
GS1 UK Healthcare User Group Meeting Minutes 12 May 2015

Present

Owen Inglis Humphrey	Department of Health (Group Chair)
David Weatherby	GS1 UK (Group Facilitator)
Shiraaz Essop	NHS Supply Chain
Glen Hodgson	GS1 UK
Barbara Fallowfield	BIVDA
Judie Finesilver	Commercial Medicines Unit
Jenny Gough	Molnlycke
Mandy Hollis	Milton Keynes Foundation Trust
Rachael Hughes	3M
Judith Mellis	ABHI
Juliette New	GS1 UK (first part of meeting only)
Terence O'Kelly	Scottish Government (by conference call)
Jackie Pomroy	NHS South of England Procurement Services

Apologies

Andrew Crosbie	MHRA
Dr Sara Davies	Scottish Government
Emma Goddard	Milton Keynes Foundation Trust
Steven Gore	HSCIC
Jason Hale	Department of Health
Michael Sinclair	Dorset County Hospital Trust
Andy Smallwood	NHS Wales Shared Services Partnership - Procurement Services

Agenda

1. Welcome and competition policy
2. Apologies for absence
3. Introductions
4. Minutes and matters arising
5. DH update
6. UDI in Scotland – Terry O'Kelly
7. GS1 UK update
8. Collateral and communications
 - Practical Experience - a presentation by Jackie Pomroy of Solent Supplies
 - Review Case Studies Proposed by HUG members
 - Review supporting documentation
 - Requirements for other collateral
9. Supplier Readiness Reporting
10. Demonstrations
 - Scanning and tracking products to patients in theatre
11. HUG Membership and Organisation
12. Any Other Business
13. Action Items and Next Steps
 - Agenda items for next meeting

Minutes

Item 1 Welcome and competition policy

Dave Weatherby drew the attention of the meeting to the GS1 Competition policy

Item 2 Apologies for absence

Dave reported that apologies had been received from the following

Andrew Crosbie	MHRA
Dr Sara Davies	Scottish Government
Emma Goddard	Milton Keynes Foundation Trust
Steven Gore	HSCIC
Jason Hale	Department of Health
Michael Sinclair	Dorset County Hospital Trust
Andy Smallwood	NHS Wales Shared Services Partnership - Procurement Services

Item 3 Introductions

Those attending introduced themselves

Item 4 Minutes and Matters Arising

With minor corrections, the minutes of the last meeting were approved as accurate and also for publication on the GS1 UK web site

Item 5 DH Update

Owen reported that DH hoped to make a significant announcement within the next couple of weeks which would include confirmation of funding for the 6 demonstrator site trusts. The funding should also cover the proposed national systems including access to a national GLN registry, establishment of a product information management solution across NHS and the putting in place a framework of PEPPOL access point providers for NHS trusts. Details of the application and selection process for the demonstrator sites will also be communicated.

The DH is managing communications centrally with major suppliers to avoid suppliers having to communicate their plans individually to many trusts. At a later stage smaller suppliers may need to work with customers locally.

The DH was working with GS1 UK to demonstrate data flowing from suppliers to trusts using GDSN data pools. A report on the demonstration is expected in approximately 2 months. Rachael and Jenny both offered to participate.

The DH is also managing a demonstration of PEPPOL messaging involving a range of access point providers, NHS trusts and suppliers. The demonstration will cover purchase orders and invoices both with and without GTINs and GLNs. Expectation is that a report on the demonstration will be produced by mid-summer.

ACTION

Owen to ensure that HUG members are copied

Item 6 UDI in Scotland

Terry O'Kelly spoke to the paper titled "Incorporating Unique Device Identification into electronic patient records" which had been distributed earlier. He emphasised the need to track implanted devices fitted both within Primary Care (such as contraceptive devices) and Acute (such as pace makers, hip joints and vaginal mesh) and to make this information available to clinicians in both primary and secondary settings. A simpler alternative to central databases might be to give the information to the patient and let them inform clinicians.

Terry reported that in Scotland there is broad clinical acceptance of the need for traceability of implantable device. However progress was blocked because of the lack of a satisfactory technical solution.

There followed an interesting discussion concerning what data was required. As a minimum the product identifier (e.g. GTIN) is required but for some use cases the batch number and/or serial number may be necessary.

Item 7 GS1 UK Update

Tim Brown, GS1 UK Marketing Manager briefly described the arrangements for the GS1 UK Conference on the 9th and 10th of June in Loughborough. It was announced that HUG members could have a free ticket to the conference.

The next meeting of the GS1 UK Healthcare Advisory Board is on 24th June and will concentrate on patient safety issues. It is hoped that the CEO of Bernhoven Hospital in the Netherlands will attend the next meeting to present his experience of driving GS1 adoption across the whole trust.

Item 8 Collateral and communications

Practical Experience - a presentation by Jackie Pomroy of Solent Supplies

Jackie Pomroy presented the experience of implementing GS1 standards at South of England Procurement Services. The following points were made

The decision was made early on to implement inventory management initially in theatres since the products were high value. While inventory management is now successful with significant cost savings made, and support from clinical staff, its introduction was difficult and encountered significant resistance. It was important to have strong support from a senior sponsor.

While many products have GS1 GTINs and associated barcodes some do not. It was important to take a pragmatic view and use whatever barcode was on the product or the patient (the existing patient wrist band is not yet GS1 compliant). This involved a significant set up effort. Luckily this is less and less necessary as more and more products have GS1 barcodes – currently at around 60% of products

Future plans include allocation of GLNs to physical locations in conjunction with Estates, the roll out of inventory management across the Trust and also to the associated Isle of White Trust and the upgrading of the existing patient wrist band to be GS1 compliant.

Review Case Studies Proposed by HUG members

No case studies had been provided in advance of the meeting although a number of members reported that they had suggestions that they could bring forward. It was agreed that all HUG members should provide a short description of experiences in implementing, or preparing or planning to implement GS1 standard by the first week of June. The intention is that however small these examples would be valuable information to others.

It was also suggested that GS1 UK should

- Review existing case studies and consider reviewing them with information about any further developments.
- Consider working with GS1 Ireland to reference their case studies

ACTION

All to provide short description of GS1 related experiences to Dave Weatherby by June 3rd

GS1 UK to review existing UK and Irish case studies for possible updates

Review supporting documentation and Requirements for other collateral

There was discussion about the "Barcoding getting it right for healthcare" document that GS1 UK was considering developing. Some work has been done on this but the target audience for the document was still being worked on. The meeting was concerned that the document should be as simple as possible and not go into unnecessary detail. GS1 will provide a proposal for this document at the HUG meeting in July.

There is a detailed document produced by GS1 Global Office call AIDC Implementation in Healthcare. GS1 is considering revising this document to make it a GS1 UK specific document.

GS1 UK was asked to provide a list of Global Office healthcare documents and others produced by other MOs.

Dave reported that he was in discussion with Andy Crosbie from MHRA on a UDI document aimed at Trusts.

ACTION

GS1 UK to produce a proposal for the "Barcoding getting it right for health" for the next HUG meeting
GS1 UK to compile and distribute a list of relevant healthcare documents before the next HUG meeting

Item 9 Supplier Readiness

On behalf of Jason Hale Owen reported that the DH is preparing a direct questionnaire to the top 100 suppliers to the NHS to discover their GS1 readiness. Judith and Barbara both requested that they should be kept informed about this activity since it impacted their members and also in the information that they might ask for from their members.

Rachael said that she had some concern over the clarity of the questionnaire on which she had been asked to comment; specifically it was not clear on the level of product on which the information was required.

ACTION

Owen agreed to keep trade associations informed about the questionnaire and to pass the meeting comments back to Jason Hale

Item 10 Demonstrations

Following on from the planned demonstrations of product information flow between supplier and buyer using the GDSN and the flow of purchase order and invoice using PEPPOL Owen described the intention to undertake a series of managed demonstrations for other parts of the process flow.

The first identified subject would be the allocation of products to patients within a theatre setting, including the updating of patient records. The demonstration would pull together key staff and interested parties within the trust, suppliers and providers of the main technology elements to work through all identified elements.

Other possible demonstrations were discussed by the group including Point of care/Bedside scanning to patients, The perfect order and Bed Management. Members were asked to think about other possible demonstrations." "

ACTION

All to consider possible demonstrations of process and bring to the next meeting to discuss

Item 11 HUG Membership and Organisation

Members agreed that the minutes of the April meeting could now be published on the GS1UK web site.

Following the changes to the meeting schedule agreed during the April meeting the June meeting of the HUG would be cancelled due to it's proximity to NHS Confed and the GS1 UK Healthcare conference. The next meeting will be July 7th which will once again be extended through until 2 o'clock. The August meeting will then be cancelled to reflect a number of absences due to holidays.

Glen reported that he had arranged for a Value Maker from Future Focused Finance to attend the next meeting to see if they wished to be a member.

It was confirmed that Dave should invite additional members as agreed at the March meeting.

HUG members that have not sent a biography and picture were requested to do so as soon as possible. Dave to send out a copy of the HUG membership documents for approval before it is published on the GS1 UK website.

ACTION

HUG members that have not sent a biography and picture to Dave should do so as soon as possible

Item 12 Any Other Business

There was no other business

Item 13 Actions and Next Steps

The next meeting of the HUG will be a face to face meeting at GS1 offices on the 7th July. The HUG will not meet in June or August but will meet again on 1st September

The meeting closed at 14.02