

Terms of Reference

Managed Service Providers Task and Finish Sub-Group

GS1 UK Healthcare User Group (HUG)

26 February 2016

Sub Group Chair:

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Background

The Department of Health's GS1 and PEPPOL Adoption strategy for acute trusts in England has called for the implementation of GS1 standards to improve patient safety and efficiency. In order to achieve this, solution providers to the trusts will need to upgrade their software and services to be GS1 compliant. In addition, the interfaces between systems will need to be upgraded to enable the exchange of relevant GS1 compliant information. There is therefore a requirement for different solution providers to work to a common plan and time-frame.

Objective

To create a high level guideline, including timelines, outlining how inventory management, purchase to pay and catalogue systems should process and exchange data in order that acute trusts in England can implement their plans to become GS1 compliant. This guideline is expected to be an important element in getting senior level buy-in from solution providers for the investment required to become GS1 compliant.

Scope

The guidance should cover the following

- The use of GS1 keys in a number of use cases related to the core enablers and primary use cases defined by the Department of Health; eprocurement strategy (See appendix)
- The requirements of trusts in becoming GS1 compliant and the role of their suppliers where applicable,;
- A definition of the functions of the purchase to pay, inventory management and catalogue management systems which are covered by the guidance. ;
- Recommendations as to where within the systems GS1 keys and data attributes should be applied
- Recommendations how the GS1 keys and data attributes should be processed and exchanged within and between systems
- Guidance of when these recommendations should be achieved

Out of Scope

- Guidance on PEPPOL compliance
- Secondary use cases as defined in the the Department of Health's eProcurement strategy
- Guidance for supplier systems

The guidance should be reviewed with representatives of acute hospital trusts.

The guidance should be agreed with the NHS eProcurement team at the Department of Health and the GS1 UK Healthcare User Group and published on the Department of Health's Centre for Procurement Efficiency (CPE) portal with acknowledgement to the GS1 UK Healthcare User Group.

Deliverables

- A brief paper outlining the phased guidance on the actions solution providers should take to enable their customers to be fully GS1 compliant as required by the Department of Health;
- An output document showing which GS1 keys and attributes are associated with the different systems within each use case;
The process by which the guidance was created, the reasoning behind the guidance and any reservations or concerns expressed should be documented possibly in a separate paper.

Organisation

The HUG chair will appoint a sub-group chair from the HUG membership. Sub-group members may be invited by the sub-group chair to achieve the aims of the sub-group and comprise some or all of the following:

- Demonstrator trusts;
- Other trusts or groups representing trusts;
- The solution providers delivering relevant services to the demonstrator trusts selected by the Department of Health;
- Other solution providers delivering services and systems to the suppliers of the demonstrator trusts;
- Health and Social Care Information Centre (HSCIC);
- Department of Health;
- GS1 UK.

Others may subsequently be invited at the discretion of the sub-group chair.

A wider group of stakeholders, including other solution providers and trade associations, may be asked for input and to comment as part of the work of the sub-group.

The sub-group will be facilitated by GS1 UK including the drafting of recommendations.

Timing

A first draft of the recommendation should be available by 1st April 2016 and the final recommendation should be delivered to the HUG by 1st July 2016 at the latest.

Meetings

It is expected that progress will be through a mix of individual contributions and comments, and conference calls with face to face meetings at the discretion of the sub-group chair.

Decisions

The group will endeavour to arrive at decisions by consensus. If the sub- group chair assesses that consensus is not possible then decisions may be taken by a simple majority with the chair having a casting vote.

Appendix – Core enablers and primary use cases

	Phase 1	Phase 2	Phase 3	Phase 4
Core Enabler 1: Global Location Number	A single organisational GLN prefix in place	A sustainable organisational structure is in place to administer GLNs	Inventory management systems using GLN identifiers	All in-trust systems using GLN identifiers
	Trust GLN registry in place	Trust GLN registry 50% populated	Trust GLN registry 100% populated	Trust GLN data is populated into GS1 UK GLN registry
	50% of trust locations allocated a GLN	100% of trust locations have been assigned GLNs	50% of trust locations (Level 5 rooms and spaces) have GS1 barcodes affixed	100% of trust locations (Level 5 rooms and spaces) have GS1 barcodes affixed
			Interim case study including costs and benefits produced	Final case study including costs and benefits produced
Core Enabler 2: Catalogue Management	A catalogue management system is in place	50% of products purchased are listed in the catalogue system	90% of products purchased are listed in the catalogue system	30% of services purchased are listed in the catalogue system
	A detailed as-is to be gap analysis has been carried out	Relevant trust systems have been modified to utilise GTINs, GLNs and associated attributes	Integration of PIM to relevant in-trust systems is in place	A sustainable organisational structure is in place to administrate trust master data
		Where appropriate data is sourced from 'provisional central PIM'	50% of available master data is taken from the national PIM	100% of available master data is taken from the national PIM
			Interim case study including costs and benefits produced	Final case study including costs and benefits produced
Core Enabler 3: Patient Identification	50% of appropriate in-patients have GS1 wristbands given on admission	100% of appropriate in-patients have GS1 wristbands given on admission		
	AIDC scanning technology & hardware provider agreed	Relevant in-trust system are ready to store, receive and transmit to point of care scanners, EPR etc	Scanned information is stored in relevant systems. EPR etc	A sustainable organisational structure is in place to administer trust systems and processes
	Detailed processes and training plans in place to roll out point of care scanning including patient identification	Point of care scanning for patient identification in place in 50% of the trust	Point of care scanning for patient identification in place in 100% of the trust	
			Interim case study including costs and benefits produced	Final case study including costs and benefits produced
Primary Use Case 1: Inventory Management	A detailed plan is in place to manage inventory across all trusts departments	A sustainable organisation is in place to manage inventory across all trust departments	Business case produced for the creation of a single in-trust logistics function	Business case for the creation of a single in-trust logistics function agreed by the trust board
		Implementation of inventory management processes commenced	Implementation of auto-replenishment of inventory using GLNs and GTINs commenced	Trust-wide inventory levels represent an average of less than 3 weeks cover
		Creation of web requisitions has reduced by 50%	Creation of web requisitions has reduced by 75%	Less than 0.5% of purchase orders are generated by web requisition
			25% of relevant products can be tracked by batch or serial number to the patient record	50% of relevant products can be tracked by batch or serial number to the patient record
	Review of existing technical solutions for inventory management undertaken	Investment case produced to upgrade technical solution set where needed	Full technical solution set available for deployment across the whole trust	Deployment of technical solution commenced
		Interim case study including costs and benefits produced	Final case study including costs and benefits produced	
Primary Use Case 2: Purchase to Pay	Organisational review of policies and processes completed	Updated P2P policies and processes agreed	Training of relevant staff in new P2P processes completed	
		Technical development path identified and agreed	Technical solution set deployed in one department (eg supplies; pharmacy etc)	Technical solution set deployed in all departments (eg supplies; pharmacy etc)
		Plan for the trust to adopt machine to machine processing agreed	Updated P2P processes implemented	A sustainable organisational structure is in place to manage P2P processes
		Access point provider selected and live	30% of trusts purchase orders and invoices are exchanged via access points	60% of trusts purchase orders and invoices are exchanged via access points
			Purchase orders and invoices exchanged via the trusts access point carry GS1 GLN keys and, where available, GTIN keys	
		Interim case study including costs and benefits produced	Final case study including costs and benefits produced	
Primary Use Case 3: Product Safety Recall	Organisational review of policies and procedures completed	Updated product recall policies and procedures agreed	Training of relevant staff in new product recall procedures completed	
		Technical development path identified and agreed	Technical solution set deployed in one department (eg supplies; pharmacy etc)	Technical solution set deployed in all departments (eg supplies; pharmacy etc)
			Updated product recall procedures implemented	A sustainable organisational structure is in place to manage product recall procedures
			50% of product recalls are being done using the new processes	100% of product recalls are being done using the new processes
			Interim case study including costs and benefits produced	Final case study including costs and benefits produced