
GS1 UK Healthcare User Group Meeting Minutes 7 July 2015

Present

Owen Inglis Humphrey	Department of Health (Group Chair)
David Weatherby	GS1 UK (Group Facilitator)
Andrew Crosbie	MHRA
Shiraz Essop	NHS Supply Chain
Barbara Fallowfield	BIVDA
Judie Finesilver	Commercial Medicines Unit
Glen Hodgson	GS1 UK
Rachael Hughes	3M – (by phone)
Jackie Pomroy	NHS South of England Procurement Services
Michael Sinclair	Dorset County Hospital Trust

In Attendance

Natalie Bateman	techUK	
Jason Hale	Department of Health	Virginia Minogue NHS England
Juliette New	GS1 UK	

Apologies

Dr Sara Davies	Scottish Government
Steven Gore	HSCIC
Jenny Gough	Molnlycke (planned to attend by phone but was given incorrect number)
Mandy Hollis	Milton Keynes Foundation Trust
Judith Mellis	ABHI
Terence O'Kelly	Scottish Government
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. Demonstrator Sites and Everyone Else
 - How can the HUG support them?
7. Carter Interim Report – Implications for GS1 Adoption
8. GS1 Case Studies
 - Everyone to bring an idea however small
9. Review List of GS1 Collateral Previously Distributed
 - Is the range of available documents sufficient?
 - How do we assess which documents are relevant to the UK?
 - How can we make it easy for people to find relevant documents?
10. GS1 UK Conference Learnings
 - Come with your top 3 suggestions for a better conference next year
 - Speakers for next year
11. HUG Membership and Organisation
 - Future meetings linked to Demonstrator and other Trusts
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 as shown above

Item 3 Introductions

Those attending introduced themselves

Item 4 Minutes and Matters Arising

With a correction in the report on Jackie Pomroy's presentation (item 8), the minutes of the last meeting were approved as accurate and also for publication on the GS1 UK web site

Items 5, 6 and 7 DH Update, Demonstrator Sites and Carter Interim Report

Owen reported that

- 42 GS1 and Peppol adoption plans had been received ranging from large (2,500 beds) to small (150 beds) acute trusts in England. From the 29 trusts that had applied to become demonstrator sites the DH will select 12 who will be supported to create detailed plans and business cases.

This work will be handled by professional service organisations and will start on the 1st August and be completed by mid-November, following which 6 will be selected to be funded for actual implementation.

Owen emphasised that the Demonstrator sites were not pilots or proof of concepts rather they would be real implementations from which other trusts could learn. However other trusts should not wait for the demonstrator sites before adopting GS1 and Peppol.

- The first recall notice to reference a GTIN had been issued by MHRA
- The DH had issued Guidance for suppliers of medical devices
- The Carter Interim report had been issued and explicitly referred to the use of GS1 standards. Owen encouraged HUG members to read the report.

ACTION

Owen to provide a list of which trusts have provided a plan and which have requested to be a demonstrator.

Item 8 and 9 Case Studies and Collateral

Mike commented that the DH provided planning template had been very helpful. He had noticed that there was increasing awareness of the value of GS1 standards in a broad range of projects within his Trust but also in the links between the Trust and the wider community. A thought leadership piece explaining how implementing GS1 standards contributes to addressing the issues raised by the Carter Interim Report, Personalised Health and Social Care 2020, the NHS Five Year Forward View, the eProcurement Strategy and the FMD and UDI regulations would be helpful.

It was recognised that users needed assistance in finding the information they required from the long list of collateral distributed in advance of the meeting. There was also concern that there was duplication and the possible differences in emphasis or even factual inconsistencies. It was suggested that a diagram, perhaps a still from the GS1 UK video with links to relevant documents might be helpful, possibly also links from DH timelines for suppliers and trusts. Judie also had a diagram that needed updating but might be useful.

It was noted that NHS SC board has approved a plan to adopt GS1 standards and will be issuing a public statement about this in the next few weeks. The plan includes initiatives to get their suppliers to become GS1 compliant.

It was pointed out that the Trusts in the Shelford Group ¹account for around 10% of all NHS purchases and they could be valuable in encouraging suppliers to adopt GS1 standards. Gary Welch is Chair of the Shelford Procurement Group and is also on the GS1 UK Health Advisory Board.

¹ The Shelford Group comprises ten leading NHS multi-specialty academic healthcare organisations. For more information see <http://shelfordgroup.org/>

Jason reported on the questionnaire that had been sent to the top 100 suppliers about their adoption of GS1 standards. It was expected that it would take some time for companies to obtain this information; Rachael confirmed this was the case even for relatively advanced companies such as 3M. It was expected that a first report of the survey results would be available in December 2015 and that the survey would then be repeated regularly to show what progress is being made.

Owen again requested that HUG members should contribute short pieces on current activity in the UK.

ACTIONS

The following actions were agreed to be completed, at the latest, by the next meeting in September

Barbara	Provide one or more case studies from a BIVDA member who had recently adopted GS1 standards
Rachael	Contact other suppliers to create a joint paper on issues in implementing GS1 standards and ways of addressing them, including who should own GS1 compliance in a supplier
Mike	Note on issues of GS1 compliance within Dorset including integration the wider community
Mike	To make contact with the Federation of Informatics Professionals in Health and Social Care to make them aware of the relevance of GS1 standards to their work and the activity of the HUG
Jackie	Note from a clinical lead at Portsmouth on the clinical benefits of GS1 standards
Andy	Note on the GTIN recall notice, what was done and why and how this might be extended in future
Dave	Request Jonathan Brown, Solution Partner Manager at GS1 UK, to ask solution providers for case studies
Dave	Work with GS1 UK marketing to produce a diagram/mind map with links to relevant GS1 documentation
Judy	To provide diagram as possible link to GS1 documentation
Glen	Contact Joe McDonald regarding the CCIO Summer School and possible input about the relevance of GS1 standards to their work
Owen	Contact John Williams at the Royal College of Physicians concerning the relevance of GS1 standards to their informatics activity and the work of the HUG

Item 10 GS1 UK Conference

The meeting made the following suggestions for next year's conference

- Less sitting and more interaction, possible use of a graffiti wall,
- Communicate with attendees via iPads etc. with surveys and questionnaires
- Allow trusts to take stands to show their GS1 implementations and plans
- Create posters to provide more detail about the workshops to help people decide which ones to attend
- Video the workshops
- Send out invites and information about the conference earlier
- Change of venue to London or possibly Birmingham. Owen suggested the DH may be able to provide a venue

Suggested speakers and content for next conference included

- Lord Carter
- Kevin Downs
- Medical Directors
- Representatives from the demonstrator sites
- Speaker specifically on purchase to pay
- Speakers from CQC, Royal College of Surgeons, Kings Fund

ACTIONS

Dave ensure the suggestions are given to conference organisers

Item 11 HUG Membership and Organisation

The meeting identified the need for communication between the HUG and the demonstrator sites. It was not clear at this stage how best to achieve this.

In addition the meeting also identified the need for communication with CQC.

These suggestions will be reviewed at the next HUG meeting.

It was decided to change the date of the next meeting to avoid clash with the bank holiday. The date was changed from Tuesday 1st September to Tuesday 8th September from 14.00 to 16.30 again at GS1 offices.

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 8th September 2015 from 14.00 to 16.30. The HUG will not meet in August.

Suggested agenda items for the next meeting

- Update on the peer reviewed clinical audit study proposed by GS1
- Update on demonstrator sites and links with the HUG
- GS1 UK Conference 2016

The meeting closed at 12.45