

Health System Catalogue

Response to MTANZ Questions (19-Sep-23)

1. Will PEHNZ forms be replaced by the HSC, and also the biomedical forms?

As part of the extension phase of the HSC, we are looking to attach relevant documentation to the products in the catalogue. This may include PEHNZ forms, but probably not the Biomedical forms in the first instance. Since there are workflows associated with these processes, we need to ensure that if we attach a PEHNZ form to the product(s), that it is a completed form and has been verified by Te Whatu Ora.

In the future, we will also look to work with PEHNZ to align the data requested and information already provided by Suppliers in the HSC. There may be an opportunity in the future to create a digital workflow instead of the current paper-based process.

2. For certification what format can be uploaded?

In general, we would prefer to accept pdf documents, but we are also able to ingest x,x and x format files.

3. How does or will the HSC work with the TPB submissions?

There has been no analysis as yet on any alignment between the HSC and the TPB, but this is a future opportunity as the requirements for the TPB become clearer.

4. What duplication can be removed from suppliers and Te Whatu Ora?

By using the Health System Catalogue as the central place for all product information, we are looking to reduce the amount of information that suppliers need to provide to multiple parties in Te Whatu Ora. There is growing engagement in this regard, but it does rely on all Suppliers publishing their complete data sets into the HSC.

5. What applications can the data be used for?

The HSC is the primary source of product and pricing information. It is primarily used for procurement, contract management and product evaluation processes.

6. How do suppliers have confidence that pricing is not visible to specific customers?

Pricing information is available to specified HSC users. This is a subset of the pool of HSC users, and access to pricing data is managed on a user-by-user basis, according to the information that they need to access for their roles.

Pricing information is not available in the public domain and is not shared with, or viewed by, other suppliers or anyone who does not have access to the HSC.

All parties who are involved in developing, communicating and/or accessing pricing information have a responsibility to manage the confidentiality of the pricing information appropriately. It is expected that user access within these entities is managed on a “need to know” basis, and that security of the information is a priority.

Access to pricing information is on an aggregate basis per user, it is not managed at the contract level, or on a supplier-by-supplier basis.

7. Who qualifies for access to the HSC, can suppliers have visibility of who has access?

Access to the HSC is managed through individual login credentials and is granted in response to requests from Te Whatu Ora management.

There are currently HSC users across the following entities:

- Te Whatu Ora Districts
- Te Whatu Ora – Procurement, Supply Chain and Health Technology Management
- Te Whatu Ora –FPIM Oracle and HSC master data
- Pharmac

8. What is the process for customers to receive updates post go live?

It is expected that Suppliers maintain their data in the HSC (i.e. add new items as they become available, keep current data up-to-date and end-date discontinued products). The HSC is currently the primary source of product information, and updates currently need to be made in other systems on a manual basis. We are currently working on an integration, so that this process can be automated in the future.

9. How is duplication going to be handled (multiple suppliers offering the same product)?

Each supplier has a separate catalogue within the HSC and there is an aggregate master catalogue, which many HSC users will use as their primary view. The HSC is “product centric”, so where the same product is sold by multiple suppliers, the user will see all of the suppliers and prices listed for that product.

10. How does the HSC handle tiered pricing?

Tiered pricing is generally handled in two ways:

- Where suppliers have price breaks based on volumes, they are able to publish pricing in relation to each tier, using the “Bracket Tier Minimum” and “Bracket Tier Maximum” price data attributes.
- For Pharmac tiered pricing, Suppliers publish prices to each respective District based on their GLN numbers. Where there are pricing differentials due to Pharmac tiered pricing, each product will require 20 lines identifying the relevant price for each District. Since suppliers know which district is accessing each tiered price, it is expected that the Supplier will provide this information to the HSC.

11. When is the HSC going to be completed? MAG to support scoping of end of phase 1, close off required.

The HSC will continue to evolve as more products are added and further information is included within the catalogue. This process will take many years. Closing off phase 1 still requires a number of suppliers to publish their complete data sets to the HSC. At present, there are still some MAG members, who have not provided complete data sets.

12. When is the HSC going to be used for EDI? Will it be used?

There is an initiative underway at present to progressively move suppliers onto EDI. The initial focus is for suppliers with the highest volume and/or value of transactions. Phase 1 is to transition the suppliers who are already using EDI onto a new platform and then make it available to all Districts. Phase 2, which is commencing now is to identify additional suppliers to move to EDI. One of the criteria for selection for EDI will be the completeness of data published to the HSC.

13. When can we be confident that the HSC is the one source of truth and suppliers do not have to provide data that it contains to Te Whatu Ora and others?

We continue to grow the HSC towards being a comprehensive source of item and pricing information for Te Whatu Ora. Although there is a growing focus on using the HSC as the primary data source, to fulfil this we need to get complete data sets from all Medical Device Suppliers as soon as possible.

14. MAG to share information re how to upload data if a supplier is not with GS1

The HSC have developed a Supplier Portal for suppliers who do not wish to provide data through GS1. The Supplier Portal requires Suppliers to be more self-sufficient regarding the preparation and maintenance of data. For further information on the Supplier Portal, feel free to contact the HSC Supplier Engagement Lead, Ian Malone at ian.malone@nzhp.health.nz.

15. What are the benefits of GS1? Streamlined process to provide information once only (GS1 overview to be sent)

GS1 NZ is part of a global network of GS1 organisations. Operating as a network, they are often able to assist suppliers to get information from manufacturers to help with preparing data for the HSC. They also provide guidance and assistance in completing and maintaining data in the HSC. This can be a significant value to some suppliers.

In addition, where suppliers also provide products to Southern Cross and/or distribute through Onelink, GS1 provide data to these recipients. Suppliers are therefore able to share data with these organisations by publishing through the GS1 National Product Catalogue.

16. Investigate the possibility of GS1 lowering fees, or fee sharing with suppliers

GS1 is a separate organisation from Te Whatu Ora and the Health System Catalogue. This will need to be discussed directly with GS1 NZ.

17. Watch out from AU; data requirements in contracting and duplication of recall process (TGA & GS1)

The recall process is not currently in scope for HSC, however once the HSC becomes a comprehensive catalogue of items for NZ, it could assist with the recall process.