

Name	Healthcare NPC Advisory Group (HCNPCAG) – 3Q 2021 meeting
Purpose	NPC Advisory Group for Healthcare industry

Meeting details:

Date	Time	Location
15 Sept 2021	2:00pm	Remote dial-in
Co-Chair	Elizabeth Donohoo, Director Terminology - Australian Digital Health Agency Co-chair Vacancy to be filled	
GS1 support	Cath Koetz, Industry Manager - Healthcare - GS1 Australia Murray Robb, Manager – Services Implementation – GS1 Australia	
Attendees & Apologies	Refer later in minutes	

Meeting minutes:

<p>a. Welcome, introductions and apologies – Attendees/Apologies (refer later in this document)</p> <p>b. GS1 Australia Trade Practices Compliance notice – Referred to each meeting, accessible on HCNPCAG HUB (Link)</p> <p>c. Minutes of previous meeting – Approved Pan Teng ADHA, Seconded Kamlesh Lal HSV</p> <p>d. Review of Action Items</p> <p>e. 2.1 - Executive level 'Value proposition' development – Final draft being reviewed internally within GS1; Once signed off it will be published in the coming weeks (Mark Blitenthall – GS1)</p> <p>f. 3.2 – AMT-CTPP/GTIN/NPC activities – Activities related to longer term process re how AMT will be managed and some of the jurisdiction’s activities tie into this topic. Further update on topic and progress later in the agenda (Pan Teng – ADHA), Agreement whilst discussing 6.3 and 6.4 to amalgamate these actions into a single new action</p> <p>g. 3.3 – UNSPSC selection process improvement – Challenging topic, further investigation needed, and more detail required from Advisory Group members/users to understand the problem and then propose solution. Has been on hold until dataset completed. (Murray Robb – GS1)</p> <p>h. 4.1 - Suggestions on what else GS1 or HCNPCAG can do to help drive the Data Quality improvement within NPC. – linked to broader discussions regarding NPC improvements, discussed also as part of the workshops and outcomes; left open as a recurring focus of this group (Cath Koetz - GS1)</p> <p>i. 4.2 All HCNPCAG members invited to actively participate in the Dataset Review process – Proposed to be closed/Agreed by Advisory (Cath Koetz - GS1)</p> <p>j. 5.1 - Finalisation of the Healthcare Dataset ready for implementation including new or amended fields – First release of the new dataset is now completed with communication to the user community. Some aspects are still in progress. More detailed review later in agenda of the AG 15/9/2021. Proposed to be closed and a new Action Item added to cover outstanding items regarding validation rules that are still to be implemented. (Murray Robb - GS1)</p> <p>k. 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) – Area of ongoing improvement, some improvements already undertaken as part of the dataset review and others will be delivered as part of ongoing process of improvement to better suit the healthcare sector. Some of the improvements include a new webpage, some updated examples, updated to the online data dictionary (Murray Robb & Deb Prince - GS1)</p>

- l. **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) – Not available in the current design of the Data Quality Reports but with the finalisation of the dataset this is something that GS1 will take a closer look at (Murray Robb – GS1)
 - m. **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) Not available in the current design of the Data Quality Reports but with the finalisation of the dataset this is something that GS1 will take a closer look at (Murray Robb – GS1)
 - n. **5.5 - Investigate the possibility of an 'Interim load' of data (refer Dataset review feedback)** – Similar to 5.3 & 5.4, these items have been reflected in the feedback captured in the workshops. With these 3 items we may look to remove as actions and roll into the roadmap for improvements as that is released. (Cath Koetz – GS1)
 - o. **5.6 - Improve ongoing improvement process (refer Dataset review feedback)** – Underpinning piece of the purpose of this group, left open as recurring item but proposed to close – which was agreed by group (Cath Koetz - GS1).
 - p. **6.1 - Co-Chair nominations to be sent to group** – Apology for delay in sending out, was sent with agenda and will also be sent as a follow up to today's meeting. (Cath Koetz – GS1)
 - q. **6.2 - Project plan and 'dashboard' progress reporting related to the updated dataset (visibility of deliverables, timelines and where hold-ups are being experienced)** – Dashboard for the dataset has been provided/this action is completed, a further update will be presented as part of the advisory group agenda; Going forward a dashboard will be created/shared to provide greater visibility regarding ongoing improvements/deliverables/roadmap (Murray Robb – GS1)
 - r. **6.3 - Value proposition AMT-CTPP to be revisited / refined** – Suggestion to amalgamate with 3.2 (agreed by Advisory group) (Pan Teng – ADHA)
 - s. **6.4 - Arrange a practical demonstration for AMT-CTPP initiatives in action. Overview plus diagrams of data flows.** – Suggestion to amalgamate with 3.2 (agreed by Advisory group) (Pan Teng – ADHA)
 - t. **6.5 - Coordination of deep dive workshops separately for recipient and supplier NPC users to further investigate usage concerns** – workshops held in August, details from these will be shared in today's meeting, GS1 proposed to close this action (agreement from Advisory Group) (Cath Koetz – GS1)
 - u. **6.6 - Improving visibility - NPC Recipient outreach to enhance visibility of recipient information that can be accessed via GS1 and Recipient websites (data usage, requirements, programs, contacts etc.)** – New webpage has been created and launched (<https://www.gs1au.org/for-your-industry/healthcare/npc-in-healthcare/australian-healthcare-data-recipients?viewmode=0>) Proposed that this action be closed although further enhancements will continue to be made (Cath Koetz – GS1)
 - v. **6.7 - Development of report informing suppliers which recipients are using/have accessed their data within the previous month** – Challenging action to address due to the ways that recipients are accessing data (some Machine to machine, others manual download etc.), GS1 continuing to assess how to implement. (Murray Robb & Deb Prince – GS1)
- w. **Co-Chair Nominations** – Advisory Group members were once again invited to nominate for the vacant co-chair role. Follow up to be sent post meeting.

Regular Updates

GDSN statistics – Increased in global GLN involved in GDSN for healthcare with an additional 1488 since April; Still 40 active datapools and NPC remains the third largest globally; 253 countries are involved in GDSN within healthcare; 2.4% increase in total product records for healthcare items since the last update – now over 4.5million product records globally – steady increase each time we provide updates.

NPC statistics – 7 new publishers in healthcare since April, no change in Certified product partners, no change in the number of recipients in healthcare which still sits at 23, minor increase in the number of healthcare products

Data Quality Improvement progress – Looking at the rolling average regarding data quality to statistics are fairly consistent, a little disappointing in the latest figures as the Platinum suppliers have dropped from 64% to 62%. Missing UNSPSC Version 19, Missing Manufacturer Name and Invalid Prosthesis Rebate Code, Missing Manufacturer Internal Reference are the top 4 errors – however please note that some additional checks are being run on the PRC errors as this has seen a significant increase in number of errors/invalid codes since the last time.

- **Comments/Questions from group:**

- **Kamlesh/HSV** – noted that the 4 errors mentioned have a significant impact on supply chain processes in Victoria. Question raised regarding what can be done to close these gaps? Response from Murray Robb (GS1) – In the case of manufacturer name and manufacturer internal reference, these were historically not required so it is an ongoing action to ensure that they are populated. Anything new loaded today has validation rules to ensure that they are provided but the challenge is to address the historical data where they were not previously requested.

AMT CTPP/GTIN project update – Focus of the work remains with follow ups to suppliers to ensure they update. Just under 60% of the products now have the CTPP which is a significant improvement/achievement. More follow up to continue from ADHA perspective. Target is to reach at least 75% populated to the move to phase two of this process where the CTPP and GTIN map will then be included in the release of NCTS/AMT data. Recipient work continues to ensure that they are pulling data and assist in continuous improvement and alignment of the mapping.

- **Comments/Questions from group:**
- **Reuben/QLD** – of the products without a CTPP, have you checked to see what proportion of the products may not have a CTPP allocated as this will impact the %. Pan agreed that there would be a number of those because there is limited visibility of the current medicines in the market so it is hard to predict what is missing.

Recipient Program Updates – Invitation provided to group & none made at this time

General Discussion

Dataset Review – Update on dashboard reporting for go-live of the new dataset provided. Most tasks completed with the launch of the new data set completed in early September as scheduled. Communication sent directly to the user community, information packs made available on the web and several information webinars also scheduled to help explain the changes to users (registrations open at time of meeting). Information available here <https://www.gs1au.org/for-your-industry/healthcare/npc-in-healthcare/a-simplified-healthcare-data-set>. Changes have been focussed on improvements for users/simplification. Data requirements now product centric (Medical Devices, Medicines, Other products) to make it easier for suppliers to understand what data they need to provide and easier for recipients regarding what data is available. Attributes are also now logically grouped within the dataset versus alphabetical to make them easier to understand. Some new attributes added based in requests from the stakeholders during the triennial review and agreement from HCNPCAG members.

- **Comments/Questions from group:**
- **Elizabeth/ADHA** – for those interested in the webinars how do they find them? Mark Blitenthall (GS1) Details on the new webpage and also sent directly in an EDM. Available to anyone post this meeting if interested.
- **Elizabeth/ADHA** – Now this is completed, what is the process for the next review? Cath Koetz (GS1) Triennial process is only one part of how we manage the requirements, and took over a year to complete this time because of the significant work that was needed and due to covid challenges. BAU process to manage ongoing requirements now in place to allow for users to request additional requirements and for those to be assessed and voted on as part of the HCNPCAG role and broader user community.
- **Kamlesh/HSV** – Question regarding what proportion of the products that are in NPC contain the data attributes within the dataset. Murray Robb (GS1) we do not store details on an ongoing basis for all attributes as it is constantly changing but can provide details on an as needs/request basis. Kam specifically highlighted Country of Origin, Manufacturer References, Brands and so on that are critical to supply chain surety. Kam will reach out directly to Murray to seek this information. Cath Koetz (GS1) also mentioned that perhaps if specific attributes have now become critically important then some targeted communication to supplier regarding this would be helpful in reinforcing their importance.
- **Trent Barret/JnJ Medical** – The dataset is moving to BAU is great, but how do we then assess the actual use of the information? The true value lies in not only asking for the data, or the providing of it but also in its use. Cath Koetz (GS1) suggested that we allow the dataset to stabilise and then work to do some assessment of what is actually being used and if data is not being used then remove it potentially.

Recipient and Supplier Workshops – Opening comment from Elizabeth (ADHA) that the workshops were very interactive and valuable discussion.

Workshops hosted in August (17th for Recipients and 19th for Suppliers). Input received from over 40 organisations, thank you to all who participated. Workshops focussed on what is working, what could be improved, what are the use cases, what does the future look like, how do we improve engagement. Details captured and provided in full back to each group following the sessions. Reinforced that the NPC in Healthcare is provided for and led by the industry and therefore participating in this kind of activity enables GS1 to deliver what the sector needs and provides value – as this is the reason that it exists. Aggregated details from the workshops have been distilled to try to create actionable, valuable outcomes-based activities/tasks with defined benefits for both recipients and suppliers. Further thoughts or comments invited. Reinforced that the NPC was always intended to support a vast amount of systems and processes (diagram used in the workshops to highlight this also shown to show the complexity of the ecosystem).

Key points from workshops –

- No deal breakers but a good amount of areas for improvements to be made;
- New use case for Supply Chain Surety highlighted (to be added to Use Case document) and other updates suggested;
- Use of NPC data in the Tendering process highlighted as the most valuable for both recipients and suppliers;
- Reinforcement of the Value/Why use NPC highlighted as important instead of the discussions being so focussed on compliance to contracts – need to change the narrative to 'trusted single source', but also reinforcement that organisations needed to look closely at how they manage data internally also;
- Feedback grouped into 4 main areas - NPC Operational Improvements, In-system communication, User resources & Improve Dataset review and BAU maintenance.

Details of the actions to be shared with the HCNPCAG for prioritisation but some items already started to be actioned as they are simple and need little additional input, some will take some time to implement due to technical nature of them and the need for further input from stakeholders. Results of prioritisation will be fed into roadmap following review at the next HCNPCAG meeting for the NPC team to manage/report back on.

- **Comments/Questions from group:**
- **Valeria/JnJ** – reliance on manufacturing sites makes it hard to collect this data and some products are misshapen so it is hard to collect and provide the data, and this is why the dummy data is provided. Are you saying that this will no longer be accepted. Cath Koetz (GS1) in truth the dummy data should never have been acceptable but we initially were using NPC for 'cataloging' not supply chain so the sector decided to allow it. With the change to want to use the data for supply chain and logistics improvement the dummy data is useless to recipients. If there are legitimate reasons for specific product types to remove this requirement then this can be raised for a discussion with the sector and changes can be made if agreed. The focus needs to remain on quality data but allowances may need to be made for no data to be provided in some cases where traditional measurement is not possible versus forcing incorrect data to be provided.
- **Kamlesh/HSV** – Reinforced the need for the dimensional data to assist in logistics processes in the warehouse and on the wards as they need to plan space for storage etc. and there is a much greater emphasis on this (data for cubing) than there was previously, especially for medical consumables.
- **Elizabeth/ADHA** – Reinforced that the success/or not of this relies on us (the users and the HCNPCAG members) not on GS1, so encourage people to take the time to provide the feedback and to raise anything that needs to be raised.

Any other business/Topics –

- **Cath Koetz/GS1** - Healthcare sector migration from Locatenet to the National Location Registry to take place in early October. For any questions please do not hesitate to get in contact. As communication between recipients and suppliers are seen as the most important suggestion that NPC GLN and data team contact points encouraged to be shared via the National Location Registry to help more easily connect the data teams to help them work through requests, issues etc.. more directly.
 - **Kamlesh/HSV** – reinforced request for suppliers to not only publish contracted items but also non-contracted items and any items that suppliers sell to health services across Victoria as this data is required just as much if not more than contracted items as they make up such a large proportion of the products that are sold across the state. More than 550 users access the NPC data in Victoria and the data from all products is strongly requested. Cath Koetz (GS1) similar requests have been raised from others. Peter/Uniting Care concurred that they require the same form their suppliers.
- x. **Confirmation of actions and next steps** – refer to Actions Log.
- y. **Confirmation of next meeting dates**
- z. **Meeting Close**

Next HCNPCAG meeting

Date & Time	10 th November 2021, 2-4pm
Location	Remote dial-in (Note: new invitation to be provided)
Organiser	Cath Koetz – GS1
Co-Chairs	Elizabeth Donohoo - ADHA

Actions Log:

	Action Items	Owner	Deadline	Status
1.1	Terms of Reference to be updated with feedback from Kick Off meeting & distributed to HCNPCAG members for review and approval at commencement of Meeting 1 2020.	Gary Russon (GS1)/ALL	Closed	Approved, Item closed 19 February 2020
1.2	Call for Co-Chair Nominations from HCNPCAG group members in accordance with Terms of Reference.	Gary Russon (GS1)/ALL	Closed	Rob Setina (HPV) and Elizabeth Donohoo (ADHA) confirmed as co-chairs 17 th June 2020
1.3	Detailed NPC statistics to be provided for reference at all future HCNPCAG meetings	Sascha Timoshanko (GS1)	Closed	This is to be closed as an action item and be included as part of the standing agenda for the AG meetings
1.4	Healthcare Data set & Use Case Review by industry	Cath Koetz & Murray Robb (GS1)	Closed – refer to Action 3.5	Discussion at meeting on 26 th August to launch after delays.
1.5	Enhancement requests for NPC platform and Data Quality Improvement reports	Justin Middleton & Murray Robb (GS1)/All	Closed	This will be closed as an action and be included as a part of the standing agenda of the AG meetings
1.6	Nominations for additional industry representation (in line with Terms of Reference)	GS1/ALL	Closed	Additional nominations open at any time This will be closed as an action and be included as a part of the standing agenda of the AG meetings
1.7	Meeting requests including Zoom dial in details to be sent to HCNPCAG group members for all 2020 meetings	GS1	closed	2020 meetings have all been set and invitations sent.
2.1	<i>Executive level 'Value proposition'</i> 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 to be provided to AG members for review and comment.
2.2	Recipients to share details of their programs on an ongoing basis to the AG (within Recipient updates) and aim to communicate this within their own programs.	Recipients (ALL)	Closed	This will be closed as an action and be included as a part of the standing agenda of the AG meetings
2.3	Further discussion in future meetings to ensure that required NPC statistics are available across all active Recipients to further detail the utilisation of NPC data.	GS1 staff Recipients (ALL)	closed	No additional feedback provided, closing item as an action and can revisit in future as needed
3.1	GHS (Global Harmonised System) as possible NPC attribute for Dangerous & Hazardous Goods classification and reporting	AG members to advise within dataset review	Closed	Agreement to add to the NPC Dataset as optional for all products, Closed Feb 2021
3.2	Creation of ADHA driven AMT-CTPP – GTIN paper, outlining data linkage initiative and industry support. Also call for ideas supporting other digital or meds management initiatives/policies, calls for ideas – note.	Pan Teng (ADHA) Cath Koetz/Murray Robb (GS1)	Closed – refer 7.1	Pan to seek assistance to craft statement on AMT-CTPP – GTIN initiative. Cath & Murray to look at mechanisms to support process from GS1 side

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
4.2	All HCNPCAG members invited to actively participate in the Dataset Review process	GS1/ALL	Closed	Completed and participation from representatives across the sector very good (refer Nov 2020 meeting) Agreement to close 3 rd June 2021
5.1	Finalisation of the Healthcare Dataset ready for implementation including new or amended fields	Murray Robb - GS1	Closed	Closed as review has been finalized, but a new action added as 7.2 to allow for reporting on any outstanding items that need to be implemented.
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
5.6	Ongoing process improvement (refer Dataset review feedback)	GS1/ALL	Closed	Closed as agreed Sept 2021 as this is a core element of the HCNPCAG versus a single action item
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	
6.3	Value proposition AMT-CTPP to be revisited / refined	Pan Teng ADHA / Cath Koetz GS1	Closed	Action amalgamated into 7.1
6.4	Arrange a practical demonstration for AMT-CTPP initiatives in action. Overview plus diagrams of data flows.	Pan Teng ADHA / Cath Koetz GS1	Closed	Action amalgamated into 7.1
6.5	Coordination of deep dive workshops separately for recipient and supplier NPC users to further investigate usage concerns	Cath Koetz / Mark Blitenthall	Closed	External workshops held 17 th & 19 th August
6.6	Improving visibility - NPC Recipient outreach to enhance visibility of recipient information that can be accessed via GS1 and Recipient websites (data usage, requirements, programs, contacts etc.)	Cath Koetz- GS1	Closed	New Australian Healthcare Recipient webpage created by GS1 (https://www.gs1au.org/for-your-industry/healthcare/npc-in-

				healthcare/australian-healthcare-data-recipients?viewmode=0 Further enhancements require Recipient action to be completed
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
7.1	AMT-CTPP Action plan to be developed including: Creation of an AMT-CTPP – GTIN Value proposition paper, outlining data linkage initiative and benefits to industry Practical Demonstration of how the AMT-CTPP and GTIN Linkage works in practice incl overview plus data flows etc.. (This action is an amalgamation of 3.2, 6.3, 6.4)	Pan Teng ADHA	New	
7.2	Implementation including new or amended fields 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 to ensure that what is being requested is of value
7.4	Use cases to be updated to add 'Supply Chain Surety' and reflect feedback from Reimagining workshops	Cath Koetz/Mark Blitenthall GS1		
7.5	Actions from Workshops to be shared with HCNPCAG for feedback to help define priorities	Cath Koetz GS1		

Meeting attendee summary

Name	Healthcare NPC Advisory Group - Meeting 08 - 3Q 2021
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Meeting details

Date	Time	Location
15 Sept 2021	2pm-4pm AEDT	Remote dial in – Zoom details in meeting invitation

Attendees	
Name	Organisation
Elizabeth Donohoo	Australian Digital Health Agency
Kamlesh Lal	HealthShare Victoria
Stanley So	HealthShare Victoria
Pan Teng	Australian Digital Health Agency
Paula Bandini	Boston Scientific
Sandy Giles	Cook Medical
Trent Barrett	Johnson & Johnson Medical
Rob Swain	ACT Health/Canberra Health Services
Ian Bull	Act Health/Canberra Health Services
Peter Wilson	UnitingCare Health
Reuben Daniels	Queensland Health
Valeria Romeykova	Johnson & Johnson
William Lee	Roche
Yuki Tanubrata	Olympus
Clive Calder	Pfizer
Sharon Couper	Pfizer
Annette Fennell	3M
Raji Kadikatia	B Braun
Dolores Ternes	Smith & Nephew
Catherine Koetz	GS1 Australia – Industry Engagement (Healthcare)
Nigel Fuller	GS1 Australia – Industry Engagement (Healthcare)
Margo Fraser	GS1 Australia – Industry Engagement (Healthcare)
Murray Robb	GS1 Australia – NPC Service
Deborah Prince	GS1 Australia – NPC Service
Keith Lai	GS1 Australia – NPC Service
Mark Blitenthall	GS1 Australia – Services Engagement
Andrew Brown	GS1 Australia – Services Engagement
Dimi Pachyannis	GS1 Australia – Services Engagement

Apologies received from
Darren Tyler – Abbott
Andrew Leong – Sigma Healthcare
Anojan Sivarajah – NSW Healthshare
Jithendra Nair – Cook Medical
Ian Boyle – Queensland Health
Craig Ellen – WA Health
Terry Van der ham – Tasmanian Health
Paula Bandini – Boston Scientific (will be late)
Robert Webb – Cook Medical
Chris Hawke – Device Technologies
Sarah Lankshear – Stryker (will be late)
Marcel Sieira – GS1 Australia
Jackie Betts – Queensland Health
Robert Webb – Cook Medical
Michel Hulzebos – Healthscope
Deepti Shukla – WA Health

End of document