message endorsements:

“Scan4Safety is a world first in healthcare – and a vital part of this government’s drive to make the NHS the safest and most transparent healthcare system in the world.”

Jeremy Hunt – Secretary of State for Health

“The introduction of GS1 standards will allow every NHS hospital in England to save on average up to £3 million each year while improving patient care.”

An independent report for the Department of Health by Lord Carter of Coles.

“The benefits of GS1 standards are transformational. They improve patient safety, deliver greater regulatory compliance and drive operational efficiencies”

Rt. Hon. Lord Philip Hunt PC OBE

“GS1 standards implementation is no longer a good thing to do. It's essential for delivering the NHS Five Year Forward View efficiencies.”

John Warrington, Deputy Director of Procurement Policy & Research, Department of Health

10.6 Useful Links:

NHS eProcurement strategy

<https://www.gov.uk/government/publications/nhs-e-procurement-strategy>

NHS Standard Terms & Conditions

<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services#history>

GS1 UK

<https://www.gs1uk.org/>

OpenPEPPOL – A list of Access Point providers

<http://www.peppol.eu/adoption/access-point-providers>

10.7 Conclusion

This guide provides practical checklists and suggested methods for how you can actively engage with suppliers. It is not always an easy process. It does take time and requires effort and dedication. However, it is achievable and great success is possible.

A systematic approach is required, taking into account everything from overall policy to setting the general tone; category prioritisation should be deployed to identify which suppliers are most appropriate to adopt early that are essential to the NHS. Focus on the larger, easy ones to on board quickly and then work on the others in order of priority, leaving the most resistant to last.

Use “supplier-friendly” wording; and an organisation-wide belief that this can be done.

Suppliers are a fantastic source of innovation, providing cost-effective solutions and a high level of customer care. They should be receptive to this programme and want to be part of its success.

Appendix A - Questions and Answers

Question	Answer
Does each individual product or box of products need to be barcoded?	Each individual product (at the lowest level of consumption) needs to contain a GTIN as does the packaging/pallet
What happened to direct part marking - this seemed to disappear from requirement in December 2015?	Direct part marking is still part of the requirement. This is relevant for Surgical Instrument use case, a secondary use case, and will be looked at as part of the next tranche of the programme
As a company that employs product specialists who take time to work with customers to find the correct product for their requirements it feels the steps towards e procurement / cataloguing is moving away from this person to person interaction. Is this the intention going forward?	Yes & No We want compliance with our committed contracts - it is the intention to have a full e-procurement approach. However, we do not want to stop face to face around innovation. This engagement should be via Procurement and not direct with clinicians.
What is the future of the various procurement hubs including NHSSC after the implementation of PEPPOL throughout the NHS?	This does not change how the procurement hubs operate
How is PEPPOL going to work with Brexit?	Brexit will not affect the programme, The UK will continue to trade within the EU and globally, and comply with trade regulations.
How many catalogue providers are there in the UK?	There is a wide range of catalogue suppliers in the marketplace
How does this effect suppliers of services not products?	The first tranche of the DH mandate is for products, the timescales and definition for services is currently being developed
"Just in time delivery" requires NHS to participate in accurate demand planning. How will you do this?	Just in time delivery is anticipated for high value items only based on known/forecasted patient lists. Low value consumables will be purchased on a more regular fixed basis
What is the minimum required information the NHS is looking for on supplier product labels?	Supplier product labels must adhere to the GS1 UK standards for the GTIN (product code, batch/lot, expiry date etc.)
Is there a preferred bar code type i.e. 1D/2D etc?	No – this is down to supplier preference and what makes sense dependent on the size of packaging, you may opt for linear or 2D

Our product and customisation of product is given directly to the patient outside of the Trust and hospitals. We hold our own stock and at no time are NHS staff involved with handling our stock. We invoice for the sale of products and service provided. How will this work for us?	The suppliers need to share their GLNs with the Trust for ordering and invoicing purposes. All products supplied to the Trust (including direct to patients) need to have a GTIN
Will GS1 result in a one price per product system?	GS1 is a set of global standards applied to key identifiers, People (GSRN) Place (GLN) and Product (GTIN), it does not dictate pricing. The programme is not to standardise pricing across the NHS nationally.
The GS1 fees - is that total turnover of sales only to the NHS?	No, it's the total turnover of sales within the UK.
Extension to private healthcare - consider AQP?	Currently it only extends to private healthcare that is delivered on behalf of the NHS
When are the mental health Trusts expected to go live?	Current scope is all Acute Trusts to adopt the standards by 2020. Timescales for Mental Health Trusts is still to be confirmed
How does this work for very small specialist suppliers - e.g. if we have a selection of one off products?	All products supplied into the NHS will need to have a GTIN
Supplier ID - is this a national identification or does each Trust issue its own?	The GLN identifier is issued by GS1 UK so all Trusts & Suppliers who register with GS1 UK will be issued with a unique ID (GLN)
If different Trust use different catalogue providers as a supplier do we have to subscribe to all the different catalogue providers?	Yes - there is no single catalogue in the NHS. However, the DH are currently working on a GDSN (master datapool) solution, this would facilitate one point of access for loading of data nationally
In an ideal world barcoding will monitor stock but still might not be accurate - human error/theft - still manual stock stakes necessary?	It is anticipated that a regular audit will be required to ensure that processes are being adhered too.
How does the implementation of GS1 and PEPPOL affect my business with the NHS Trust - we supply floor mops, pads etc?	All products need to have a GTIN, Your business will only be affected if you are unable to meet the requirements of the programme, as NHS Trusts will not be able to trade with Suppliers who are non-compliant.
Will core PEPPOL document standards be used or will there be UK customisation?	The PEPPOL standard is an EU standard. We will be adopting the standards as they are currently published.
We are a manufacturer of reusable surgical instruments - we have been members of GS1 for a couple of years - how will we trace instruments already in circulation?	The use case for surgical instruments has not been fully developed and we anticipate further information to be published on this is due course

Is a GTIN required for purchased items only/ rentals/ leased items also need a GTIN?	Yes all products will require a GTIN
Will a GLN identify each bed space in every Trust?	The current phase is just to GLN all room spaces however it is anticipated that the next phase of the programme will be to identify all bed spaces
We are already use RFID tags on our products? What is the opinion/development of RFID in this programme?	It is anticipated that the usage of RFID will increase as part of the programme
Barcodes - can be duplicated - how will clandestine activity be prevented?	There is a check digit at the end of the GS1 numbers to ensure accuracy.
Where does the GLN fit? Surely the GTIN code contains the company information. What extra does the GLN offer?	The GLN is the location code only which needs to be used on orders to suppliers (and vice versa for the Trust). The GTIN is not a location ID and focuses on product level details
How does this affect a supplier of services?	The first tranche of the DH mandate is for product suppliers, the timescales and definition for services are being developed
We supply an item to the Trust that is initially made up from 5 - 8 codes to 1 product item. How will this work?	The new product produced needs to have a GTIN
What is the structure of the GLNS?	It is a 13 digit code of which the first digits relate to the company prefix
Documents detail acute Trusts - what about community Trusts / GPS / Community Pharmacist?	Current scope is all Acute Trusts to adopt the standards by 2020. Timescales for Community, GP's and others within NHS is still to be determined
Currently we receive orders with the wrong dept. on them and we have tried to get the Trust to get it right. We manually change the orders to the correct dept. How can we be sure the automated PEPPOL orders will be correct?	The GLNs will be allocated at room level which will be accurate and used on orders to identify delivery locations
How many GLNs does a company need to assign?	The company prefix is needed. The allocation of GLNs are for the suppliers to decide dependent on the benefits for traceability of their supply chain
How will managed services work?	All product elements of the managed service need a GTIN. Services are currently being reviewed
What are supplier GTINs verified against the EU medicines database or an NHS database?	GTINs will be verified against the catalogue. Medicines will be verified against the EU Falsified medicines database, which is not currently live

Will demonstration and training materials have to be coded?	Services is in one of the next phases of the programme. All suppliers will need a GLN, how the services will be allocated a GTIN is currently in progress
Are your GLNs available now?	Yes - however currently North Tees' systems are being updated to store and transmit this information.
Do you see compliance over riding clinical preference for products?	Clinical engagement is key in the Scan4Safety project to ensure appropriate clinical decision making throughout the implementation of the programme
What is the timelines for the GDSN?	Demonstrations of technology have been completed with the Department of Health and Social Care. Timescales have yet to be confirmed
If we supply a pallet of 40 bags does each bag need to be labelled?	Products need to have a GTIN at the unit of consumption so Yes (medicines: to be confirmed) at a later date)
We are currently on framework, NHSSC and individual department specific - how will this work?	There are no changes to the procurement process, you will continue to bid for contracts as you have always done, however there will be a requirement to be GS1 & PEPPOL compliant before being awarded an NHS contract.
Where current systems are sold with components, each with their own UDI - do we not need to break system pricing down into component pricing?	The end product which is being supplied to the Trust must carry a GTIN. It is the price which is associated with this product (GTIN) that needs to be shared with the Trust
Will Trusts collaborate to produce a common agreement document for PEPPOL or will it be all different?	The PEPPOL standards are set by PEPPOL and will apply to all Trusts and Suppliers alike. Each Trust will follow their own selection process to appoint an access point provider so we don't envisage that there will be a single Access point provider for the NHS
As a distributor who is responsible for GLN - the supplier or the manufacturer?	Each point within the supplychain has responsibility for their own unique GLN from Manufacturer to Wholesaler to Distributor.
GTIN contains many possibilities for fields, which ones will be required?	Ultimately the trust will require all the DH specified attributes to be held in our CMS, in the short term we require whatever the supplier is able to provide.
Anticipated uptake by "all" NHS Trusts. Will all public sector need to adopt this system?	The PEPPOL standard is being implemented across government, however the GS1 standards are Department of Health and Social Care specific.
How does this work for unlicensed medicines being supplied to NHS on behalf of other companies from US or Asian countries, not necessarily with GS1 barcodes?	GS1 standards will apply to All products that enter the NHS, therefore it is your responsibility to inform your suppliers throughout your supplychain of the requirement and negotiate with them to ensure that the standards are met both from the product marking and from the master data requirements.
Will the local Authority need to be registered with PEPPOL?	All Suppliers to the NHS will have to trade via a PEPPOL Access Point

Appendix B - Additional Compliance Requirements

Drivers for adopters:

The purpose of this section is to ensure that you don't waste time on suppliers that may take time to engage with the programme. It will give you an indication of how to identify suppliers that are keen to get on board and work with you and those who are not.

Understanding the different types of suppliers will enable you to group them into the categories below and allow you to identify those you will have greater success with when engaging, for example Early Adopters in the first wave of engagement, Mainstreamers in the second wave of engagement, etc. This will help you to stage your adoption programme.

Early Adopters:

Early Adopters embrace new technology before 80% of their peers. As opinion leaders, they embrace new technology and enhanced business processes. Being seen with the "latest thing" elevates status within their market. So in essence this may be existing suppliers actively looking to work collaboratively with innovative ideas, or new suppliers hoping to secure business. Some of these early adopters may be suppliers who enjoy a good procurement relationship and who are open to persuasion. To get your adoption programme off the ground you will need to identify who these early adopters are, and start targeting them.

Mainstreamers:

Mainstreamers comprise approximately 40% of the population, those who "sit back and see" what transpires and only buy in once it's proven amongst competitors/peers in the market. Mainstream suppliers will be motivated to change once they see others realising the benefits. Once you have achieved critical mass with Early Adopters, you should start targeting your mainstream suppliers with compelling proof and evidence as to the benefits.

Late Majority:

These suppliers often adopt after the average participant. They need assurances that everyone else is onboard with the requirements before they follow suit. Patience will win out over their natural caution, and your approach may need to be more of perseverance and persuasion over pushing and pressure.

Laggards:

The remaining suppliers may be completely change-averse, sometime through fear however, more often on principle. They often wait until they are left with no choice but to adopt. In never pays to focus too much energy on this group, best to move on to the more amenable supplier.

Company Name:

Additional Compliance Requirements – Supplier Adoption

The ##### NHS Trust would appreciate it if you could provide the following information to ensure that you have achieved compliance in all areas of the Scan4Safety project requirements:

Question	Answer
1. Are you a fully subscribed GS1 UK member?	If so, can you provide your membership number here: _____
2. Do you have your organisation’s Legal Entity Global Location Number (GLN)?	If so, can you provide your GLN number here: _____
3. If you have the above (point 2) – can you provide your digital GLN?	Digital GLN Number: _____
4. Have you appointed your tested, accredited and certified PEPPOL Access Point Provider?	If YES, please provide the name of your provider and your Access Point Number, and type, e.g. GLN, GB: VAT, etc. _____
5. If YES to the above (point 4) can you advise how you have elected to trade via your PEPPOL Access Point?	Fully integrated, e.g. machine to machine, fully automated processing. OR Via Web portal, e.g. business to business, with manual intervention. _____
6. If NO to 4 above for your PEPPOL Access Point Provider?	Please indicate when you expect to appoint (date): _____ When you appoint – please advise the Trust the details of Question 4 above)
7. Can you advise when your organisation will apply GTIN (Global Trade Item Number - barcode) to your products?	For the XXXXXXXXXX Trust. By when: _____ To which lowest level of packaging: _____
8. Who can I contact at the Trust for queries or further information?	XXXXXXXXXXXX T: XXXXXXXXXX M: XXXXXXXXXX Email address direct Email address - Scan4safety@XXXXXXXXXX

Appendix C - **What to do next as a Supplier to the NHS**

1. Become a member of GS1

GS1 are here with us today to talk to them about becoming a member and what the next steps will be for your organisation.

Alternatively, you may contact the GS1 UK Healthcare team on Freefone 0808 172 8390 or healthcare@gs1uk.org or visit the GS1 UK web site at www.gs1uk.org

2. Allocate a GS1 location identifier for your company

Global Location Numbers (GLNs) are used to identify your organisation, its significant locations and organisational teams. GLNs are required to identify your organisation when trading with the NHS.

3. Add the NHS Acute Trusts GS1 GLN identifiers to your company systems/processes

As your organisation requires a GLN so does the Trust. We are currently identifying locations and assigning GLNs to these within our organisation and its significant locations.

These will need to be added to your transactional systems.

4. Allocate a GS1 product identifier to your products

Global Trade Item Numbers (GTINs) are used at each level of the product packaging hierarchy from unit of use to shipper/case to identify products.

GTINs are required to identify products and services when trading with the NHS through the Global Data Synchronisation Network (GDSN) using a datapool.

5. Print GS1 compliant barcodes on your products

This includes GS1 product identifier (GTIN) and the products' production information.

6. Get certified

All organisation involved in the delivery of healthcare through acute Trusts, suppliers, solution providers and the NHS acute Trust, will be required to participate in the Department of Health and Social Care certification scheme to ensure compliance to GS1 standards, initially as a self-declaration and subsequently independent assurance. (Details can be found on the Department of Health and Social Care's workspace for suppliers).

Appendix D - PEPPOL

Some helpful step-by-step guidelines for suppliers getting started with PEPPOL.

1. PEPPOL elements

These are the PEPPOL elements your organisation will need to implement:

e-Order

e-Invoice

Note: All electronic documents must be exchanged between sending and receiving Access Points within the PEPPOL network.

2. Choose a PEPPOL Access Point provider

A key benefit of the PEPPOL network is that a supplier can engage with one Access Point (AP) provider in any country and through that single AP provider, can reach any number of buyers connected to the network through their respective Access Point providers (in any number of countries).

The terms of engagement and any cost considerations are entirely between the supplier and their chosen Access Point provider. The provider may offer a range of services including but not limited to: conversion of the supplier's data into the PEPPOL BIS format, various methods of communication for sending and receiving files, document archiving services, etc.

Note: Some PEPPOL Access Point providers may offer simple web-based portals or templates where SME suppliers can enter data directly into a form to create and transmit PEPPOL-compliant documents.

3. Supplier s already connected to PEPPOL

If the supplier's buyer (the NHS) is already connected to the PEPPOL network through an Access Point provider, the next step is simply to ensure that both organisations agree on the type of documents to be exchanged (order, invoice, Advanced Shipping Notes, Credit Notes, etc.) and that the respective Access Point providers support those documents.

4. Test File

Finally, a test file may be exchanged between all 4 parties (supplier, supplier's Access Point, buyer and buyer's Access Point) prior to sending/receiving documents in a live environment.

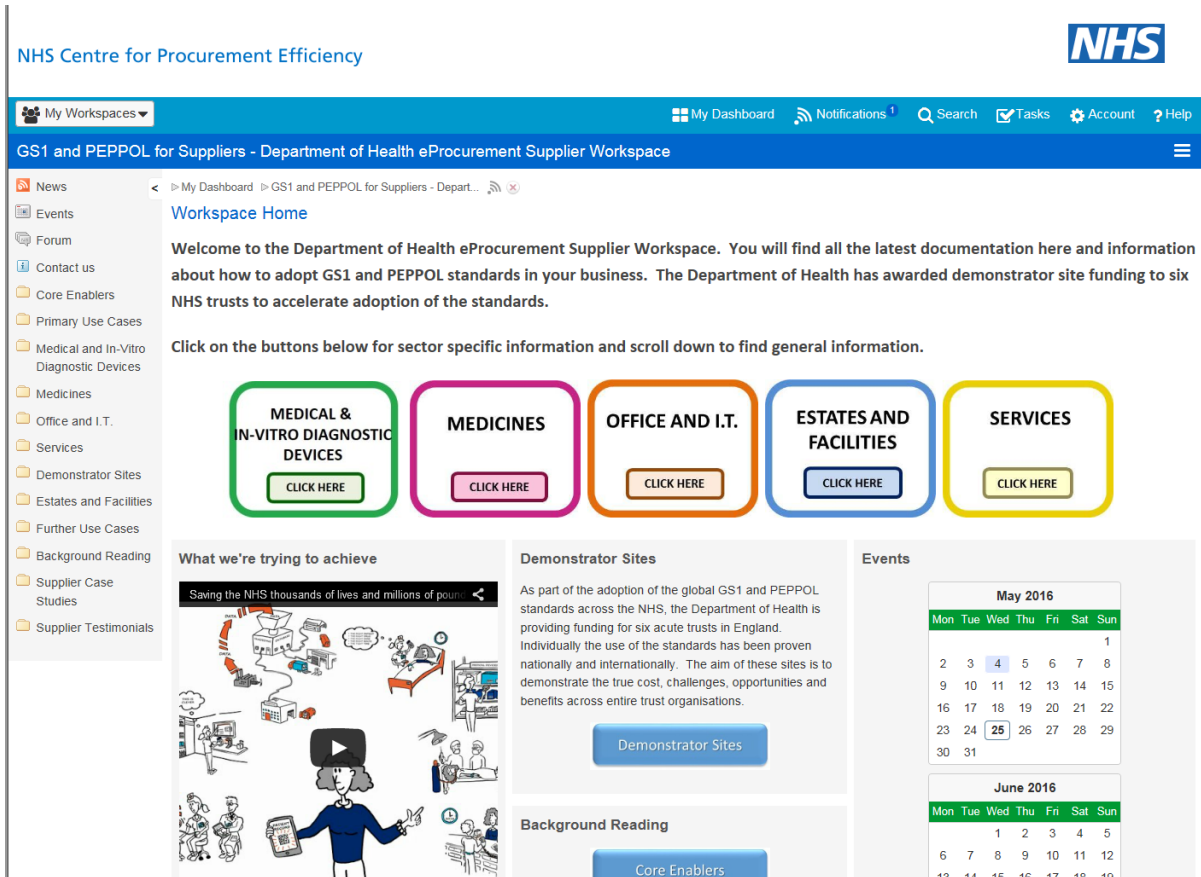
Note: If the supplier has other buyers connected to the PEPPOL Network (through their respective Access Points), the supplier's Access Point provider can 'look up' those buyers listed in the PEPPOL directory and arrange to carry out the testing and implementation process with the remaining client list. PLACE project stakeholders

Appendix E - Department of Health and Social Care - Supplier

Adoption

All supplier-related documents for GS1 & PEPPOL standards have been published on the Department of Health and Social Care eProcurement Supplier Workspace

<https://dhexchange.kahootz.com/connect.ti/SePWS/view?objectId=425065>



However, to gain access to the Workspace you will need to contact the Department of Health and Social Care at the following email address to request them to send you an invitation to be able to visit the Workspace

Email: Scan4Safety@dh.gsi.gov.uk

Once you receive the invitation you will need to register an email address and password, then you'll be able to find everything we have and download whatever you think is appropriate to your organisation. So do please register for the access.

Appendix F - Dealing with challenged suppliers

By way of responding to the supplier in a way that changes their mind or alleviates their concerns.

There is little point in arguing with our suppliers or try to pressure them into backing down -- this isn't objection handling. Suppliers will typically end up more convinced than ever of their position; and worse, may lose the trust and rapport they've built up with your organisation.

Instead of telling your supplier they're wrong, help them come to a different conclusion of their own accord. And if you can persuade them, that's a good sign that they will come on board.

With this in mind, welcome objections rather than avoiding them. You can proactively identify them as well by periodically asking questions like:

- "Do you have any concerns around the Scan4Safety programme?"
- "Are there any obstacles that would stop you from getting on board?"
- "How confident do you feel that you'll see value from implementing the standards?"

Some responses you may encounter are:

Response	Answers
It's too expensive	Price objections are the most common type of objection, and are even voiced by suppliers who have every intention of engaging. Focus on the benefits of the programme. For example, the benefits of the patient improvement focus, the traceability of products, reduced payment terms etc.
There's no money	It could be that your supplier's business simply isn't big enough or generating enough cash right now to afford to invest in the programme as required. Work with them to see how you can help them take smaller steps to get to a place where they're meeting the programme requirements.
"I'm not authorised to sign off on this type of change/investment."	No problem. Ask your supplier for the name of the right person to speak to, and then redirect your attention to them.
"We're being downsized / bought out."	This happens rarely, but when it does then you will need to contact the main company buying the business and start your conversation with them

<p>“There’s too much going on right now.”</p>	<p>This is another opportunity to work with the supplier; you can reiterate the programme timelines and stress the importance of suppliers getting their businesses ready. At this point you can tell the supplier that at some point in the future the NHS will not be able to trade with non-compliant suppliers</p>
<p>“I’ve never heard of Scan4Safety.”</p>	<p>Treat this objection as a request for information. Talk your supplier through the programme requirements, or invite them to an event (if appropriate).</p>
<p>“This programme isn’t important right now.”</p>	<p>Sometimes, a simple “Oh?” will be enough for your supplier to start talking. Listen closely for real reasons why this has low priority. Keep in mind that excuses can be a sign that your supplier understands the requirement and its importance and is trying to rationalise their inaction. Capitalise on this and instil a sense of urgency.</p>
<p>“Scan4 Safety is just a pilot, what if it fails?”</p>	<p>This is not a “pilot”, this is coming and is going to be around for the rest of time. These standards are mandated by the Department of Health and Social Care and every supplier to the NHS terms and conditions have changed and include the mandated requirements.</p>

