Department of Health

Date: June 2016

GS1 and PEPPOL adoption – Scan4Safety

Frequently Asked Questions

What is this about?

Improving patient safety, clinical productivity and supply chain efficiency by using GS1 coding standards and PEPPOL messaging standards.

What is GS1?

GS1 is a global not-for-profit standards organisation that provides standards for barcoding to uniquely identify places, products and people (patients and staff). Their standards are used by all supermarkets and many other sector in the UK and around the world.

What is PEPPOL?

PEPPOL is a European not-for-profit standards organisation that provides standards for the exchange of purchase orders and invoices between buying and selling organisations. Their standards are widely used by several European governments.

Why are we doing this?

The combined use of GS1 and PEPPOL standards in clinical and functional departments within a trust will automate many processes currently done manually, simply by the scanning of barcodes.

Is this yet another big IT project?

No - it is based on the adoption of standards not systems and relies on making better use of existing systems already implemented across trusts.

How much is it going to cost?

Current indication is this will cost around £300m to implement across all acute trusts or approximately £2m each. Most of the cost will be spent on process reengineering and change management, across all clinical and functional departments, focusing on the primary use cases of product recall; purchase-to-pay; and inventory management.

What are the benefits?

Current estimates suggest approximately £450m per year across the acute sector, equivalent to £3m per year for an average acute trust. In the main, these financial benefits are derived from:

- reductions in adverse drug events (where wrong products/quantities are administered);
- reductions from inventory management;
- more accurate costing data to inform productivity and efficiency improvements.

Quality benefits accrue from:

- freeing up clinical time – more time for patient care and less time to fill in paper work;
- traceability – faster to locate recalled products and affected patients;
- patient safety – using barcodes to positively identify each patient prior to product usage.

Will it work?

Each element in the strategy is already in use somewhere, either in the NHS, in other countries or in other sectors. What is new is combining all the elements into a single programme. DH has funded six NHS trust Demonstrator Sites to validate our assumptions and generate learning.

What is Scan4Safety?

A single title given to the adoption programme across the 6 DH funded demonstrator sites. Find out more at www.scan4safety.nhs.uk (due for launch in June 2016)

Who are the demonstrators?

Royal Cornwall, Plymouth, Salisbury, Derby, Leeds, and North Tees.

How long will adoption by the whole acute NHS take?

Current indication for an average trust is a 2 year programme. Given varied starting times, we expect it to take around 5 years for all acute trusts to implement the changes.

Can't it be done more quickly?

We believe that trusts will follow a standard adoption curve, building on the experience of Demonstrator sites and early adopters. Validation of demonstrator sites outcomes will give confidence to follower trusts that the benefits can be realised and sustained.

How did you select the demonstrator sites?

We followed a robust selection process:

1. Trust Chief Executives were asked by DH to nominate a GS1 lead (Dec 14)
2. GS1 leads were asked to submit an adoption plan (Feb 2015)
3. Trusts were invited to apply to become a demonstrator site (May 15)
4. Plans reviewed and 12 trusts were shortlisted (Jun 15)
5. Consultants were appointed to help all 12 trusts prepare detailed plans
6. Final applications were independently assessed and final six trusts selected.

Can I access these plans?

Yes, plans are available to NHS trusts on our DH workspace. To request access, please email eProcurement@dh.gsi.gov.uk . You will be provided with a link to enable registration to the workspace. A toolkit will shortly be available to help trusts prepare local plans.

What are the key risks?

The capacity and capability of trusts to embed and sustain the necessary level of change across the length and breadth of their organisation.

How are the risks being mitigated?

Adoption processes are being developed by the six funded Demonstrator Sites and experience is being shared to create tools and techniques that can be utilised by follower trusts. The model is expected to be rolled out in waves across the NHS acute sector.

What are other trusts doing?

Including the demonstrator sites, 120 have a nominated a senior sponsor for GS1 and PEPPOL adoption, of which 52 trust have produced strategic adoption plans.

What about everyone else?

All acute trusts should have a senior manager nominated as the trust lead for GS1 and PEPPOL adoption. All trusts should be producing plans to adopt and looking at ways to start. Guidance is already available on how to put the plans together.

What about non-acute trusts?

We started with acute trusts because the use cases and benefits cases were clearer early on. In the meantime, we encourage non-acute to nominate a lead, and baseline their current position.

What about suppliers?

We are working with suppliers and industry groups to ensure they are aware of our requirements. Medical device manufacturers have already been provided with detailed guidance and a Supplier Compliance Timeline. We are now working in the same way with manufacturers of medicines, and other sectors will follow.

Why will suppliers do this?

There is strong business case for suppliers to adopt GS1 and PEPPOL standards. In addition, we have mandated the requirements in the Standard Terms and Conditions of Supply for Goods and Services.

When will suppliers be ready?

With each sector we are setting out and agreeing (with the major trade associations) a compliance timeline showing the latest date by which we expect companies to be compliant with each of the stages of adoption. We are aiming for full compliance by the end of 2020.

What about IT systems?

We are working with the demonstrator sites to coordinate engagement with the commonly used system providers to make sure that they are capable, and ready to support the standards. A guidance document has been developed to assist trusts in discussions with their technology providers.

How is progress being monitored?

A programme of self-declaration is being established for both trusts and suppliers, and guidance is being provided to technology providers so that they understand the needs of both trusts and suppliers.

Can I get more information?

For Department of Health and ALB staff, please email steve.graham@dh.gsi.gov.uk

For NHS Trusts, information is available on the “GS1 Standards in Healthcare” workspace. If you do not already have access, please email owen.inglis-humphrey@dh.gsi.gov.uk

For suppliers, manufacturers and distributors there is a dedicated supplier workspace. If you do not already have access, please email eProcurement@dh.gsi.gov.uk