



Healthcare
Conference
2025

Using GS1 standards in
healthcare to drive
clinical productivity and
safety alongside
inventory management



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#bettercarecostsless

GS1 Standards Supporting Clinical Productivity and Patient Safety through Accurate Product Identification

April 2025



Partner Trusts



England

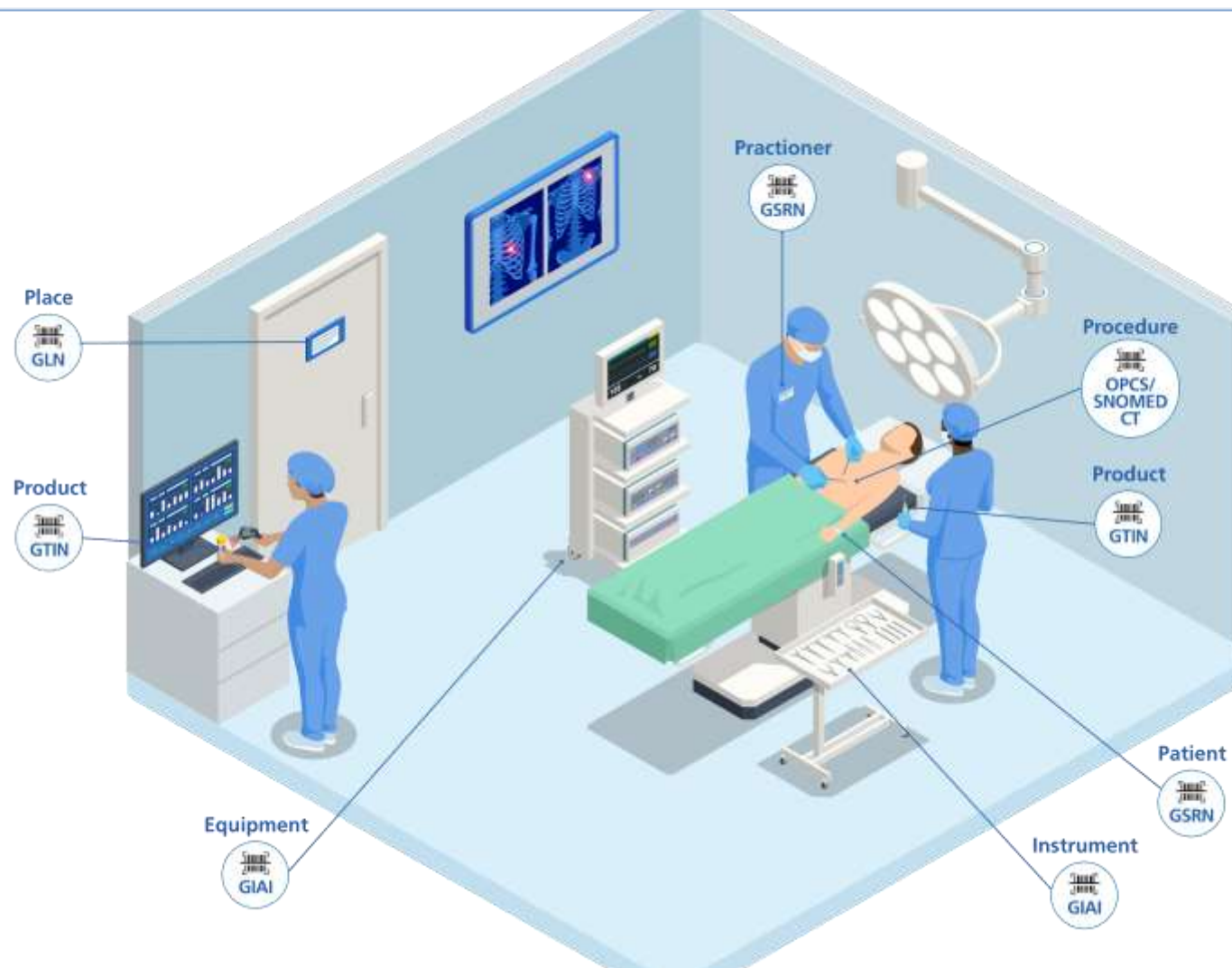


Supply Chain

Solution Providers



Data Standards Driving Clinical Benefits



- ✓ Capture at point of care
- ✓ Value exceeds effort to capture
- ✓ One capture point with many uses





The Princess Alexandra Hospital

Main Entrance



Programme Benefits | In-Trust Benefits Deep-Dive

Quantitative



Inventory Reduction and Release

Improved visibility and stock-level management

Measured by

Value of inventory holding and PDC charges vs. at baseline



Waste Reduction

Improved expiry and spend management

Measured by

Value of stock written-off vs. at baseline



Product Standardisation

Reduced spend via theatre product standardisation

Measured by

% saving of in-scope stock spend



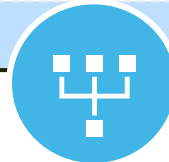
Releasing Time to Care

Automated admin and end-to-end processes

Measured by

Time taken after implementation vs. at baseline

Qualitative



Standardisation

Standardisation of systems, processes, product catalogues and training for Trusts, NHS Supply Chain and other parties will ensure consistency throughout the supply chain



Automation

Minimising manual input reduces incidence of human error causing downstream issues e.g. inaccurate stock levels, stock-outs or overstocking



Visibility

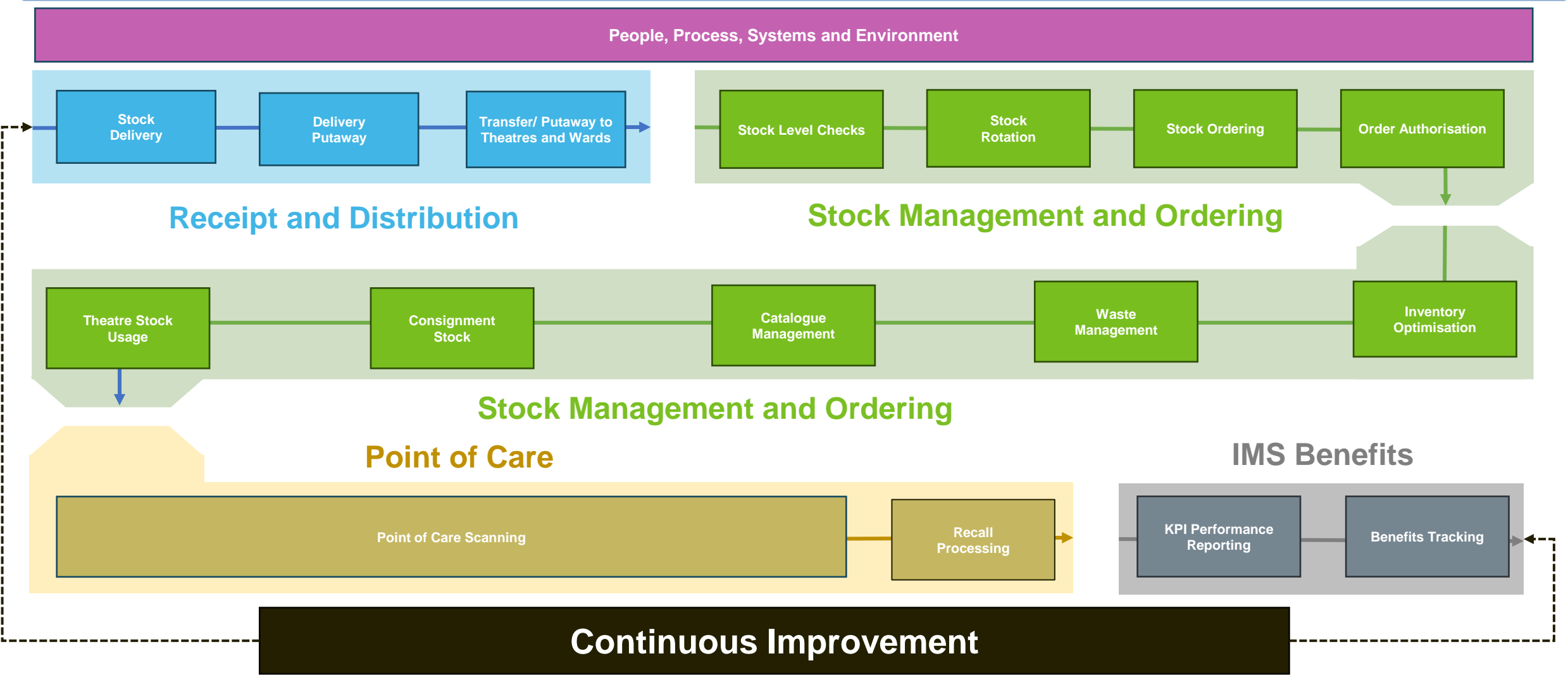
Improved tracking and traceability based on scanning technology, with improved analytical and reporting functionality to support decision-making



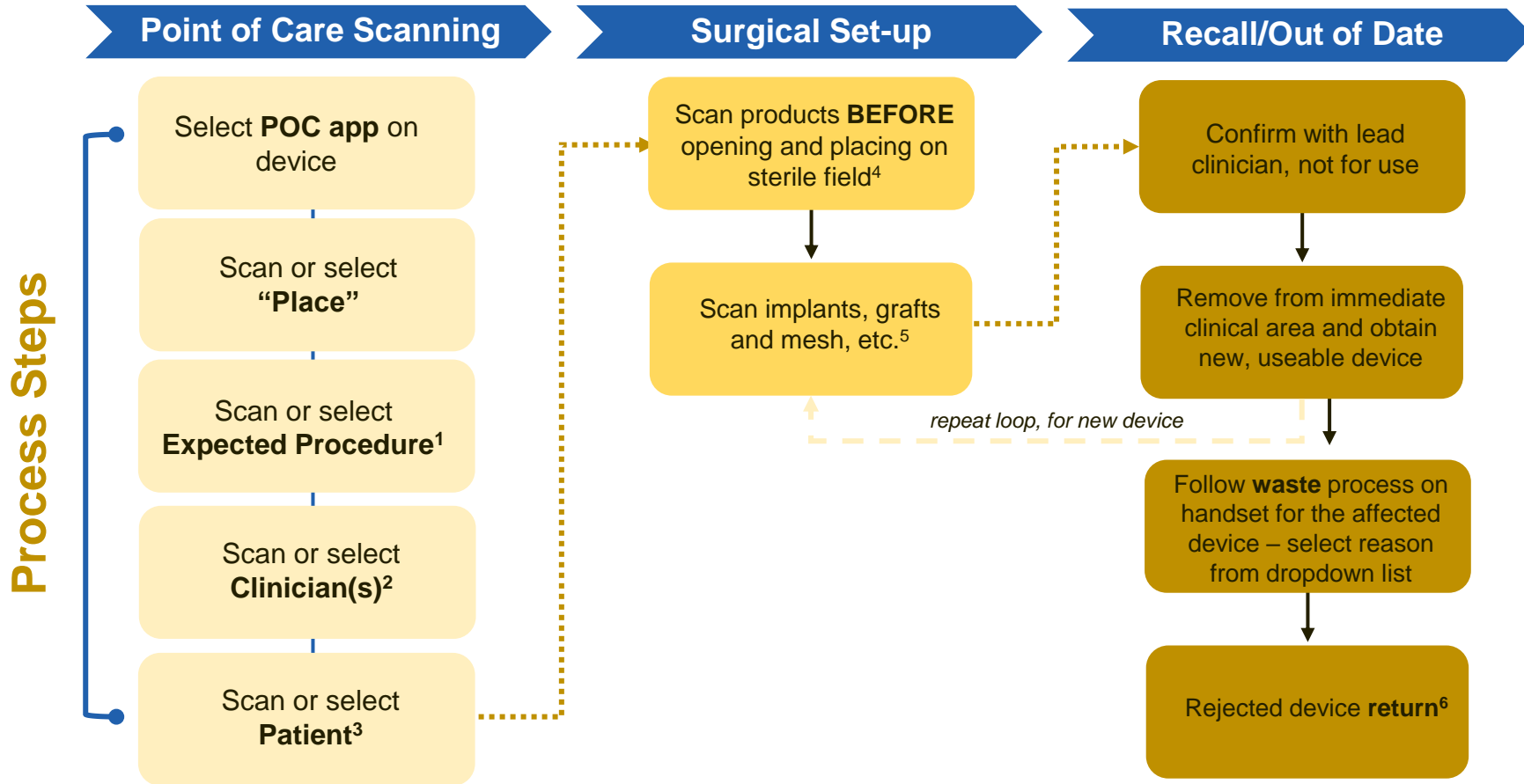
Environmental

Reduced fleet emissions and wastage through improved management and supply chain efficiencies

Inventory Management Process Flow



Point of Care



Point of care scanning

1. Correct preference cards, patient safety and wrong site etc.
2. Clinical Insight
3. Wrist band or theatre schedule feed (Positive Patient ID)

Surgical set up

4. Patient safety (wrong product, out of date, product recall)
5. That will be retained in patient AFTER they are presented/confirmed but BEFORE they are opened and placed on surgical field (patient safety [wrong site, recall, in-date])

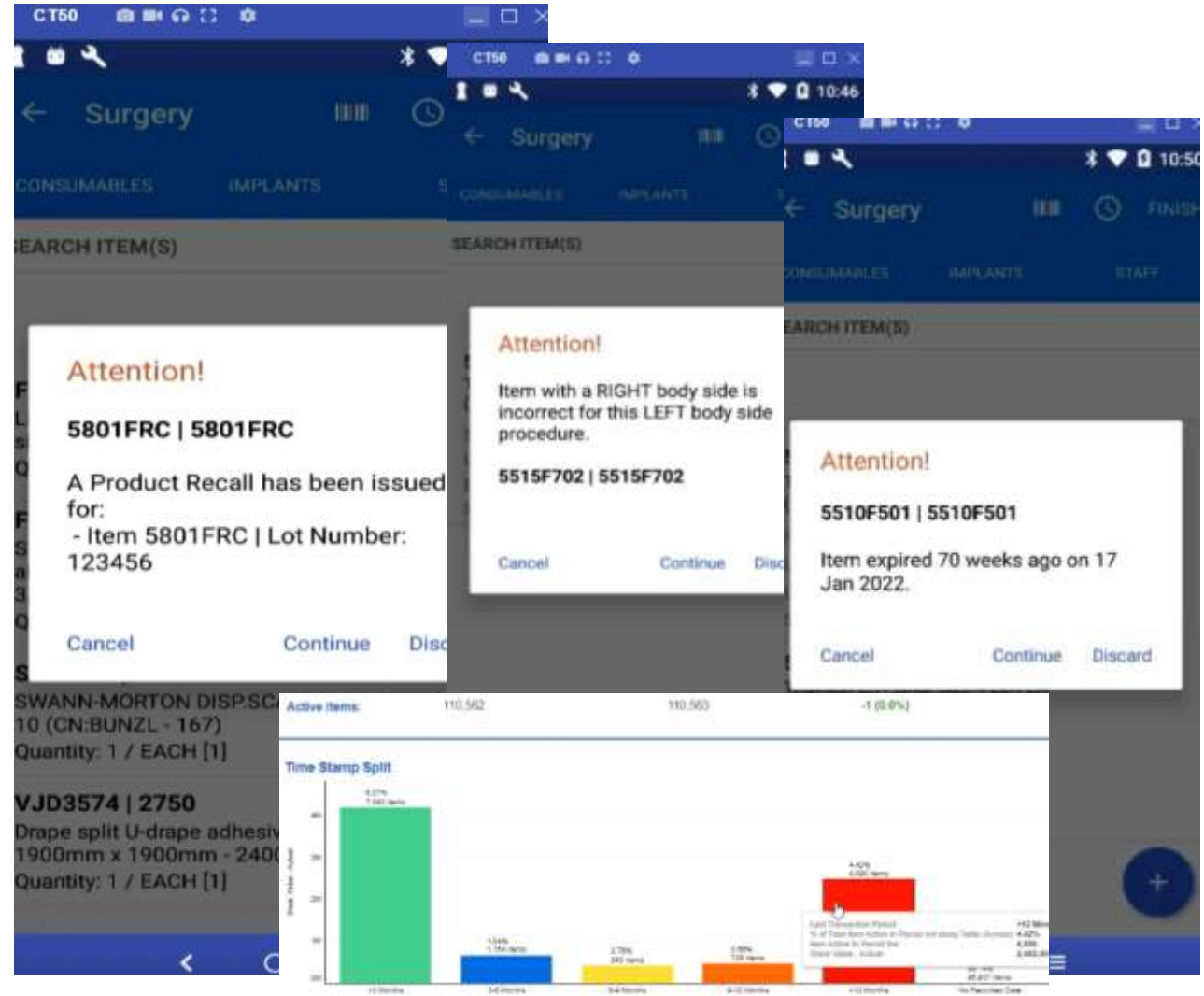
Recall/Out of date (As required)

6. Rejected device should be returned to stores for return to manufacturer (recall) or processing as out of date in accordance with Trust procedure e.g. training, re-processing, disposal

Notes

Enabling Quality and Safety Benefits

- Positive patient identification
- Implantation of wrong prosthesis
- Patient safety alerts



The screenshot displays a mobile application interface with several overlapping alert windows and a data visualization. The background shows a 'Surgery' screen with tabs for 'CONSUMABLES' and 'IMPLANTS', and a search bar. Three alert windows are visible:

- Alert 1:** **Attention!** 5801FRC | 5801FRC. A Product Recall has been issued for:
- Item 5801FRC | Lot Number: 123456
- Alert 2:** **Attention!** Item with a RIGHT body side is incorrect for this LEFT body side procedure.
5515F702 | 5515F702
- Alert 3:** **Attention!** 5510F501 | 5510F501. Item expired 70 weeks ago on 17 Jan 2022.

Below the alerts, a data visualization titled 'Time Stamp Split' shows a bar chart with the following data points:

Time Stamp	Value
10 months	4.07% (7,007 items)
6-12 months	1.14% (1,154 items)
6-12 months	2.79% (242 items)
6-12 months	1.99% (119 items)
6-12 months	4.49% (4,000 items)

Additional text in the screenshot includes 'SWANN-MORTON DISP SC 10 (CN:BUNZL - 167) Quantity: 1 / EACH [1]' and 'VJD3574 | 2750 Drape split U-drape adhesive 1900mm x 1900mm - 2400mm Quantity: 1 / EACH [1]'.

Where Patient and Procurement Align



Inventory Management and Point of Care Scanning Programme

Inventory Management and Point of Care Scanning Programme

Delivers the capability to capture all Scan4Safety unique identifiers digitally; tracking Product, Place and Procedure to Patient. As a result of this journey from **analogue** ways of working to **automated digital** processes, savings and waste prevention deliver funding to pay for the solution, automation releases clinical time and improves **productivity** while data directly improves patient safety. This is delivered nationally to drive core benefits and excellence.

Local lessons applied nationally

National team developing local skills

Joining multiple NHS programmes

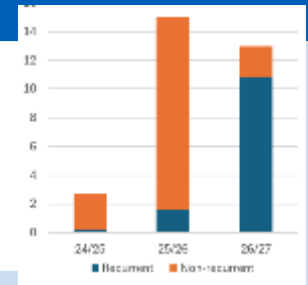
National standard on ways of working

NHS 25-26 Priorities

Reduce waiting lists; automation improves theatre productivity and reduces risk of cancellations due to product availability; **Live within budget**; productivity gains reduce need for agency and more effective use of spend; **Making the shift from analogue to digital**; delivering supply chain use case of FDP – using theatre plans to drive an optimised and resilient supply chain.

Savings

- 24/25 £2.8M signed off initial benefit from 7 trusts in stock write-off, wastage and reduction in overstock
- 25/26 £15M targeted from go-lives and excess stock
- 26/27 £13M targeted primarily recurring from reducing stock levels and increased productivity



Safety & Quality

- Implantation of wrong prosthesis
- Positive patient identification
- Patient safety alerts
- **Clinical time saved 366 hours** per year per speciality through reduction in time spent on stock management



Data Use

- **FDP**; Supply chain use case requires IMS data and aligned implementation
- **MDOR**; to prevent duplicated tasks and a reduction in productivity in method of data collection
- **Unwarranted Variation**; tracking product to place, procedure and patient will enable improved comparisons and evidence to remove the variation

Inventory Management and Point of Care Scanning Programme - Delivery Status

1. Initiation 13 wks Complete		2. Define 11 wks Complete		3. Deploy 31 wks					4. Transition 3 wks	Project Close
3.1 Mobilisation	3.2 System, hardware & infrastructure	3.3 Training	3.4 Go-live	3.4 Go-live	3.4 Go-live	3.4 Go-live	3.4 Go-live	4.1 Project transition	Off-boarded	
									West Suffolk NHS FT	
			●	●					Sandwell & West Birmingham Hospitals NHS Trust	
			●	●	●	●		●	Dorset County Hospital NHS FT	
			●						The Newcastle Upon Tyne Hospitals NHS FT	
			●	●	●				The Princess Alexandra Hospital NHS Trust	
			●	●					Northumbria Healthcare	
			●						York & Scarborough Teaching Hospitals NHS FT	
			●						The Rotherham NHS FT	
			●						Bolton NHS FT	
			●	●	●				Shrewsbury & Telford Hospital NHS Trust	
					●				North Bristol NHS Trust	
				●					University Hospitals of Morecambe Bay NHS FT	
						●			The Walton Centre NHS FT	
					●				United Lincolnshire Teaching Hospitals NHS Trust	
						●			Royal National Orthopaedic Hospital NHS Trust	
				●					University Hospitals Sussex NHS FT	
				●					Luton & Dunstable University Hospital	
				●					East & North Hertfordshire NHS Trust	
									Wirral University Teaching Hospital NHS Foundation Trust	

Recent Deployment Highlights:

- Phases 1 and 2 have been completed by all trusts
- March go-lives completed in Bolton and Shrewsbury & Telford. This means a total of 10 trusts were live by end of March
- West Suffolk: team has off-boarded
- Planned April go-lives for North Bristol, RNOH, Wirral and the Walton Centre

Deployment Challenges:

- Challenges with resourcing and capacity
- Scope taking longer to complete than originally anticipated
- Data integrity