CIO/CCIO roundtable series: North East executive summary
We started our road trip in the North East, with an insightful session sponsored by Zebra. Representatives from ten different organisations across the region, came together to look at how their organisations work, and shared information about their key areas of interest. We came out of the discussion with nine points on how GS1 standards can shape the NHS for the better.

**Point-of-care (POC) scanning is key**

Point-of-care (POC) scanning, where a patient’s wristband is scanned at frequent intervals of the care journey, puts the patient at the heart of the process. With the patient at the core, the place, the process and products involved in their treatment can all be tracked and traced. This enhances all-around healthcare provision, freeing up the time for caregivers and reducing human errors.

While standards will help drive that convergence of approach, it is important that the patient is not just commoditised as a source of useful datapoints for the care process. There’s a human being involved, not a product at a supermarket checkout.

**Traceability is of the utmost importance**

Whether it is in the supply chain or the hospital ward, traceability should be at the centre of day-to-day NHS operations. There are clear benefits to procurement and inventory management that have a knock-on effect on improving patient care.

On top of this, scanning a drug at the bedside and confirming that you have the right patient, drug, dose, route and time has the potential to eliminate the many medication errors happening daily.

People, process and technology are the three components that will help drive this change, and unique identification is the key to unlock this.
Supply chains must be real-time accessible

Supply chains are based on the same principle parts, independent of the industry they are found in. There are blueprints that can be brought into the healthcare environment from areas such as retail and adapted to fit around the ultimate end user of the NHS, and actor unique to the healthcare system: the patient.

Real-time access to event data is critical in this aspect, and a mastery of the “five Ws” is game changing: the who, why, what, where and when.

While efficiency is paramount, patient safety is both a core outcome and a key driver.

Enhanced care needs transferable tech

Releasing time to care is a major preoccupation for practitioners and reducing the handover time between different departments is one of the ways that this can be achieved.

This could even include printing a patient’s wristband when they are en route to a hospital in the back of an ambulance. Taking printing technology off the ward and introducing a variant into the vehicles of the UK’s ten ambulance trusts, could become a primary method of saving a clinician’s valuable time.

From there, the journey into acute care has a digital paper trail that follows each patient episode, from updating their patient record on arrival through to receiving discharge medicines on departure.

There can be no success without collaboration

Standards adoption is the biggest challenge in the healthcare setting, where money, time and culture often conspire to prohibit change.

Staff engagement is a critical factor, as those at the heart of delivering care need to be bought into the tangible benefits. The workload alleviation and red-tape cutting that is possible when clinicians and nurses are given barcode readers is a convincing remedy for time-poor frontline staff.

Working collaboratively to share ideas and best practice both internally and with suppliers is vital to drive adoption at scale. Showing the advantages of a winning system like North East and North Cumbria’s CareScan+, opens the door to change across the board.

Barriers to change need to be identified and tackled

The NHS spans the length and breadth of the country across 223 trusts. As with any large, disparate and long-established organisation, there are problems of organisational siloes, legacy systems and cultural behaviour.

Throw into the mix that the individual trusts are sovereign and in competition with each other, and there is another layer of complexity involved in integrating new technology.

As the healthcare landscape shifts towards more collaborative ways of working – evidenced by the introduction of STPs and ICSs – the greater the need for seamless data sharing becomes. Any new systems need to integrate seamlessly with existing internal frameworks and be interoperable with other trusts. Adoption of standards can be a baseline for a joined-up approach across disciplines and administrative boundaries.

Traceability thrives on compliance and vice versa

The Falsified Medicines Directive (FMD) and the European Union Medical Devices Regulation (EU MDR) are two sets of regulations outlined by the European Commission to promote a “robust, transparent, predictable and sustainable regulatory framework for medical devices which ensures a high level of safety and health whilst supporting innovation.”

Standards adoption is the surest route to compliance with regards to aspects of traceability and is a driving force behind nationwide support of GS1 initiatives.

The ultimate challenge is to get manufacturers and suppliers of every drug and device in the NHS compliant with FMD and EU MDR through the use of standards.

Scanning of a GS1 2D DataMatrix barcode – placed on medical products to enable them to be uniquely identified, and determined authenticity, throughout the supply chain.
NHSX and the bigger picture

NHSX was launched in July 2019 to bring together teams from the Department of Health and Social Care, NHS England and NHS Improvement into “one unit to drive digital transformation and lead policy, implementation and change.”

The brief is to prepare and expedite the movement of the NHS into the digital era – the roll out of open standards is part of NHSX’s raft of deliverables in this regard.

Adoption will likely grow as GS1 standards are being mandated at national level. One of the best examples of this has to be Lot 1 of the Health Systems Support Framework, which requires each of the eight EPR suppliers systems to have the capacity to accommodate GS1 standards.

Future scope – it’s not about chipping patients

There are a host of zeitgeist technologies mooted for the healthcare sector – from wearables, to swallowables and embeddable microchips – but are they anything more than the latest crazes?

Given the constraints of the NHS, adding further layers of complexity – or points of asymmetry that might not be reproducible from trust to trust – may hinder, rather than help progress.

While the tracking and monitoring of vulnerable patients add real value, the cycle of developing standards for standards’ sake gets little accomplished and needs to be broken.

How GS1 UK is helping

GS1 UK’s not-for-profit status and neutral stance makes us a key intermediary between NHS trusts and suppliers. In our role, we can see a bird’s eye view of the whole healthcare sector and advise all parties without bias in our areas of expertise.

Add to that our unique relationship with NHSX, and we are in exactly the right place to be able to showcase the evidence benefits and bring in the patient safety elements for the whole standards journey.

Through our partner programme, focus on engagement with suppliers, and our standards adoption groups can facilitate the discussions and field the all questions that decision makers need answering.

Find out more about GS1 standards in healthcare on our website at www.gs1uk.org/healthcare or contact a member of the healthcare team at healthcare@gs1uk.org.

To learn more about GS1 standards in action visit our case study portal at healthcare.gs1uk.org/.