



The Global Language of Business

Healthcare Procurement and Tenders

A Practical Guide to Integrating GS1 Standards



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Executive summary

Healthcare procurement is a strategic lever for patient safety, regulatory compliance and system efficiency. Procurement should not be viewed solely as a sourcing function, but as a strategic enabler of safer, interoperable and digitally connected healthcare systems. However, many hospitals and health systems still operate fragmented, manual and product-centric procurement processes that limit traceability, hinder automation and obscure true clinical and financial performance.

This guidance sets out how **GS1 standards should be embedded systematically into hospital procurement policy, tendering and operations**, so that product, location and transaction data can be captured once, used consistently, and reused across clinical, logistics and finance processes.

Why this matters now

Healthcare systems face increasing pressure to:

- Improve patient safety and recall readiness
- Meet medical device and regulatory traceability requirements
- Reduce manual work, errors and inefficiencies
- Achieve better cost control, inventory optimisation and spend transparency
- Enable digital and interoperable hospital operations
- Introduce systems that reduce the ability for human factors to contribute to mistakes

These objectives cannot be achieved through voluntary or ad hoc use of standards. They require clear standards-based procurement requirements, precise technical specifications and controlled supplier onboarding. These objectives cannot be achieved through voluntary or ad hoc use of standards. They require clear procurement mandates, precise technical specifications and controlled supplier onboarding.

What this guidance enables

This document provides:

- A strategic framework for executives and policymakers to embed nationally aligned standards requirements through procurement frameworks and contractual mechanisms
- A practical operating model for procurement and supply chain systems to engage with finance, clinical and nursing colleagues
- Tender-ready specification clauses and supplier requirements that can be adopted directly
- A phased roadmap that allows hospitals and suppliers to progress without disruption
- A national blueprint for authorities seeking to scale adoption consistently across providers

Core principle

Hospitals and health systems should move beyond generic requirements such as “support traceability” or “use barcodes”. Procurement documents must specify:

- Which identifiers are required for UDI compliance and Supply Chain efficiency
- On which packaging levels
- In which barcode symbology
- With which encoded attributes
- Through which master data and transaction routes
- By which stage of the procurement and onboarding process

Precision at tender stage determines success in operations and clinical use.

Expected outcomes

The realisation of these outcomes depends on the level of digital maturity of the healthcare organization. The effective use of GS1 standards also depends on the existence of appropriate operational workflows, scanning capabilities and digital systems able to capture and use the data consistently across logistics and clinical environments.

In practice, many healthcare providers are at different stages of maturity. This guidance is therefore designed to support progressive adoption, allowing organisations to implement GS1 standards in a phased and pragmatic way.

When implemented effectively, GS1 standards can enable:

- Reliable product and location identification across systems
- Products that can be effectively scanned at goods receipt and, where applicable, at point of care
- Improved traceability to patient or procedure
- Faster and safer recalls
- More accurate inventory management and replenishment
- Improved analytics and sourcing decisions

Executive accountability

Successful adoption requires executive sponsorship, clinical leadership and cross-functional ownership, spanning procurement, supply chain, finance, and digital/IT. Procurement strategy and policy must be treated as a board-level instrument, not a technical initiative.

Successful adoption will also require education, awareness and implementation support activities coordinated by GS1 Member Organisations and healthcare stakeholders.

National authorities and regulatory authorities play a critical role by:

- Embedding standards requirements through national policy frameworks, procurement strategies and contractual arrangements
- Providing shared infrastructure and guidance
- Aligning supplier and provider requirements
- Making patient safety through use of standards an explicit programme outcome

This guidance is intended to support procurement and implementation activities, but it does not replace applicable national laws, procurement regulations or healthcare regulatory requirements.

Where conflicts arise, national regulation and legal obligations shall always take precedence.

Why GS1 matters in hospital procurement

Procurement in healthcare goes beyond just buying products. It is important throughout the whole care, regulatory and supply process.

GS1 standards add value by linking different parts of the healthcare system.

- One source of truth across systems: With common standards, data is captured once and re-used across procurement, inventory, logistics, and finance. This helps cut down on errors and inefficiencies.
- Better decisions through reliable data: While GTIN provides unique identification of trade items, additional classification systems (such as GMDN, EMDN or equivalent) may be required to support functional product comparison, benchmarking and category management.
- Improved patient safety and traceability: GS1 standards let products be identified and tracked to the point of care. This supports safer use, quicker recalls, and better patient outcomes.
- More efficient, digital processes: Structured data improves accuracy and reduces paperwork.
- Support for regulatory compliance: By using standards, procurement teams can make sure suppliers meet requirements for UDI, traceability, barcode quality and shelf-life.
- Stronger performance and cost control: Standardized data helps with better demand planning, cuts down on waste, and supports more accurate cost analysis, even at the patient level.



The core GS1 standards that should be required

Policies and procurement documents should clearly state the minimum requirements. Instead of using vague terms like “support traceability” or “include barcodes,” hospitals or authorities should specify exactly what is needed.

GTIN (Global Trade Item Number): the unique identifier for trade items. A valid GTIN should exist for each packaging level and serve as the product identifier used in master data, order-2-cash process and analytics.

GLN (Global Location Number): the unique identifier for legal entities, hospitals, warehouses, departments, cost centres, delivery points, theatres, cabinets and other supply chain locations. GLN is critical for accurate ship-to, bill-to, deliver-to and goods-in processes.

GS1 DataMatrix / GS1-128 / EAN-13: data carriers depending on product type and packaging level.

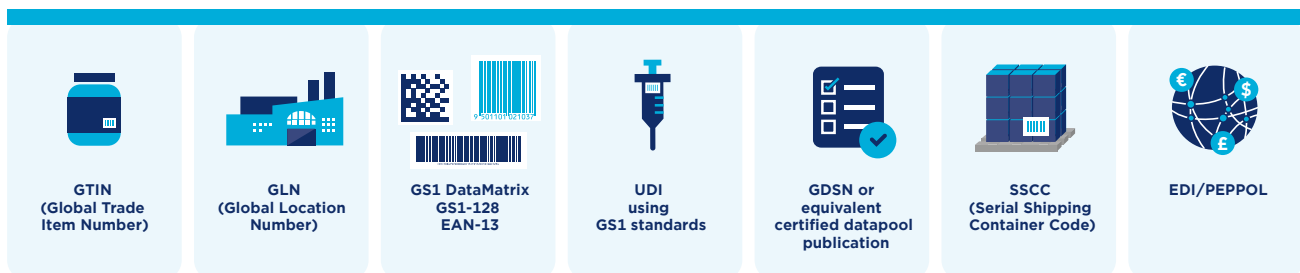
UDI in GS1 format: where medical device regulations apply, the UDI-DI should correspond to a valid GTIN and the production identifiers (UDI-PI)

should support the required traceability model. For high-risk devices and implants, serialisation expectations should be explicit.

GDSN or equivalent certified datapool publication: suppliers should publish and maintain accurate master data in a GS1-certified datapool wherever feasible, or provide a structured digital master data file aligned to the required dataset where national infrastructure is still being established.

SSCC (Serial Shipping Container Code): recommended for logistics units such as pallets and outer transport packages where the receiving process needs more mature track-and-trace and receipt automation. This can also support Advanced Shipping Notices (ASN) for recipients.

EDI/PEPPOL: Electronic transactions



How hospitals should embed GS1 requirements in tenders

Tender documents should be organized in layers.

- **First, define the policy objective.** For example, the hospital is adopting GS1 standards to support product identification, location identification, master data quality, automated data capture, traceability, patient safety, recall readiness, inventory optimization, invoice automation, and analytics.
- **Second, define applicability.** State clearly whether the requirements apply to all products or only to specific categories such as medical devices, surgical consumables, implants, pharmaceuticals, laboratory products or high-value non-stock items. Also specify packaging levels covered.
- **Third, define minimum technical requirements.** These usually cover GTIN allocation, barcode symbology, mandatory encoded attributes, human-readable labelling, barcode quality, master data submission, transaction messaging capability and notification of any changes to product setup.
- **Fourth, define operational requirements.** These may include ability to send or receive structured purchase orders, despatch advice, invoice messages, support for hospital GLNs, scan-ready packaging, linkage between GTIN and units of measure, and support for product onboarding and changes.
- **Fifth, define evidence of compliance.** Ask suppliers to provide their GS1 company prefix or evidence of a licensed GS1 membership, sample labels, sample master data, barcode verification reports where needed, details of datapool publication, and a statement of messaging capability.
- **Sixth, define consequences.** Contracts should specify that failure to provide accurate master data, GS1-compliant labelling or agreed identifiers may impact onboarding, goods receipt processes, payment workflows or access to specific operational environments, subject to applicable contractual frameworks, procurement regulations and local governance arrangements. Such measures should be proportionate and aligned with applicable procurement regulations, and may include remediation plans or phased implementation timelines where appropriate.

Operating model by process area

Tendering and sourcing: specifications should require suppliers to declare whether products already carry GTIN, UDI, batch / expiry and serial number where relevant, whether master data is available through GDSN, and whether electronic transactions can be exchanged.

Product onboarding and catalogue management: no item should go live in the hospital catalogue without validated product master data.

Warehouse and goods receipt: receiving should use GTIN and GLN, and for relevant products also batch, expiry and serial. This is where tender wording needs to move beyond “barcode present” to “barcode scannable in routine workflow and encoded with the required dynamic data”.

Where logistics maturity allows, the use of SSCC for logistic units is recommended to enable more efficient receiving processes, reduce scanning effort and improve traceability across shipments.

Inventory management and replenishment: master data, units of measure and packaging hierarchies must be accurate enough to drive auto-replenishment and avoid errors.

Clinical use and traceability: Clinical areas such as theatres, cath labs, wards and other high-risk areas should progressively enable product scanning to the patient or procedure. Procurement requirements should ensure GTIN identifiers that clinicians can actually use at the point of care, avoiding the need for relabelling or workarounds that may introduce safety risks or legal liability. Procurement policy therefore influences patient safety directly.

Invoice automation for processing and payment: Standardised identifiers and structured transaction data can support more accurate invoice matching, contract compliance validation, purchase-order reconciliation and reduced manual intervention across procure-to-pay workflows.

In more mature environments, this may also support improved spend visibility, contract-to-invoice traceability and faster payment processing.

Analytics and category management: standards-based data makes it possible to compare like with like, benchmark prices, understand true consumption, reduce unjustified variation and build stronger sourcing strategies.

Tender-ready specification clauses

The use of GS1 standards within procurement frameworks should always remain aligned with applicable public procurement legislation, competition principles and market accessibility requirements.

The clauses in Appendix A are sample language. They can be used in public tenders, technical specifications, supplier agreements, or hospital policies. Legal and procurement teams should always review them before they are issued.

The most important rule when drafting is to be precise. Do not just ask suppliers to “use GS1.” Specify which identifier is needed, on which packaging level, in which barcode, with which attributes, through which master data route, and by what date or stage.

Supplier onboarding and compliance model

To make standards work in practice, supplier compliance should be introduced progressively rather than as a strict all-or-nothing requirement.

A simple way to do this is to group suppliers based on their level of readiness:

■ Tier 1 – Fully compliant

Suppliers that meet all requirements (product identification, master data and electronic messaging).

■ Tier 2 – Partially compliant (data ready)

Suppliers that already provide standard identifiers and product data, but are not yet fully enabled for electronic transactions.

■ Tier 3 – Early stage / in progress

Suppliers with partial compliance, supported by a clear and time-bound plan to meet the requirements.

This tiered approach allows hospitals to progress towards standardisation while supporting suppliers at different levels of readiness, rather than excluding them from participation.

Supplier maturity may vary by product category, business unit, framework agreement or regional implementation context.

Assessment models should therefore allow flexibility and recognise that compliance readiness may evolve progressively across different areas of a supplier organisation.

Requirements should be designed to support a broad supplier base, including SMEs, by allowing phased compliance and providing clear and achievable implementation timelines.

The objective is to drive standardisation while maintaining fair and open access to procurement processes.

Before first delivery, suppliers must provide product master data, sample barcodes, ship-to and bill-to location mapping, a named implementation contact, and evidence that the data loaded in the hospital system matches the physical label.

If some suppliers are not yet ready, the hospital should create a transition plan with clear deadlines, focusing first on high-risk or high-value categories.

The NHS model demonstrates the importance of treating procurement and standards adoption as a board-level strategic priority.

Hospitals should establish cross-functional executive governance involving procurement and supply chain, finance, digital / IT and clinical leadership, particularly for priority use cases such as theatres, implants and high-risk products.

GS1 Member Organisations play a key enabling role by providing guidance and support to hospitals throughout the adoption journey.

This includes helping hospitals understand and define requirements, ensuring these are clearly reflected in tender specifications, and supporting structured supplier onboarding. In addition, delivering training for both hospital teams and suppliers, ensuring consistent understanding and correct implementation of GS1 standards across the ecosystem

EVALUATION CRITERIA	WEIGHTING	SUPPLIER A		SUPPLIER B	
		Score	Weighted Score	Score	Weighted Score
Compliance & Regulatory	20%	4.5	0.90	4.5	0.90
Product Quality & Performance	20%	4.0	0.80	4.5	0.90
ISO Standards Compliance	10%	5.0	0.50	4.5	0.45
Total Cost of Ownership	20%	3.5	0.70	4.0	0.80
Supply Reliability	10%	4.0	0.40	4.5	0.45
Sustainability	10%	4.5	0.45	3.5	0.35
Financial Stability	5%	3.0	0.15	3.5	0.18
Service & Support	5%	4.0	0.20	4.0	0.20
TOTAL SCORE	100%		4.10	4.5	4.13

KEY OBSERVATIONS

- All suppliers meet mandatory compliance and regulatory requirements.
- Supplier B leads in overall score with strengths in quality, reliability and total cost.
- Supplier A demonstrates strong ISO compliance and sustainability performance.
- Supplier C offers competitive pricing and strong innovation capability.

RECOMMENDATION

Proceed for due diligence with Supplier B, subject to final commercial terms.

National health system blueprint

For national healthcare authorities, establishing a co-ordinated blueprint for procurement transformation requires alignment between policy objectives, standards adoption, data governance and stakeholder collaboration.

First, standards adoption should be tied to policy and contract requirements, while ensuring alignment with national procurement regulations and market accessibility principles.

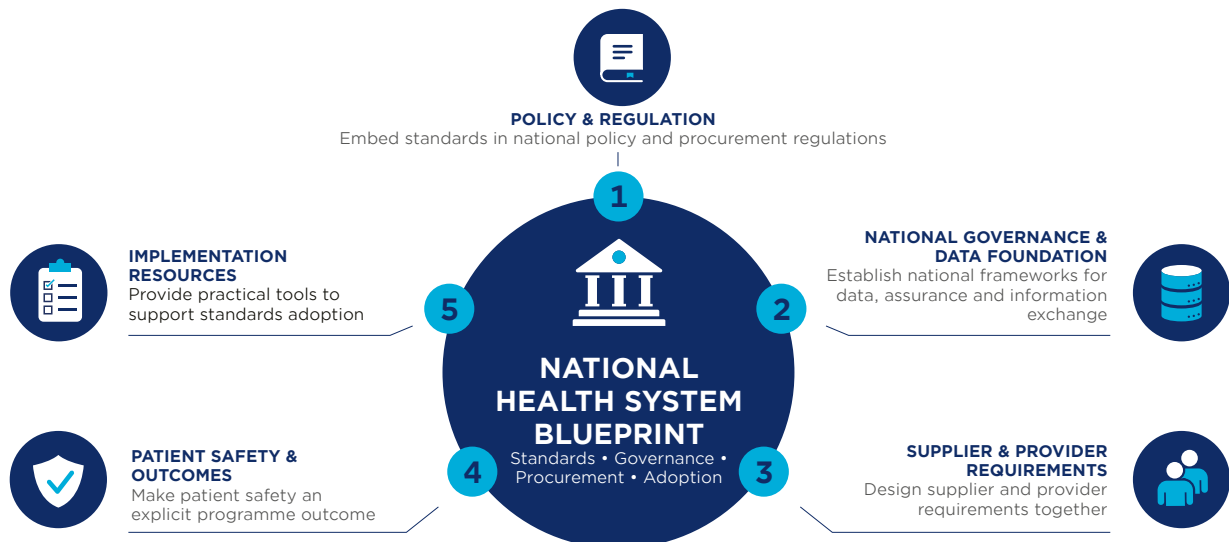
Second, national infrastructure matters. Nationally coordinated master data governance and shared infrastructure models may significantly reduce duplication, improve data quality and simplify supplier onboarding processes. Where appropriate, healthcare systems may consider centralised Product Information Management (PIM) capabilities that enable suppliers to publish standardised product data once for reuse across multiple providers and procurement environments.

Third, supplier requirements and provider requirements must be designed together.

Fourth, patient safety should be an explicit programme outcome, not just a supply chain side benefit. A national blueprint should therefore define: the nationally adopted standards framework; the minimum national dataset by category; the governance model; the certification or assurance approach; the expected messaging architecture; the location registry model; the spend analysis capability; and the compliance timetable by provider type and product category. National systems may also choose to publish standard tender clauses, supplier conformance templates, barcode quality guides, location coding guidance and standard adoption plans so that providers do not have to reinvent the same documents locally.

NATIONAL HEALTH SYSTEM BLUEPRINT

A standards-based framework for consistent adoption across the health system



COLLABORATION ACROSS THE HEALTH SYSTEM



COMMON GOAL : Consistent implementation. Safe care. Efficient systems. Sustainable health outcomes for all.

Phased implementation roadmap

Hospitals can adopt GS1 standards step by step, building capabilities over time rather than trying to implement everything at once.

Phase 1 - Foundation: Start by defining the scope, priorities and governance. Establish clear ownership, identify priority product categories, and assess your current situation. At this stage, include basic requirements in new tenders, especially around product identification and master data.

Phase 2 - Core enablement: Put in place clear rules for managing product data and onboarding items. Introduce standard identifiers for products and locations, and begin using scanning at goods receipt. Focus first on high-risk or high-value areas such as implants, operating theatre products and medical devices.

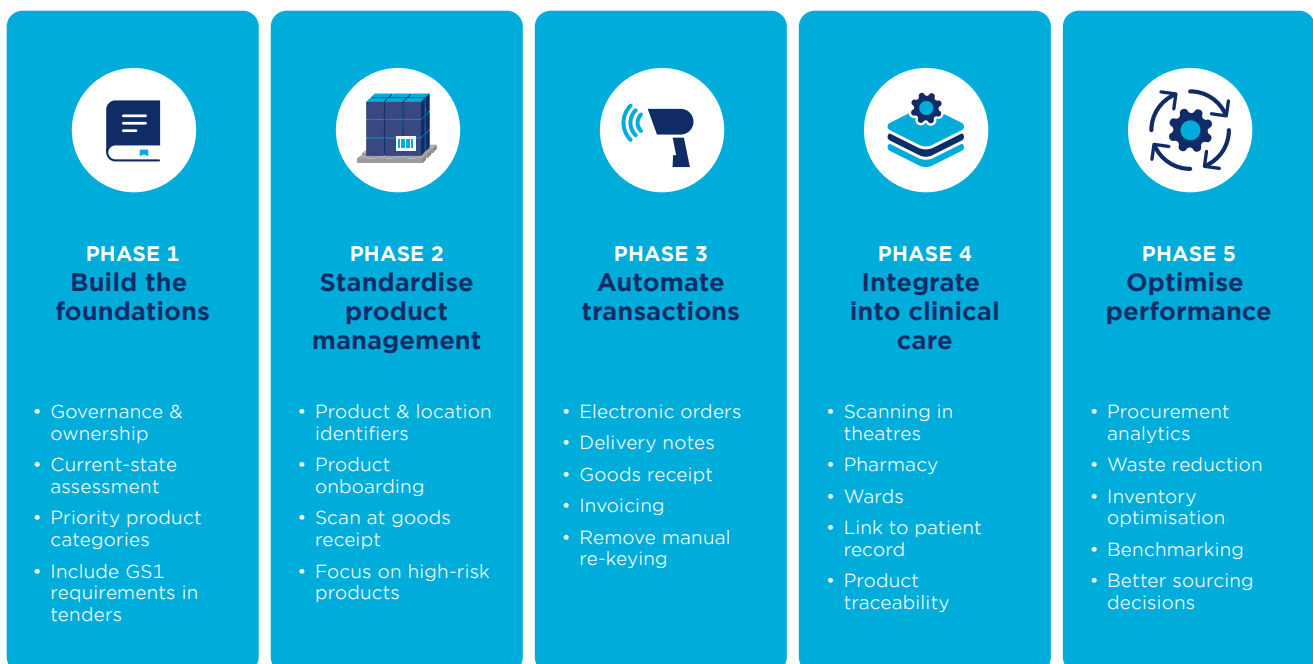
Phase 3 - Transaction automation: Replace manual and paper-based processes with structured electronic exchanges (orders, delivery notes, receipts and invoices). This improves efficiency, reduces errors and avoids re-entering data across systems.

Phase 4 - Clinical integration: Extend the use of scanning to clinical areas such as operating theatres, wards or pharmacy, and where possible link this to the patient record. This supports safer care, faster recalls and better visibility of product usage.

Phase 5 - Performance optimisation: Leverage the data generated to optimise procurement and operations. This includes benchmarking, reducing waste, improving stock management and making more informed sourcing decisions.

Healthcare systems may also need transitional strategies for existing framework agreements and long-term supplier contracts already in operation.

This may include phased implementation plans, contract variations, supplier engagement programmes and prioritisation of high-risk or high-volume categories during the transition period.



Appendix

Appendix A - Model tender clauses

The following model clauses are drafted in practical procurement language. They are modular so they can be lifted into a tender or contract and adapted by category, legal framework and market maturity.

Clause	Model wording
A1. Scope of applicability	These requirements apply to all in-scope products supplied under this contract, including the unit, inner pack, outer case and, where specified by the Authority, the logistic unit. The Authority may apply category-specific requirements for medical devices, implants, surgical consumables, pharmaceuticals, laboratory items or other healthcare products.
A2. Product identification	Each in-scope trade item shall bear a valid Global Trade Item Number (GTIN) allocated in accordance with GS1 standards and issued under a licensed GS1 company prefix or other authorised GS1 numbering capacity. A unique GTIN shall exist for each relevant packaging level.
A3. Location identification	The Supplier shall be capable of using Global Location Numbers (GLNs) for the identification of legal entities, ship-to, deliver-to, bill-to and other locations as defined by the Authority. Where the Authority provides GLNs for its facilities or delivery points, the Supplier shall use them in master data and transaction flows.
A4. Labelling and Barcoding	At the packaging level defined by the Authority, the GTIN shall be displayed in human-readable form and encoded in a GS1-compliant barcode. For medical devices and other products requiring dynamic traceability attributes, the preferred data carrier is GS1 datamatrix. Other GS1-compliant carriers may be accepted only where appropriate to the packaging level and workflow.
A5. Encoded attributes	For medical devices and surgical consumables, the barcode shall include, where applicable and technically feasible, the GTIN and the relevant production identifiers, including batch / lot number, expiry date and serial number where required by regulation or by the Authority. For implants and high-risk devices, serial number shall be mandatory unless the Authority approves an exception.
A6. UDI compliance	Where UDI requirements apply, the Supplier shall ensure that the UDI-DI corresponds to the GTIN and that the applicable production identifiers are encoded in GS1 format. Compliance with regulatory UDI requirements does not remove any obligation to meet the Authority's data quality, barcode quality or master data requirements.

A7. Barcode quality and usability	All barcodes shall comply with the GS1 General Specifications and be placed so they can be scanned under normal healthcare operating conditions. Barcodes must be legible, printable, durable and scannable using standard healthcare scanners without unusual handling. The Authority may request barcode verification evidence for selected categories.
A8. Master data provision	Prior to first delivery, and whenever a GTIN or relevant product attribute changes, the Supplier shall provide complete and accurate product master data in the Authority's required format. Where required by the Authority, the Supplier shall publish master data through a GS1-certified datapool / GDSN route. Where such infrastructure is not yet available, the Supplier shall provide a structured file in the format specified by the Authority.
A9. Minimum master data dataset	The minimum dataset shall include, at a minimum: GTIN; brand name; product description; local-language description where required; manufacturer name; manufacturer reference; supplier code where different; unit of measure; packaging hierarchy; quantity per level; regulatory status; GMDN / applicable classification; sterility or relevant healthcare attributes where applicable; UDI attributes; and any national registry code required by law or tender specification.
A10. Transactional capability	The Supplier shall support structured electronic procurement transactions as specified by the Authority, including purchase order, despatch advice, receiving advice where required and invoice. The parties may use agreed standards-based messaging framework that enables system-to-system interoperability.
A11. Change control	The Supplier shall notify the Authority in advance of any change that affects GTIN, packaging hierarchy, barcodes, units of measure, product description, regulatory status, UDI data or transaction set-up.
A12. Shelf-life, language and local legal requirements	In addition to GS1 requirements, the Supplier shall comply with all applicable local requirements regarding language, shelf life, storage conditions, marking and national registration. Where a tender requires local-language labelling, minimum remaining shelf-life at delivery, or specific storage instructions on pack, these obligations are cumulative and not alternative to GS1 requirements.
A13. Evidence and audit	The Authority may request evidence of GS1 licensing, sample labels, sample master data, datapool publication details, test transaction evidence and implementation contacts. The Authority reserves the right to audit compliance and to reject onboarding or delivery where the required identifiers, data or barcode quality are absent or materially inaccurate.
A14. Remediation and implementation plan	Where a Supplier cannot fully comply at contract award, the Authority may, at its discretion, accept a time-bound implementation plan. Any such plan shall define scope, milestones, responsible contacts and the categories or sites covered. The Authority may prioritise clinical-risk categories for earlier compliance.

Appendix B - Minimum supplier master data dataset

This dataset can be expanded by category, but it should not be reduced below the level required to support safe onboarding, ordering, receiving, replenishment, analytics and recall management.

Field	Status	Purpose
GTIN	Mandatory	Primary product identifier for each packaging level.
Packaging level	Mandatory	Unit, inner pack, outer case, logistic unit where applicable.
Brand / trade name	Mandatory	Commercial product name.
Product description	Mandatory	Clear, unambiguous description.
Local language description	Conditional	Required where national rules or tender require localisation.
Manufacturer name	Mandatory	Legal or trading manufacturer name.
Manufacturer reference	Mandatory	Manufacturer item code / reference.
Supplier code	Conditional	If different from manufacturer reference.
Unit of measure	Mandatory	Must align to ordering and replenishment logic.
Quantity per pack / hierarchy	Mandatory	Critical for inventory accuracy and auto-replenishment.
GMDN or relevant classification	Conditional	Recommended for medical devices and category analytics.
Regulatory status / UDI attributes	Conditional	UDI-DI, lot, expiry, serial, device class, etc. where relevant.
Sterility / healthcare extension attributes	Conditional	Where relevant to clinical use and safety.
Storage conditions	Conditional	Where relevant or legally required.
Minimum shelf-life at delivery	Conditional	Tender-defined rule where applicable.
National registry code	Conditional	For example, local registry / reimbursement / catalogue identifiers.
GLN of supplier locations	Conditional	Improves transaction and goods-in automation.

Appendix C - Readiness checklist

This dataset can be expanded by category, but it should not be reduced below the level required to support safe onboarding, ordering, receiving, replenishment, analytics and recall management.

Dimension	Readiness question	Status
Executive governance	An executive sponsor and cross-functional steering group have been assigned.	
Scope and priorities	Priority categories, sites and workflows have been defined.	
Location model	Hospitals, stores, delivery points and clinical areas have a defined GLN strategy.	
Item master governance	No product can be onboarded without validated master data.	
Tender templates	Standard GS1 clauses and evaluation questions are built into sourcing templates.	
Systems mapping	ERP, catalogue, inventory, point-of-care and finance integrations are understood.	
Receiving workflow	The hospital knows what data must be scanned at goods receipt.	
Clinical workflow	Priority clinical areas for scan-to-patient or scan-to-procedure are defined.	
Supplier engagement	Top suppliers have been segmented by readiness and implementation priority.	
Training	Procurement, logistics and clinical users have a training plan.	
Measurement	Baseline and target KPIs have been agreed.	
Local legal review	Language, shelf-life, procurement-law and regulatory requirements have been mapped.	

Appendix D – Glossary

GTIN: Global Trade Item Number - unique GS1 identifier for trade items. The Trade Item includes the packaging and any device information leaflets included.

GLN: Global Location Number - unique GS1 identifier for legal entities and physical / functional locations.

GDSN: Global Data Synchronisation Network - network of certified datapools for sharing master data.

PIM: Product Information Management tool used to match, review and import supplier product data.

UDI: Unique Device Identification framework for medical devices.

GS1 DataMatrix: 2D barcode symbology well suited to healthcare products requiring GTIN plus dynamic data.

SSCC: Serial Shipping Container Code for logistic units.

Despatch Advice: Electronic message stating what goods have been shipped.

Receiving Advice: Electronic confirmation of what goods were actually received.

Auto-replenishment: Automatic ordering or replenishment triggered by inventory consumption or threshold rules.

Scan-to-patient: Workflow in which a product is scanned and linked to the patient or procedure at point of care.

Appendix E - Acknowledgement of reference sources and contributors

- **NHS eProcurement Strategy (2014):** used as the primary reference architecture for standards, national infrastructure, adoption planning, patient safety, purchase-to-pay processes and analytics.
- **St James's Hospital, Dublin eProcurement case:** used for the practical sequence of GTIN mapping, master data publication, catalogue import and electronic order-to-invoice messaging.
- **Tallaght University Hospital Scan4Safety case:** used for the clinical integration, auto-replenishment, master data quality and interdisciplinary governance lessons.
- **Illustrative Greece specification and French labelling example:** used to inform the model clauses on barcodes, UDI, shelf-life, local language, storage conditions and structured pre-delivery data requirements.

About GS1 Healthcare

GS1 Healthcare is a neutral and open community bringing together all related healthcare stakeholders to lead the successful development and implementation of global GS1 standards, enhancing patient safety, and operational and supply chain efficiencies.

The development and implementation of GS1 standards is led by the experts who use them: pharmaceutical and medical device manufacturers, wholesalers, distributors, group purchasing organisations, hospitals, pharmacies, logistics providers, solution providers, governmental and regulatory bodies, and trade associations. Evidence available from industry implementations shows that GS1 identification, data capture and data sharing standards in healthcare deliver tangible benefit to all stakeholders. Global members of GS1 Healthcare include more than 100 leading healthcare organisations worldwide.

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