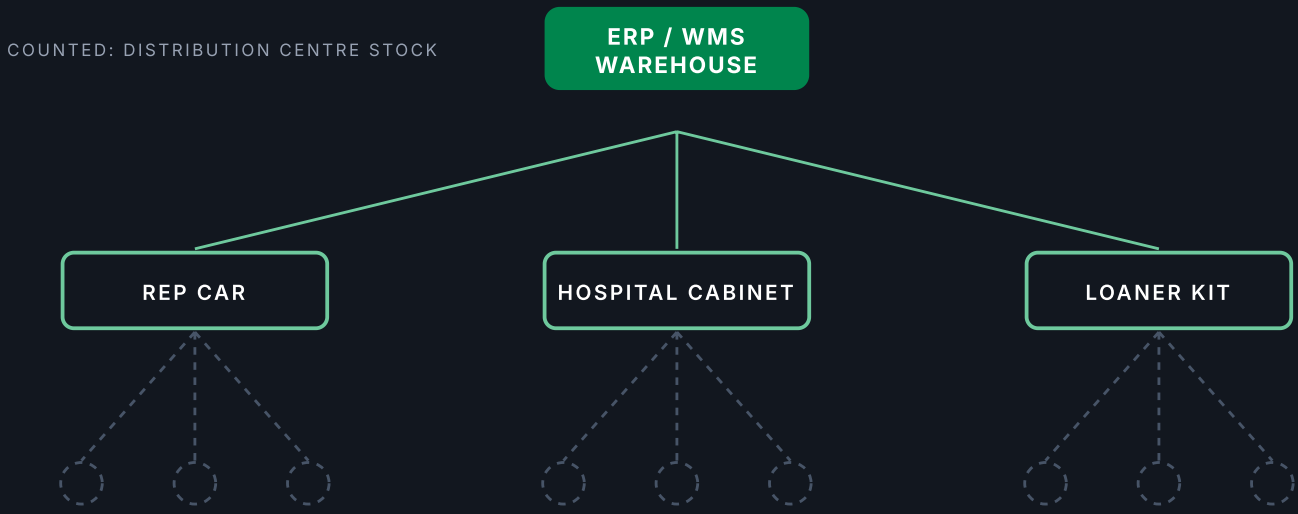
VENTORY

WHITEPAPER · UK EDITION · 2026



A FIELD INVENTORY GUIDE FOR MEDICAL DEVICE MANUFACTURERS AND DISTRIBUTORS

Loaner Kits and Rep Devices

The field inventory nobody counts

Your ERP counts the warehouse. It does not count the rep car, the loaner kit on its way back from an NHS trust, or the consigned implant that expires next month. This guide shows where that stock sits, what it costs, and how to put one live number on every location in 4-8 weeks.

For commercial operations, field operations and supply chain leaders at
Medical device manufacturers · Distributors · Orthopaedics, spine, cardio and diagnostics

Field Inventory Management.
Anytime. Anywhere.

EXECUTIVE SUMMARY

Every rep's car is a warehouse. Nobody runs it like one.

A large share of a device company's inventory sits outside any warehouse: in rep cars, hospital cabinets and loaner kits. The ERP stops at the dock. The stock does not.

Medtech companies hold **as much as three times more inventory** than companies in consumer packaged goods and electronics, and McKinsey has seen them cut it by 10 to 30% with better visibility and planning.[2] Bain found that days inventory outstanding rose by 21 days between 2019 and 2025 across 19 large medtech companies and is still 17% above the 2019 baseline.[3]

Much of that inventory sits in the field. Consigned implants at NHS trusts and private hospitals. Loaner kits in transit and in reprocessing. Car stock that a sales rep counts from memory.

Ventory surveyed 150+ MedTech field, operations and leadership professionals in 2025. **68% confirm inventory before a case by call, text or spreadsheet.** One in three had a case delayed or cancelled in the past 90 days because of an inventory discrepancy. 86% see billing delays from inventory issues at least quarterly.[1]

This guide shows where the stock goes dark, what it costs, why the ERP cannot fix it on its own, and how a field inventory layer puts one live number on every location: lot, serial and expiry included.

68%
confirm field inventory by call, text or spreadsheet before a case.
Ventory Gap Report 2025[1]

1 in 3
had a case delayed or cancelled in the past 90 days over an inventory discrepancy.
Ventory Gap Report 2025[1]

86%
experience billing delays from inventory issues at least quarterly.
Ventory Gap Report 2025[1]

22%
are very or completely confident their inventory data is accurate.
Ventory Gap Report 2025[1]

Inside this guide

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01 THE HIDDEN WAREHOUSE

Three warehouses the ERP never sees.

The rep car. The hospital cabinet. The loaner kit in transit. Together they hold a large share of a device company's stock, and none of them has a WMS.

The rep car

Implants, instruments and demo devices travel with the sales rep so a case can go ahead at short notice. The boot is the safety stock. The count lives in the rep's head and, on a good day, in a spreadsheet. In the Ventory survey, 28% of teams confirm stock by physical count or trunk check and only 19% use a dedicated field inventory platform.[1]

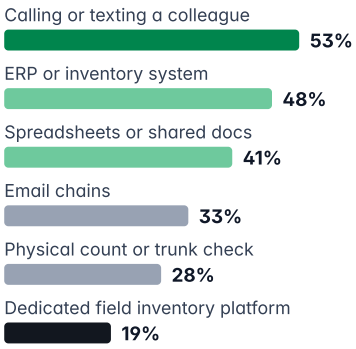
The hospital cabinet

Consigned implants sit at NHS trusts and private hospitals until a surgeon uses them. The manufacturer owns them. The hospital stores them. McKinsey notes that medtechs can build up several years' worth of surplus of rarely used SKUs held at hospitals.[2] Nobody counts them until an audit, an expiry or a recall forces the question.

The loaner kit

A loaner set leaves a hub, arrives at sterile processing, goes into the theatre, comes back and is reprocessed. Between those steps it is in a van, a courier depot or a corridor. The same set can serve one case a week or one a month. Few companies can say which.

How MedTech field teams confirm inventory before a case (multiple answers)



Ventory MedTech Inventory Visibility Gap Report 2025, 150+ respondents.[1] Data is updated in real time at only 11% of organisations; 36% update weekly, 21% monthly or less.[1]

3x

as much inventory at medtechs as at consumer goods and electronics companies, up to.

McKinsey, January 2025[2]

+21 days

rise in days inventory outstanding at 19 large medtechs, 2019 to 2025.

Bain, April 2026[3]

> "We had no idea how much inventory we actually had in the field. Our reps were carrying buffer stock because they didn't trust the system, which made the problem worse."
>
> **Operations Manager, Spine Division**, respondent in the Ventory MedTech Inventory Visibility Gap Report 2025.[1]

THE COMMON THREAD

The company owns the stock. Nobody is paid to count it.

Finance carries it on the balance sheet. Sales moves it. Supply chain plans without it. Each team sees a slice. The number that matters, what sits where and when it expires, belongs to no one.

02 WHAT IT COSTS

Four leaks. One P&L.

Stock you cannot see expires on the shelf, delays the case, slows the invoice and eats the rep's week. Each leak has an owner. The total has none.

75%
call expired or slow-moving product a major or moderate concern.
Ventory Gap Report 2025[1]

82%
had at least one case delay in the past year; 19% had six or more.
Ventory Gap Report 2025[1]

57%
of reps spend 5 hours or more a week on manual inventory tasks.
Ventory Gap Report 2025[1]

10 min
average delay per case when an instrument error reached the theatre.
Nichol et al., BMC Surgery 2024[5]

The reprocessing bill

Every kit that goes round costs the hospital money whether it was needed or not. In a US academic medical centre, only 13% to 22% of instruments in a tray were used, and processing one instrument costs $0.51 or more once labour, central sterile expenses and depreciation are counted.[4] A UK orthopaedic department put sterilisation at £35 per tray.[8]

Hospitals notice. A loaner that arrives late, incomplete or twice is the first thing a sterile processing manager remembers about your company.

Illustrative cost model for a device company with 40 field reps

LEAK	EXAMPLE INPUTS (ILLUSTRATIVE)	PER YEAR
Expiry write-offs	£15,000,000 of field and consigned stock, 3% written off	£450,000
Post-case invoicing lag	£40,000,000 implant revenue, 20 days from use to invoice, 8% cost of capital	£175,000
Case delays	40 delayed or moved cases, £2,000 per case in freight, rep time and goodwill	£80,000
Rep hours	40 reps, 5 hours a week, 46 weeks, £45 an hour (9,200 hours)	£414,000
Illustrative total		**£1,119,000**

These inputs are examples, not benchmarks. The write-off rate, lag and hourly rate are placeholders you replace with your own. The Ventory Gap Report models $750,000 to $1,550,000 of annual leakage for a 75-rep organisation, built from survey-reported incident frequencies and industry benchmarks.[1]

RUN IT WITH YOUR OWN NUMBERS

The Consigned Stock P&L calculator takes your stock value, expiry rate, days to invoice and rep count and returns the same four lines for your business.

ventory.io/resources/consigned-stock-pl-calculator

THE COST NOBODY BOOKS

In the Ventory survey, 74% believe better real-time visibility would directly improve their ability to serve patients and close revenue gaps.[1] The surgeon who waited ten minutes remembers the brand, not the courier.

03 WHY ERPS STOP AT THE DOCK

The system of record was built for the dock door.

SAP, Microsoft Dynamics, Oracle, NetSuite and Exact are very good at purchase orders, warehouse stock and invoices. They were never designed for a sales rep scanning an implant in a corridor at 7 a.m.

An ERP knows a product exists in one storage location until a transaction moves it. In the field, the transactions happen in the car, in the theatre and in the courier van. Nobody enters them. The ERP keeps showing stock at the hub that left weeks ago.

The survey confirms the gap. 48% of field teams use an ERP or inventory system to confirm stock, yet 68% still fall back on calls, texts and spreadsheets.[1] The system is there. It does not reach the point of use.

Extending the ERP to every rep is the usual answer, and the usual blocker. 52% of respondents name ERP or CRM integration complexity as the single biggest barrier to better field visibility, ahead of change management (47%) and budget (39%).[1]

What the field needs that the ERP lacks

- **Locations that move.** A rep car, a surgeon's cabinet, a kit in transit. Each one a stock location with an owner.
- **Lot, serial and expiry per location.** Not just a quantity per plant.
- **Capture at the point of care.** A scan on a phone, not a form on a laptop two days later.
- **Works offline.** Hospital basements and rural roads have no signal.
- **Usage that triggers the invoice.** Scan the implant, create the post-case invoicing order, replenish the location.

Who sees what, in a typical device company

LOCATION	USUALLY TRACKED BY	ERP VIEW
Distribution centre	ERP or WMS	Live
Regional hub, 3PL	3PL WMS feed	Feed
Loaner kit in transit	Courier tracking, email	Partial
Hospital consignment cabinet	Spreadsheet, periodic count	Dark
Rep car, car stock	Memory, phone	Dark
Kit in sterile processing	Hospital tracking system	Dark

Ventory's view, based on customer projects and the Gap Report.[1] Not a survey result.

The two-system trap

Companies that try to run the field in the ERP end up with two truths: what the system says and what the rep knows. The rep wins, because the rep is in the room. Finance then reconciles the two at quarter end, by hand.

KEEP THE ERP AS THE SYSTEM OF RECORD

The answer is not to replace the ERP. It is a thin layer underneath it that captures every field movement and posts it back. The ERP stays the book. The field becomes readable.

04 THE LOANER KIT LIFECYCLE

Six steps. Six places to lose the set.

A loaner kit changes hands at least six times per case. Visibility breaks at each hand-over, because each one belongs to a different team with a different system.

1 Request

Theatre notifies the decontamination unit of planned loan sets. For weekend and Monday lists, by Wednesday 1 p.m. at the latest. Unfamiliar sets need longer.[6]

WHERE IT BREAKS
The request lives in email or a phone call. Nobody knows if the set is free, or where it is.

2 Ship

The set leaves a hub or another hospital by courier or in the rep car. The tracking number says where the box is, not what is inside it, and not whether the set is complete.

WHERE IT BREAKS
Contents, lot numbers and expiry dates travel on a paper tray list.

3 Receive and inspect

Sterile processing checks the set against the inventory list, counts instruments, inspects for damage and reprocesses it before use. Missing or incomplete sets go back to the rep.

WHERE IT BREAKS
A missing instrument is found the day before surgery, or in the theatre.

4 Surgery

Implants are used. The surgeon picks the size on the table. Instrument errors are common: one observational study logged 236 errors across 147 cases, with missing instruments the most frequent type.[5]

WHERE IT BREAKS
Usage is written on a sticker sheet. The post-case invoicing order is created days later, from memory.

5 Return and reprocess

The decontamination unit processes the set under HTM 01-01 and tracks it on its track-and-trace system, implants documented in the patient notes.[6]

WHERE IT BREAKS
The set waits for collection. Nobody updates the manufacturer that it is free again.

6 Restock and redeploy

Used implants are replaced from car stock or the hub. The set is checked, replenished and allocated to the next case.

WHERE IT BREAKS
Replenishment runs on the rep's own count. Short sets go out again.

THE QUESTION THAT EXPOSES THE GAP

Ask your operations lead: how many loaner sets do we own, where is each one right now, and how many cases did each serve last quarter? If the answer needs a week and a spreadsheet, the set is being managed by the people who carry it, not by the company that owns it.

WHAT A SCAN AT EACH STEP GIVES YOU

One scan at request, ship, receive, use, return and restock turns six hand-overs into six timestamps. Utilisation per set, turnaround per hospital, and usage per case come out of the data. Nobody has to count.

05 LOANER KITS AND THEATRE STORES

From the rep car to the theatre store.

In the UK, the loan set runs on notice periods, paper tray lists and the decontamination unit. The guidance is clear. The data rarely is.

In the UK the loan set is a shared responsibility between the supplier, the theatre department and the decontamination unit. The AfPP and IDSc principles (July 2025) set out who does what.[6] They also show how much of the process still runs on notice periods, paper forms and phone calls.

1. The clock starts days before the list.

Theatre departments should notify the decontamination unit of all planned loan set requirements for weekend and Monday use by Wednesday 1 p.m. at the latest. Unfamiliar sets need longer. Sets go back a minimum of 23 hours after use unless local policy says otherwise.[6] If your rep does not know where the set is on Tuesday, the list on Monday is at risk.

2. Every set must be tracked, including implants.

The guidance asks that all loan sets are tracked through decontamination and documented in the patient notes, implants included, and that suppliers describe how implant lot and serial numbers reach the patient record.[6] Trusts that scan at the point of care already do this. The six Scan4Safety demonstrator sites reported millions of pounds in savings; University Hospitals of Derby and Burton alone reported £3,194,346 of cumulative savings between April 2016 and December 2018.[7]

3. Trays cost money every time they go round.

A UK orthopaedic department put sterilisation at £35 per tray and saved an estimated £61,950 a year by cutting its trays from 66 to 25.[8] A GIRFT-led study at the Trafford Elective Surgical Hub reported £62,648 a year from opening fewer additional trays.[9] A loan set that arrives incomplete, or twice, carries the same cost.

23 hrs

minimum return time after use for a loan set, unless local policy differs.

AfPP and IDSc, July 2025[6]

£35

sterilisation cost per tray in a UK orthopaedic department.

Hermena et al., Cureus 2021[8]

£3.19M

cumulative savings at one Scan4Safety demonstrator trust, 2016 to 2018.

Scan4Safety evidence[7]

28 Nov 2026

deadline to register legacy and already-marketed devices in EUDAMED.

HPRA, March 2026[10]

TWO REGULATORY CLOCKS

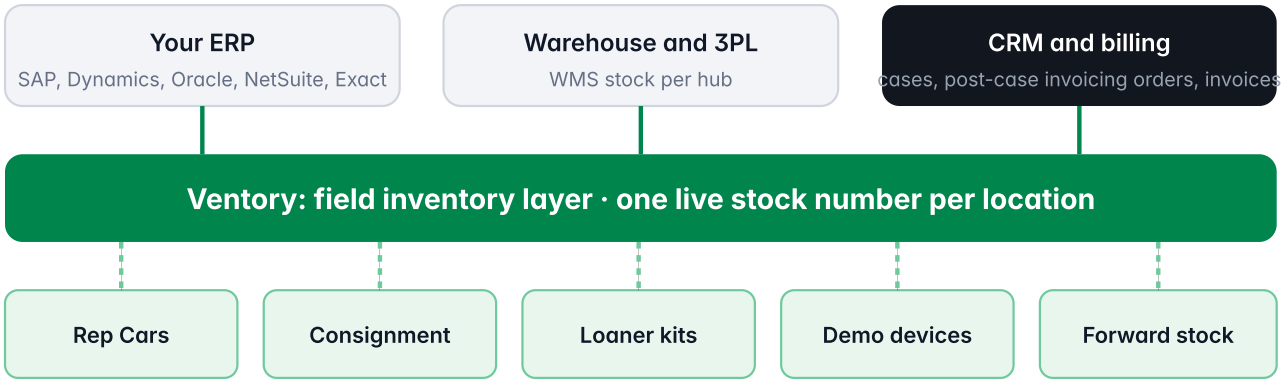
EU: four EUDAMED modules became mandatory on 28 May 2026. Legacy and already-marketed devices must be registered by 28 November 2026.[10]

Great Britain: CE marked devices stay accepted until 30 June 2028 (MDD, AIMDD) or 30 June 2030 (MDR, IVDR); the UKCA mark is not recognised in the EU.[11] Lot and serial per location is the data both regimes ask for.

06 THE FIELD INVENTORY LAYER

One live number per location. Lot, serial, expiry.

The answer is not a bigger ERP and not another spreadsheet. It is a thin layer that records stock where it moves and posts it back to the system you already run.



What good looks like

- **Scan at the point of care.** The rep or the nurse scans the UDI on a phone when the implant is used. One scan records usage, lot, serial and expiry, and starts the post-case invoicing order.
- **Lot, serial and expiry per location.** Every rep car, cabinet, kit and demo unit is a location with its own contents and an owner.
- **Live counts, not periodic counts.** Cycle counts become a confirmation of what the system already shows.
- **Replenishment triggers.** Minimum levels per location. A used implant raises a transfer or an order, not an email.
- **ERP sync, both ways.** Item master, lots and locations come from the ERP. Movements and usage post back. The ERP stays the system of record.
- **Works offline.** Scans queue in the basement and sync when the signal returns.
- **Audit trail per movement.** Who moved what, where, when. Ready for a recall, an expiry sweep or an auditor.

What Ventory customers report

99.76%
rolling stock accuracy

+70%
reduction in stockouts

+35%
excess stock reduction

+30%
productivity

Ventory customer results as published on ventory.io.[12]

BUILT FOR REGULATED INVENTORY

Live in 4-8 weeks. ISO 27001 certified, SOC 2 compliant, GDPR. Role-based access per location. Every scan carries the UDI data the hospital, EUDAMED and your finance team all ask for.

07 A 90-DAY PLAN

Start small. Live in 4-8 weeks. Then expand.

Do not start with every rep and every SKU. Start where a missing kit has a name and a cost. Prove the number. Then roll out.

DAYS 1-15 · DISCOVERY

Map every place that holds stock.

Rep cars, consignment cabinets, loaner sets, demo units, hubs. Pull the ERP item master and the current field list. Pick one territory or one product line where the pain is measurable.

DAYS 15-30 · FOCUSED FIRST SCOPE

One region, one ERP connection.

Agree the locations, the users and the three KPIs: stock accuracy per location, days from use to invoice, expiring units per month. Connect the ERP once. Load items, lots and serials.

DAYS 30-75 · LIVE IN 4-8 WEEKS

Scan at every hand-over.

Reps, hubs and, where the hospital agrees, theatre staff scan issues, transfers, usage, returns and counts in the app. Retire the spreadsheet. Review KPIs weekly.

Days 75-90 and beyond: expand on evidence

1

Read the first number.

Compare field accuracy, days to invoice and expiring stock against the day 1 baseline. Take the result to commercial, finance and supply chain together.

GOOD LOOKS LIKE
One shared KPI page, agreed by all three teams.

2

Add the next territory or product line.

Reuse the same locations model, the same scan steps and the same ERP connection. Onboarding is now training, not a project.

GOOD LOOKS LIKE
Each new region live in weeks, not quarters.

3

Bring the hospital in.

Offer the consignment view to the hospitals you serve most. A shared count ends the argument about what was used.

GOOD LOOKS LIKE
Fewer disputed invoices, faster post-case invoicing cycle.

4

Automate the triggers.

Minimum levels per location, expiry alerts 90 and 30 days out, post-case invoicing order on scan. The system now runs the routine. People handle the exceptions.

GOOD LOOKS LIKE
Reps spend their recovered hours with surgeons.

IS THIS FOR YOU?

Take the two-minute Fit Check.

Eight questions on your stock, your ERP and your field teams. You get a fit score and the next step that matches it. **ventory.io/resources/ventory-fit-check**

08 VENDOR CHECKLIST

Ten questions before you sign.

Most field inventory tools demo well. These questions separate a system that runs in a rep car from one that runs in a conference room.

1	Can a rep scan an implant on a phone, offline, and have the usage, lot, serial and expiry recorded without typing?	☐ Yes	☐ No
2	Is every rep car, consignment cabinet, loaner kit and demo unit a stock location with its own contents, minimum levels and owner?	☐ Yes	☐ No
3	Does it connect to our ERP (SAP, Dynamics, Oracle, NetSuite, Exact) both ways, with the ERP staying the system of record?	☐ Yes	☐ No
4	Can a scan at the point of care create the post-case invoicing order and the replenishment, without a second entry?	☐ Yes	☐ No
5	Can we see expiring units per location 90 and 30 days out, and move them before they expire?	☐ Yes	☐ No
6	Does every movement carry an audit trail (who, what, where, when) we can hand to an auditor or use in a recall?	☐ Yes	☐ No
7	Can we give a hospital a read-only view of its consignment cabinet?	☐ Yes	☐ No
8	Can a first region go live in 4-8 weeks, and can the next region reuse the same set-up?	☐ Yes	☐ No
9	Is the vendor ISO 27001 certified and SOC 2 compliant, with role-based access per location?	☐ Yes	☐ No
10	Can the vendor show a customer reference with field accuracy above 95% across more than 100 locations?	☐ Yes	☐ No

How to read your score

8 TO 10 YES

Shortlist the vendor. Ask for a demo on your own item master, one territory and one hospital, with your ERP team present.

5 TO 7 YES

Ask which answers are on the roadmap and which are custom work. Offline scanning and two-way ERP sync are hard to add later.

UNDER 5

You are looking at a reporting tool or an ERP add-on. It will show the warehouse. It will not count the rep car.

DOWNLOAD THE FULL CHECKLIST

The Vendor Evaluation Checklist expands these ten questions into a scoring sheet you can send to every vendor, Ventory included. **ventory.io/resources/vendor-evaluation-checklist**

HOW VENTORY ANSWERS

Yes to all ten. Question 10: Elteros runs Ventory across more than 250 stock locations with 130 users at 95% or better inventory accuracy, and grew 1.8x in two years (field services, case study on ventory.io).[12]

09 ABOUT VENTORY

Consigned stock you can see. Before it expires.

Ventory is the field inventory layer between your ERP and your field teams. Every hospital. Every rep's car. Every lot. Anytime. Anywhere.

99.76%
rolling stock accuracy

+30%
productivity

+35%
excess stock reduction

+70%
reduction in stockouts

Customer results as published on ventory.io.[12]

> "Ventory was selected for its partnership mindset. They allowed us to prioritise long-term problem prevention over quick fixes."
>
> **Norvilas Žukauskas**, Chief Commercial Officer, Elteros. 1.8x growth in two years, 95% or better accuracy, 250+ locations.[12]

The platform

- **Ventory Mobile** on iOS and Android. Scan, count, transfer, use. Works offline.
- **Ventory Web** for operations: locations, alerts, replenishment, reporting.
- **ERP-agnostic.** Works with SAP, Microsoft Dynamics, Oracle, NetSuite and Exact.
- **Listed on SAP Store and Microsoft Azure Marketplace.**
- **ISO 27001 certified. SOC 2 compliant. GDPR.**
- **Live in 4-8 weeks.** Discovery, demo, focused-scope deployment, expand.

Three next steps

1 · PUT A NUMBER ON IT

Consigned Stock P&L calculator

Your stock value, expiry rate, days to invoice and rep count. Four leaks, one total, in five minutes.

ventory.io/resources/consigned-stock-pl-calculator

2 · CHECK THE FIT

Ventory Fit Check

Eight questions. A fit score and the next step that matches it, with no sales call attached.

ventory.io/resources/ventory-fit-check

3 · SEE IT ON YOUR SCENARIO

Book a demo

Bring one territory, one product line and one hospital. We show the scan, the ERP posting and the expiry view on your data.

ventory.io/company/get-in-touch

READ NEXT

MedTech Inventory Visibility Gap Report 2025 · ventory.io/whitepapers

Loaner kit management for MedTech · ventory.io/blog-posts/loaner-kit-management-medtech

Consignment inventory: the hidden P&L risk most MedTech companies ignore · ventory.io/blog-posts

SOURCES

Where the numbers come from.

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4 **Stockert EW, Langerman A**, Assessing the magnitude and costs of intraoperative inefficiencies attributable to surgical instrument trays. Journal of the American College of Surgeons, 2014. 49 procedures, 237 trays, single academic medical centre. doi 10.1016/j.jamcollsurg.2014.06.019

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6 **AfPP and IDSc**, Loan Set Management and Individual Medical Devices Principles Between Suppliers/Manufacturers, Theatre Departments and Decontamination Units, Issue 2, July 2025. afpp.org.uk/wp-content/uploads/2025/08/AfPP-IDSc-loan-set-management-Aug-5-2025.pdf

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9 **GIRFT (Getting It Right First Time)**, GIRFT-led study shows how optimising surgical trays can cut costs and carbon in elective care, 18 June 2026, reporting a study in World Journal of Surgery at the Trafford Elective Surgical Hub. gettingitrightfirsttime.co.uk

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11 **MHRA / gov.uk**, Regulating medical devices in the UK, last updated 20 February 2026. CE marked devices accepted in Great Britain until 30 June 2028 (MDD/AIMDD) or 30 June 2030 (MDR/IVDR). gov.uk/guidance/regulating-medical-devices-in-the-uk

12 **Ventory**, Customer results as published on ventory.io, and the Elteros case study (field services: 1.8x growth in two years, 95% or better accuracy, 250+ locations, 130 users). ventory.io/case-studies

Notes. Ventory survey percentages are shares of respondents. Combined figures (82% at least one case delay, 86% billing delays at least quarterly, 75% expiry concern, 57% five hours or more, 22% very or completely confident) are sums of the published answer bands. The cost model on page 4 uses illustrative inputs, not benchmarks. The "who sees what" table on page 5 is Ventory's view, not a survey result. Third-party findings are summarised; refer to the originals for full context. All sources were opened on 15 October 2026. UK spelling. US edition available.

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