



Connecting for Health

Auto Identification and Data Capture in the NHS

NHS CFH and GS1 UK



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Patient safety issue examples

- In the UK, about 10% of inpatient episodes result in errors of some kind, of which half are preventable
- Of 8 million admissions to hospitals in England each year, more than 850,000 result in patient safety incidents which cost the NHS over £2 billion annually in extra hospital days.
- An average of 10,000 people suffer “serious harm” each year through misidentifying, misperscribing or wrong site surgery
- It has been noted that in most trusts there are upto 32 different numbers used to identify a patient
- Study carried out at Charing Cross hospital found that patient ID checks were only being done 17% of the time. When bar-coded wrist bands were implemented they were checked 81% of the time.

Ref: C Vincent, G Neale and M Woloshynowych (2001), Adverse Events in British Hospitals: Preliminary retrospective record review, BMJ 322:517-19



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Background

In February 2007 NHS CFH entered into an agreement with GS1 UK, an international standards body for Auto Identification and Data Capture (AIDC) technologies, for the provision of AIDC codes to the NHS.

This agreement followed a statement to Parliament by Lord Hunt (then Minister for Health) and the publishing of the Department of Health's "Coding for Success" report, both of which advocate greater use of AIDC technologies within the health service.

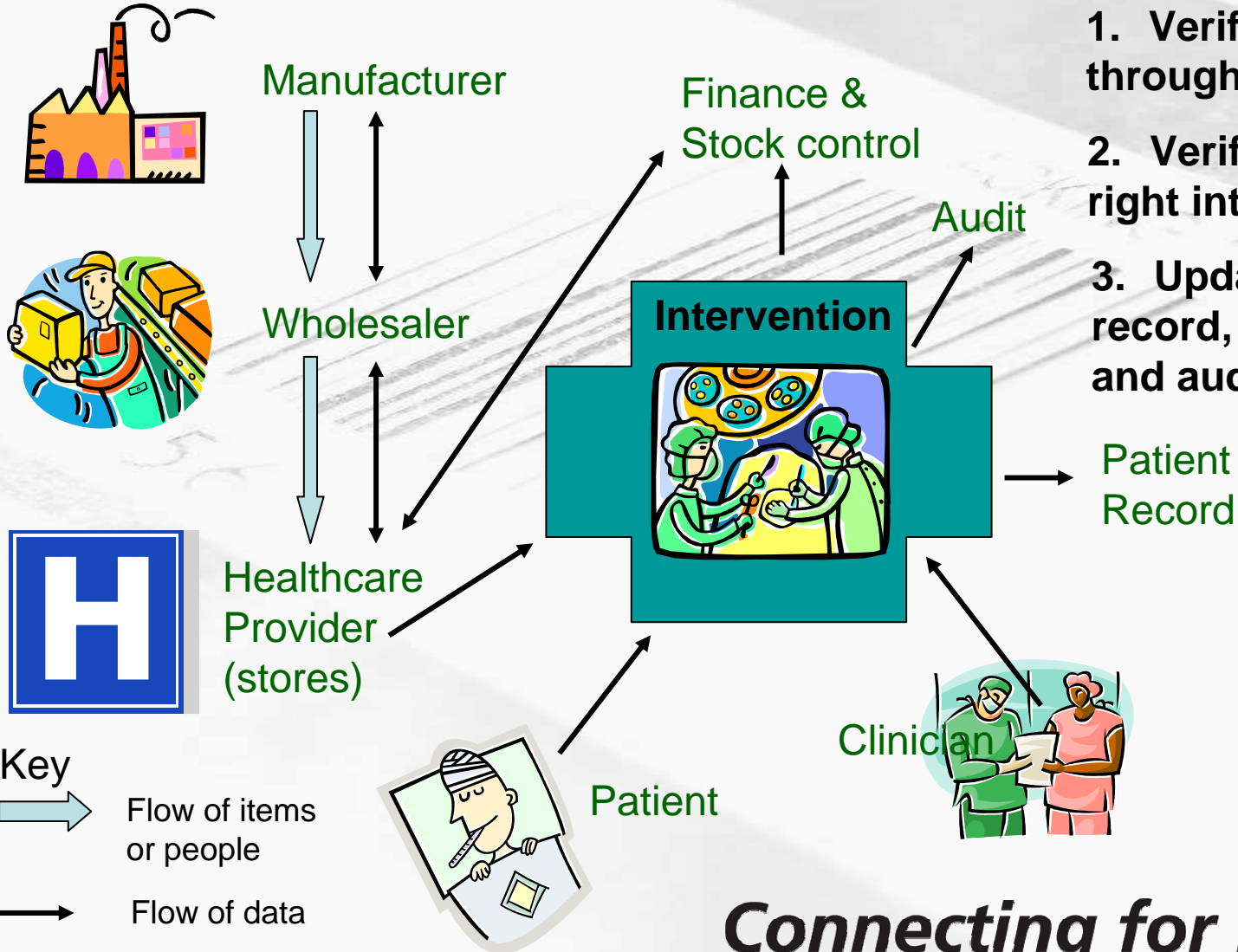
The decision was made that by centrally managing and funding the project, the adoption and application of the technology would be far greater. It also allows the "future proofing" of the technologies to be compatible with the National Programme for Information Technology (NPFIT) systems.



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The Vision



1. Verify products through supply chain
2. Verify right patient right intervention
3. Update patient record, stock control and audit



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Project team and inter agency support

The core project team that has been assembled to gain the greatest support and influence within the healthcare sector on both the NHS and the manufacturing/industry side has representation from the following area's:

- The Department of Health
- The National Patient Safety Agency (NPSA)
- The Purchasing and Supplies Agency (PASA)
- The Association of British Healthcare Industries (ABHI)
- The NHS Supply Chain (NHSSC)
- Southern Syringe, DHL, Molnlycke, Johnson&Johnson, Bunzl, Smiths Medical, Eucomed
- Representation from both primary and secondary healthcare

(Additional to this we also have strong influence in many steering groups and committees across the NHS which enables us to “spread the word” at a far greater level.)



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Main benefits of the programme

- Huge patient safety benefits
- Greater track and trace ability from manufacturer to patient
- Greater stock/waste management
- Removal of paper processes
- Greater record keeping and data usage
- Less time spent on menial tasks means healthcare staff can be more patient focused
- Great cost saving potential
- Opportunity to bring healthcare industry more in line with the NHS
- Greater protection against counterfeit medicines
- Greater links into other healthcare initiatives being run by the NPSA, PASA, MHRA, ABHI etc
- Common data set across the NHS will lead to greater efficiency



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NHS CFH and GS1UK

Main benefits of the contractual agreement between NHS CFH and GS1UK

- Access to a set of globally unique “Organisational identifiers” solely for NHS usage
- Project management resource at GS1 UK
- Technical expertise and guidance on AIDC technologies
- Dedicated service desk facility to take calls directly from the health service
- Access to GS1UK classroom training and conferences
- Professional services consultancy for assisting trusts implement initiatives
- Expert consultancy to assist with Information standards board (ISB) submissions
- Publishing of “Application guidelines” for trusts



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Key Focus Areas

When the programme was launched it was decided to focus on specific areas. This allowed more specific attention to be given to each area and more work teams to be established. These areas are:

- The decontamination of sterile surgical instruments (DSSI)
- Pharmaceutical manufacturing and medicines tracking
- Patient Identification
- Vaccine and blood derivatives tracking (EU Bridge Project)
- Global Location Numbers and the NHS Supply Chain
- The National Programme for E-Procurement
- Real time tracking



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Challenges to implementation

To make the adoption of AIDC as smooth for trusts as possible the costs were covered by NHS CFH. Added to this the guidance and policy of the DoH and the NPSA we expected adoption to be great, however hurdles were still present:

- Lack of ownership within trusts
- No clinical involvement/too much clinical involvement
- National programmes using other standards
- Migration from existing technologies
- Lack of resource in trust
- In-lining Manufacturer, supplier, trust, solution provider, customer
- Lack of understanding around “Global Standards”



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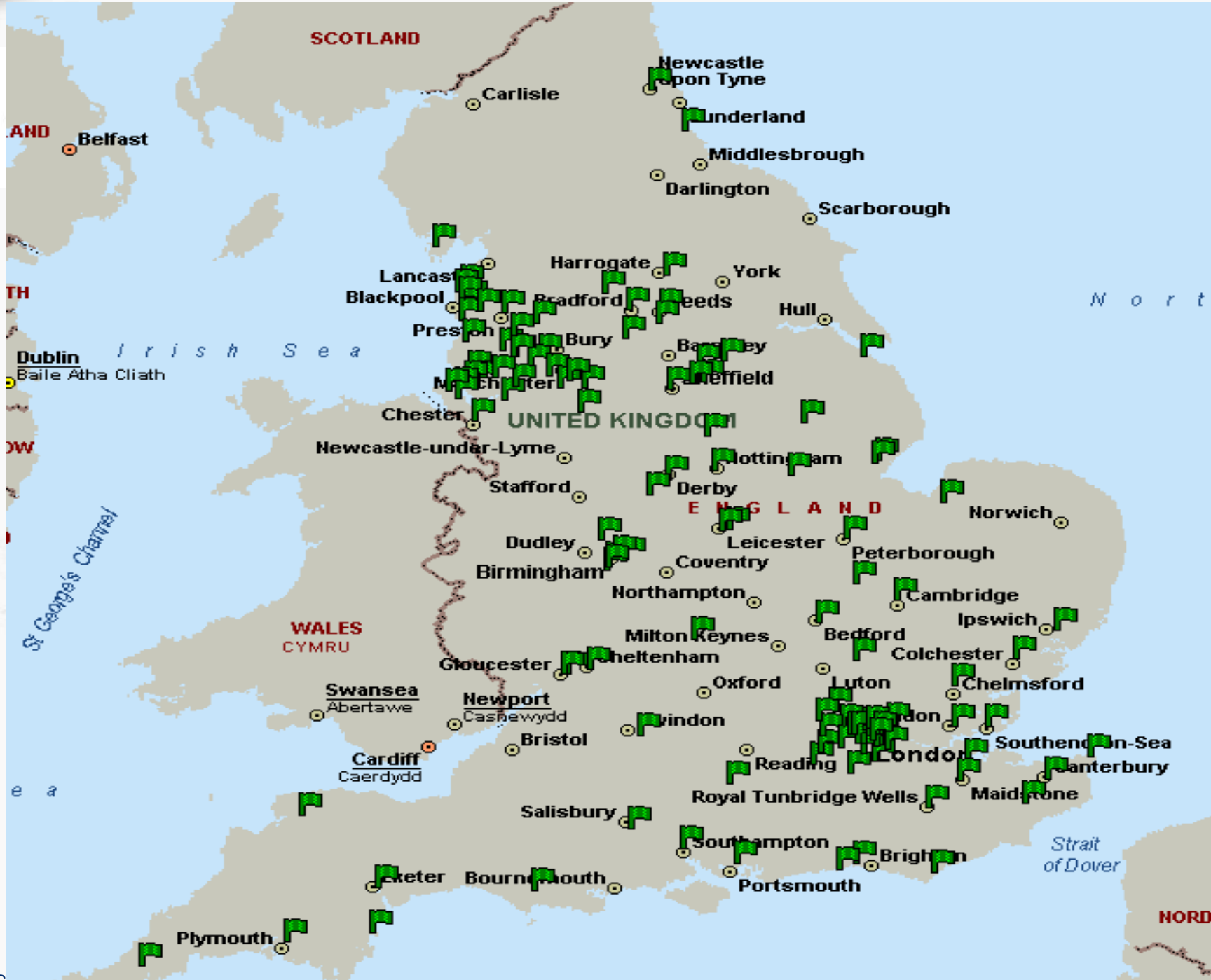


Current status of programme

- Over 190 trusts signed up to the programme
- Mass Media coverage of the programme continuing
- E-learning tool delivered by NHS CFH
- Mandatory work with the Information standards board progressing well
- AIDC work “in-lined” with the National programme for IT projects
- European and global exposure increasing
- NPSA CEO fully backing wristband technology
- Trust procurement equipment to rollout AIDC hospital wide
- Real time tracking programmes being piloted in sites across the UK
- NHS Supply chain purchasing new systems to allow use of GLN's



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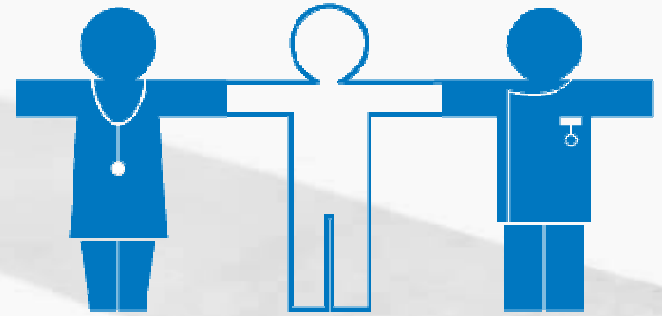


Next steps and targets for 2009

- Continue to drive adoption and excellence of AIDC across the NHS
- Lead patient ID work with the NPSA
- Lead Track and trace projects (Blood derivatives)
- Continue to work with NHS Supply chain on GLN's
- Continue to produce guideline documents in-line with GS1 UK
- Extend knowledge of the programme to international stage
- Collate outputs from trusts and build into business case
- Continue to communicate across all government agencies
- Take adoption to more than 250 trusts
- To begin the rollout to primary and tertiary care



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- Thank you for your time.
- Any questions?



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