



The Global Language of Business

Healthcare NPC Advisory Group (HCNPCAG)

4Q 2021 meeting

1 December 2021



Working together to continuously **improve** the National Product Catalogue for the **whole of Australian healthcare**

Welcome, introductions and apologies



Note: todays meeting will be recorded for the purposes of preparing minutes

Healthcare NPC Advisory Group Agenda



Time	Subject	Who
2:00pm	Welcome, introductions and apologies	Co-Chair
	GS1 Australia Limited Trade Practices Compliance Notice	GS1
2:05pm	Presentation on plans for UDI in Australia and the potential utilisation of NPC/GDSN as (one of) the mechanisms to provide data to the AusUDID	Michelle Van Wijk (TGA)
2:30pm	Presentation on NZ Health Supply Catalogue & use of NPC	Gary Hartley (GS1 NZ)
2.50pm	Start normal meeting agenda with introduction of new Co-Chair	Cath Koetz
2.50pm	Discussion of Prioritisation of improvements to NPC for Healthcare	Cath Koetz/ALL
3.40PM	Review Action Items – Key updates	Co-chair/ALL
3:45pm	Regular Updates – Highlights/Critical updates	Murray/Pan/ Recipients
3:50pm	Any other business/topics	ALL
3:55pm	Confirmation of actions, next steps, 2022 meetings	Co-Chair/GS1
4.00pm	Thanks, and meeting close	Co-Chair/GS1

Trade Practices Compliance Notice



GS1 Australia Trade Practice Compliance Notice

Participants on GS1 Boards, committees, task forces, work groups, or other similar bodies, must always remember the purpose of the Board, committee, task force, or work group is to enhance the ability of all industry members to compete more efficiently and effectively to provide better value to the consumer or end user. GS1 activity almost always involves the cooperation of competitors; therefore great care must be taken to assure compliance with trade practices laws in Australia and in other jurisdictions

This means:

- Participation must be voluntary.
- There will no exchange of confidential information such as prices products.
- Meetings will have a pre-prepared agenda and recorded by minutes.
- All recommendations from any meeting are recommendations only. Individual companies remain free to make independent, competitive decisions.
- Any standards developed must be voluntary standards.
- If any participant believes the group is drifting toward impermissible discussion, the topic shall be tabled until the opinion of lawyer(s) with experience in trade practices law can be obtained.

Presentation on plans for UDI in Australia and the potential utilisation of NPC/GDSN as (one of) the mechanisms to provide data to the AusUDID



Presentation on NZ Health Supply Catalogue & use of NPC



Discussion of Prioritisation of improvements to NPC for Healthcare



Recap - Recipient & Supplier workshops



NPC Operational Improvements

- Improve Healthcare Users experience **LOADING** and **MANAGING** data
- Enhanced flexibility in **LOADING** and **MAINTAINING** data
- Streamline supplier 'Ready' process
- Enhanced use of NPC data in areas such as Tendering
- More flexible options for Recipients to access the Data, have visibility of quality that will encourage and enable greater use
- Enhancements to highlight Data Quality issues
- Purge or filter known errant data

Develop In-system communication

- Ability for the NPC to support recipients and suppliers message each other within the system enabling direct messages to teams managing data.

Update User resources

- Review and update Recipient focused documentation and processes to enable and reinforce effective implementation, onboarding and ongoing use
- Review of User Education
- Improve understanding and visibility of Recipient requirements
- Improve communication and understanding of value

Improve Dataset Reviews & BAU update/roadmap

- Improve speed of Dataset Reviews
- Clearer, more transparent process related to requests for updates outside of Dataset Review

Prioritisation process



- Anonymous voting/survey process to all members of the Healthcare NPC Advisory Group
- Each item (total of 38) provided with choices of:
 - High Priority
 - Low Priority
 - Not required/Optional
 - Not applicable/No Comment
- Items ranked based on votes & weighed where needed
- Additional comments also invited for each section and overall

TOP 16 Priorities (1 – 4)



Objective	Item Number	Details
Enhanced use of NPC data	4.1	The Tendering process is one area where users have identified a duplication of data creation as the Tender response or Pricing sheets mirror much of the data within the NPC. Utilisation of NPC data for tender responses in place of a requirement for separate spreadsheets, or the re-creation of data in different formats could save significant time and rework and leverage the time and investment of providing data within the NPC. The suggestion is to explore the possibility of a supplier simply providing their prospective customer with a GLN to identify their catalogue and GTIN(s) identifying their product(s) which would then allow the prospect to pull data from the NPC to provide the balance of product information.
Review of User Education	10.2	Data quality starts within organisations, it is just visible within the NPC, so education related to data quality and its importance within businesses and the impact on processes (regardless of how it is shared) is an important education piece
Improve understanding and visibility of Recipient requirements	11.1	Ensure Recipients within AU Healthcare community are more visible by providing access to a listing and greater access to details of their individual requirements (eg: pricing, only contracted items, all products in certain categories, use of NPC data for tenders etc..)
Streamline supplier 'Ready' process	3.1	Unless otherwise specifically required by a Recipient (and clearly stated in their requirements), amend the ready process to be a 'Sector Ready' versus individual 'Recipient Ready' based on the agreed attributes within the AU Healthcare dataset. Or explore the option for a 'process ready' which relates more to the (documented) process used within a supplier organisation to collect the data they then publish via the NPC. This reduction in complexity given the number of healthcare recipients or changed approach should allow for more data to be provided to more recipients more quickly or potentially assist in ensuring good processes before data is loaded. Utilisation of in-system communication to advise of issues (where found) and clearer requirements from recipients should enable this simplification to be possible.

TOP 16 Priorities (5-9)



Objective	Item Number	Details
Enhanced flexibility in LOADING and MAINTAINING data	2.1	Review how pricing updates can be provided through the system where item data may have known errors that currently block this (updates may not have been completed on item data but pricing changes are urgently needed so flexibility has been highlighted as a critical need)
More flexible options for Recipients to access the Data, have visibility of quality that will encourage and enable greater use	5.4	Traditionally the data has been only published to specific 'Recipients' meaning that suppliers need to replicate this step for each trading partner. When a supplier has their whole catalogue (ITEM) data available it is not visible to anyone they have not chosen to receive it (Pub/Sub), the request has been raised to enable a 'whole of catalogue' capability search to enable recipient users to access ALL PRODUCTS' openly available data
Enhancements to highlight Data Quality issues	6.4	Review Data Quality reports to ensure they better highlight actions that need to be taken by suppliers. This may also be linked to the in-system communication
Enhanced flexibility in LOADING and MAINTAINING data	2.2	Interim load capability for products where not all attributes are available when product is created, but there is urgency to set up a basic product record
Enhancements to highlight Data Quality issues	6.1	Where an item is known to contain errant data, enable a 'flag' so it is made obvious to recipients and to suppliers. This may also link to the In-system communications
Ability for the NPC to support recipients and suppliers to message each other within the system to direct messages to teams managing data.	8.4	Increased automation of some processes and reporting to help connect the supplier and recipient sides within the NPC community

TOP 16 Priorities (10-16)



Objective	Item Number	Details
Enhancements to highlight Data Quality issues	6.3	Enable greater use of validated sources to cross reference data and ensure accuracy or flag inaccuracy. Validations are already carried out against known sources such as Prothesis Rebate Code, AMT CTPP with further validations in progress. Where errors are found ensure that they are highlighted to recipients not only suppliers so that recipients know there is an error/update needed. Again may be linked to in-system communication
Purge or filter known errant data	7.1	Seek agreement from HCNPCAG (on behalf of the healthcare sector) to purge data containing '9999999' & '8888888' (or similar) in weights and dimensions as these are a known historical issue
Review of User Education	10.1	As personnel change over time in both recipients and suppliers, often corporate IP is lost in the process. Education options need to be available to not only understand technical aspects but also understand the underlying business processes, the why the NPC exists and the benefits, uses cases for the data and related actions that are needed to drive a successful industry wide platform that benefits all the community.
Improve Healthcare Users' experience LOADING and MANAGING data	1.1	Improving online capability for managing larger catalogues
More flexible options for Recipients to access the Data, have visibility of quality that will encourage and enable greater use	5.3	Systems are not generally linked to a central source of truth within healthcare organisations (they differ from most other organisations in this regard) therefore flexibility and multiple points of access need to be enabled
More flexible options for Recipients to access the Data, have visibility of quality that will encourage and enable greater use	5.1	Technology limitations have been raised as one of the reasons behind data not being used - therefore the exploration of API/Webservices as options in addition to traditional GDSN options is requested. One use case is to allow for a specific product's data to be called using an API call within an external system (eg: Pharmacy, Theatre Management)

Summary of comments



Data quality remains an issue and needs to be a focus – recipients emphasised data MUST be complete and accurate

Maintaining NPC data needs to be as simple as possible – and improvements are needed

Distributors data needs to be linked to the manufacturer/supplier data not recreate it as that is one area where errors occur

A change to the 'Ready' process would help streamline the process

Being able to use the NPC for the tendering process would be a significant benefit

Greater use of data and visibility of it being used

Suppliers want to hear directly from their trading partners – especially when they find issues but also to know that the data is being used and there is value from the effort that is made. Reports and GS1 support this process, they do not replace it

Recipients want/need more ways to access the data – including large catalogues

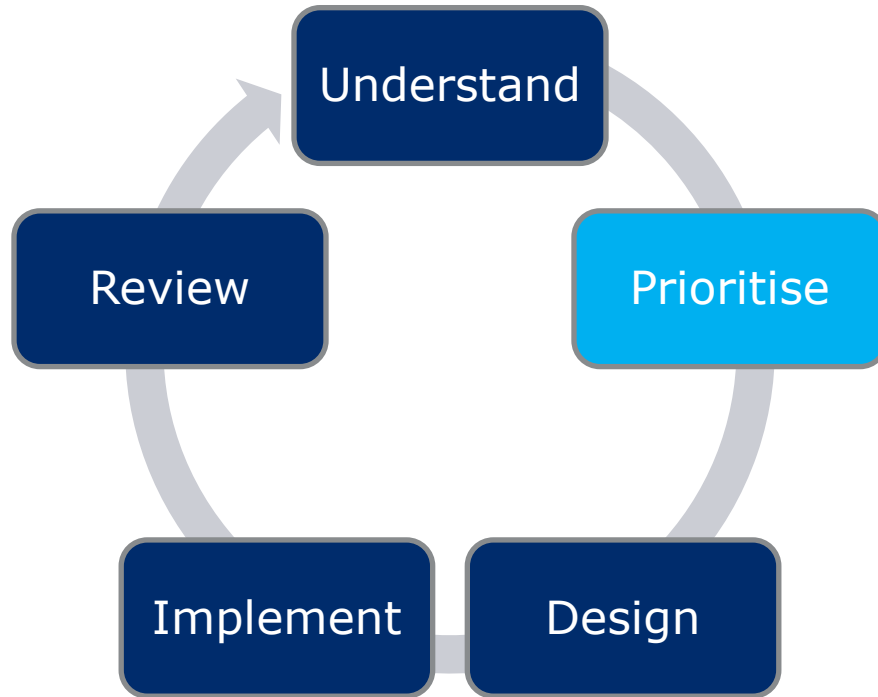
Any data that is know to be incorrect should be flagged and/or removed as no data is better than wrong data

Education activities, case studies and more forums would help understanding and adoption

Need for improved clarity on the process for changes (to NPC) to be requested and then implemented as not well understood



Next steps...



- Detailed internal review of the priorities to
 - Define streams of work
 - Define work required for each item – including where more external input is needed
 - Publish a roadmap/program for reporting back to the HCNPCAG to clearly set expectations
 - Develop communication to sector

Review of Actions Log



Actions Log (open items)



	Action Items	Owner	Deadline	Status
2.1	Executive level 'Value proposition' Document for use within executive level discussions within suppliers providing 'talking points' to assist with understanding the value of the NPC	Mark Blitenthall/Marian Makram Perkins/Cath Koetz (GS1)	01/05/2020	Overdue Draft prepared and in final GS1 review before sharing to HCNPCAG for comment
3.3	Understanding UNSPSC selection process for suppliers, specifically any barriers in fulfilling populating current code set values for products and publishing to NPC.	Murray Robb (GS1)	Open	Further detail required from users in order for GS1 to action further. Issue originally raised by a member of the HCNPCAG who is no longer involved in the sector
4.1	GS1 seeks the suggestions from the group regarding suggestions on what else GS1 or this group can do to help drive the Data Quality improvement within NPC.	GS1/ALL	Recurring	Ongoing and linked to broader improvement discussions
5.2	Improvement to user documentation for the healthcare sector including the development of new tools to assist all users where needed/possible (refer Dataset review feedback)	Murray Robb/Deborah Prince - GS1	Open	
5.3	Explore options to show a catalogue has had a full review as part of the DQI reporting (Is this an Industry wide 'Ready' status?) (refer Dataset review feedback)	Murray Robb - GS1	Open	
5.4	Explore how to signify where a catalogue has been reviewed by another recipient (Is this an Industry 'Live' status?) (refer Dataset review feedback)	Murray Robb - GS1	Open	
5.5	Investigate the possibility of an 'Interim load' of data (refer Dataset review feedback)	Murray Robb - GS1	Open	Included as action within Reimagining priorities
6.1	Co-Chair nominations to be sent to group	Cath Koetz - GS1	Propose to close Dec 2021	Nominations sent and new Co-chair appointed
6.2	Project plan and 'dashboard' progress reporting related to the updated dataset (visibility of deliverables, timelines and where hold-ups are being experienced)	Murray Robb - GS1	Open	
6.7	Development of report informing suppliers which recipients are using/have accessed their data within the previous month	Deb Prince & Murray Robb - GS1	Open	WIP item as it is challenging to create such a report due to the diversity of how recipients access and use the data

Actions Log (open items)



	Action Items	Owner	Deadline	Status
7.1	<p>AMT-CTPP Action plan to be developed including:</p> <p>Creation of an AMT-CTPP – GTIN Value proposition paper, outlining data linkage initiative and benefits to industry</p> <p>Practical Demonstration of how the AMT-CTPP and GTIN Linkage works in practice incl overview plus data flows etc..</p>	Pan Teng ADHA	New	(This action is an amalgamation of 3.2, 6.3, 6.4)
7.2	Update/Actions on remaining Dataset Review changes including new or amended fields, changes to validation rules, changes to DQ reporting, transition to any GDSN attributes from local attributes (resulting from the Healthcare Dataset Review 2020/21)	Murray	New	
7.3	Allowing for the new dataset to stabilize and be implemented, complete a review/assessments of what data is actually being used and HCNPCAG to then decide whether any attributes can be removed from the sector requirements.	GS1 with Recipients	September 2022	Details to be determined. Item added based on discussion in Sept 2021
7.4	Use cases to be updated to add 'Supply Chain Surety' and reflect feedback from Reimagining workshops	Cath Koetz/Mark Blitenthall GS1	New	1/12/2021 Suggestion for discussion with HCNPCAG to create a new document that reviews the use cases and incorporates these with 'value proposition'
7.5	Actions from Workshops to be shared with HCNPCAG for feedback to help define priorities	Cath Koetz GS1	New	1/12/2021 Prioritization exercise completed and presented at December 2021 meeting for final discussion prior to action

Regular Updates

- NPC statistics – detailed update on # of users and product records
- Data Quality Improvement progress
- AMT CTPP/GTIN project update
- Updates from Recipients on their programs





64,431 GLN/entities involved

incl manufacturers/suppliers, recipients (health organisations, GPO, distributors etc.), government agencies etc..

* Increase by **1,254** (2%) since Aug 2021

41 Active GDSN Datapools working in healthcare

Australia's NPC is 3rd largest globally

* Increase by 1

253 Countries (Target Markets)

* No change

4,624,077 Product Records

- 3,823,101 MedTech +1.4%
- 83,544 Pharma -1.7%
- 717,432 Other +3.9%

* **1.7%** increase on Aug 2021 numbers

NPC HC Statistics – AU (Oct 2021)



667 Publishers/Suppliers

* Increase by 6 since July 2021

5 Certified Product Providers

* no change

23 Recipients

- 8 state health departments
- 4 private hospital groups
- 10 distributors
- ADHA

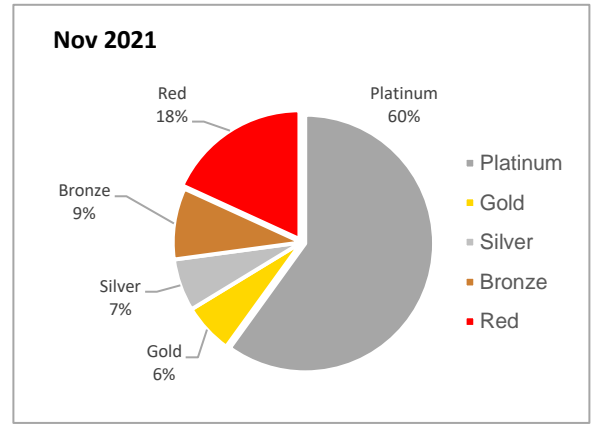
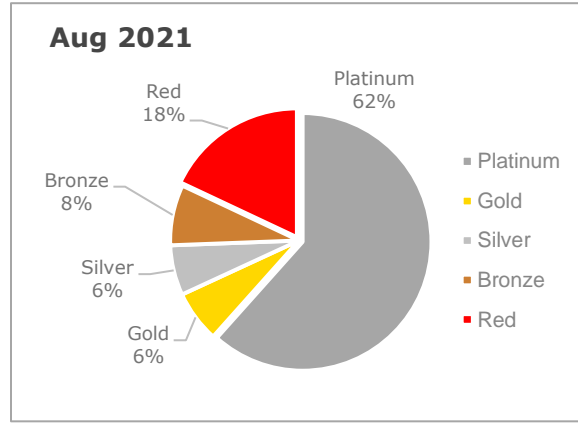
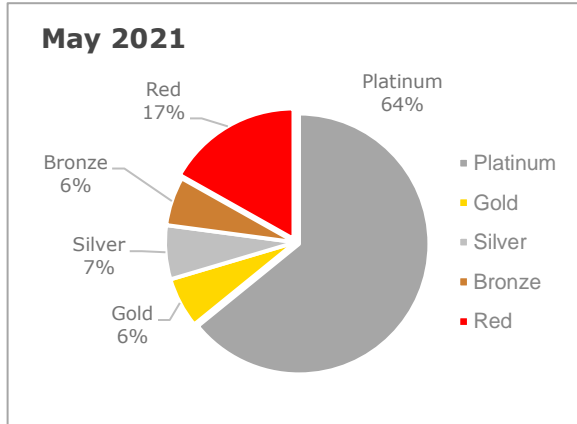
* No change

454,072 Product Records

- 381,913 MedTech
- 72,159 Pharma & Other

* 1.4% increase on July 2021 numbers

Healthcare Data Quality Program



	Red	Bronze	Silver	Gold	Platinum
Nov 2021	83 – 18%	41 – 9%	30 – 7%	29 – 6%	274 – 60%
Aug 2021	83 – 18%	35 – 8%	29 – 6%	30 – 7%	284 – 62%
May 2021	78 – 18%	28 – 6%	31 – 7%	29 – 6%	297 – 64%

	Top DQ Errors
1	Missing v19.0501 UNSPSC code
2	Missing Manufacturer Name
3	Invalid Prostheses Rebate Code
4	Missing Manufacturer Internal Reference

Addressing the Top Data Quality errors



	Top DQ Errors	Count	Suppliers
1	Missing v19.0501 UNSPSC code	27803	89
2	Missing Manufacturer Name	15459	40
3	Invalid Prostheses Rebate Code	8535	20
4	Missing Manufacturer Internal Reference	4381	35
5	Brand missing from Trade Item Description	3870	30
6	Depth contains 9999, 99999, 999999	3839	20
7	Width contains 9999, 99999, 999999	3839	20
8	Trade Item Description = Additional Trade Item Description	3810	17
9	Height contains 9999, 99999, 999999	3786	20
10	Trade Item Description contains commas	3711	37
11	Selling UOM missing from Consumer Unit	3082	29
12	Short Description = Functional name	2460	27

- Invalid PRC – included specifically in DQ reports and would be one element of data that could be ‘purged’ potentially
- Invalid measurements (& weight) could be one element that could be ‘purged’ – but note NZ currently accepts this data
- Missing data elements (UNSPSC, Manufacturer Name, Manufacturer Internal Reference) – based on feedback in one-on-one discussions are the most impactful

Two proposed actions for consideration:

1. Campaign to suppliers to highlight errors separate to DQ reports, with support from recipients to reinforce why data is needed
2. Review of validation rules to remove any that are unnecessary for AU Healthcare so they just focus on critical issues

AMT-CTPP Update – Nov 2021



- 6,089 NPC records have a valid AMT-CTPP code
 - **3%** increase Aug to Nov
 - **20%** increase May to Aug
 - **25%** increase Jan to May
- 43 NPC records contain a deprecated code (replacement available)
- 194 NPC records contain an invalid AMT-CTPP code

- 3,807 NPC records have been identified as probable AMT-CTPP applicable records - not populated
 - * 17% decrease since Aug

Regular Updates

Updates from Recipients on their NPC programs & engagement activities



Any other business/topics



Confirmation of actions and next steps



Proposed 2022 meeting dates

1Q 2022 - Wed 9/02/2021, 2-4pm

2Q 2022 - Wed 4/05/2021, 2-4pm

3Q 2022 - Wed 3/08/2021, 2-4pm

4Q 2022 - Wed 9/11/2021, 2-4pm





**Thank you for your
support in 2021!**

**Have a safe, healthy and
happy festive season!**

Meeting close