From Read codes to SNOMED CT
SNOMED CT in Primary Care

presented by Andrew Perry,
Agenda

• Overview of the NHS
• Achieving Change
  – Strategy and policy
  – Programme of work
• Technical Aspects
  – Requirements
  – Data conversion: national mapping tables
  – Changing the codes for decisions support, searches
Overview of the NHS

- NHS England set strategy and hold contracts
- Each region in England managed by a Clinical Commissioning Group: 207 CCGs
Some stats …

59 million+ patients

4 GP IT systems: 3 use Read v2, 1 uses CTV3

7,454 GP practices in England
33,423 GPs
15,827 nurses

2,000,000,000 coded records per year
Why change?

One Terminology! SNOMED CT
Its been a long journey ....

• 2001: SNOMED CT is the terminology of choice
• 2007: SNOMED CT is the mandated terminology
• 2011: SNOMED CT - ISB standard for terminology
• 2012: Power of Information
• 2014: Personalised Health and Care 2020 Action
SNOMED CT is a national standard under the Health and Social Care Act. The standard has required implementation dates for providers of healthcare:

- Systems used by GP service providers must adopt SNOMED CT as the clinical terminology within the system before the 1 April 2018. SNOMED CT must be utilised in place of the Read codes before 1 April 2018.

- Secondary Care, Acute Care, Mental Health, Community systems, Dentistry and other systems used in the direct management of care of an individual must use SNOMED CT as the clinical terminology before 1 April 2020.

- Social Care is in scope of the standard but there are currently no required implementation dates. This is expected in a future update to the standard.

Biggest change when:
Read v2 was retired on 1st April 2016
CTV3 to be retired on 1st April 2018

No more Read codes to be created
Role of NHS Digital - SNOMED CT

SNOMED CT in primary care programme - established to support & facilitate the implementation of SNOMED CT in primary care

Working closely with GP System Suppliers (EMIS, Vision, Microtest, TPP) & Lot 1 subsidiaries – implement SNOMED CT safely & efficiently, assuring products & providing implementation support / guidance

Highlight the benefits that can be achieved through SNOMED CT, which provides a rich and sophisticated clinical terminology nomenclature

Support CCGs, as local commissioners of GP IT services - ensuring relevant / timely advice & guidance
Role of CCGs

Ensure general practices are fully sighted of transition to SNOMED CT - signpost support available

Ensure GP IT delivery partners are fully prepared, training materials updated and support staff fully prepared

Opportunity for housekeeping / review of local reports, templates

Review any local commissioned reporting/data analysis services – ensuring that data warehouse, extraction and analysis tools can accommodate SNOMED CT
Resources:

SNOMED CT IMPLEMENTATION IN PRIMARY CARE

DELEN :: collaborate and share
TERM|OLOGY AND CLASS|IFICATIONS STANDARDS

Welcome to the SNOMED CT Implementation in Primary Care area of Delen, the workspace we are using to collaborate with our partners and share information. You will be able to find detailed content relating to the implementation of SNOMED CT in primary care as well as links to useful resources that will support the transition.

We hope you find Delen useful and if you have any comments or suggestions for how we could improve it, please get in touch with us.

LATEST NEWS: New SNOMED CT workshops for GP IT Providers - the workshops will provide valuable information in relation to the transition from Read codes to SNOMED CT for organisations providing IT services to General Practice.

hscic.kahootz.com/connect.ti/t_c_home/view?objectId=299987
Additional Guidance

Main Publications - Data Quality & Analytics

Below are a list of publications:

- Data Quality Guidance v3.0
- Designing Searches
- Creating Terminology Tables in a Database (this document accompanies the recordings below)
- Recorded Presentations - Creating Terminology Tables in a Database A series of recorded presentations for those who need which files are needed, which additional tables to create and how to create simple queries.

- Recording 1: Data warehouse and reporting with SNOMED CT
- Recording 2: Concept, description and relationship files
- Recording 3: Identifying UK descriptions and creating one reference table for reporting
- Recording 4: Finding all descendants of a concept (Transitive Closure table)
- Recording 5: Dealing with content not covered by the transitive closure table (Query table)
- Recording 6: Extracting data for use in queries
- Recording 7: Checklist and hints and tips

Plans & Roadmap:

- Principal C
- Microtest 1
- EMIS Wet
GPSoC Requirements

• Use SNOMED CT as the primary terminology
• Enable the user to use SNOMED CT wherever they currently use Read
• Map existing data
• Convert all artefacts that use Read to SNOMED CT
• Import and export data in SNOMED CT
• National reporting in SNOMED CT
Mapping Read to SNOMED CT

• National mapping tables
  – Every Read code & term maps to SNOMED CT concept & description
  – Clinically assured

• Suppliers have to use maps

• Main aim is to preserve and retrieve historical data
Transition to SNOMED CT – dual coding

- Mapped Read coded Data has an associated SNOMED CT code
- New data in SNOMED CT will have an equivalent Read code where these exist (SNOMED CTsubset)
- Dual coded, existing searches, reports, templates, protocols will continue to work – until content only in SNOMED CT is required

Historical data has SNOMED CT and Read codes

Dual coding continues – planned till April 2020

Supplier Solutions Development and Testing

April 2018 onwards – systems utilise SNOMED CT
‘GP Subset’ – supporting dual coding

• A National subset of SNOMED CT, the codes in the subset can be mapped to equivalent Read codes.
  – One for Read v2 and one for CTV3
  – Aims to be very close to SNOMED CT description selected
Mapping searches

• ALL suppliers wish to minimise the impact and provide time to adjust searches
• On SNOMED Day 1, all existing searches will work on mapped data
• They will continue to work while users enter data that has a Read equivalent
• Update reports to include non-subset concepts
• Prioritise reports and plan migrating them over the next year, possibly 2 years if appropriate
Mapping searches

• In simple terms mapping performs the following:

  Original search

• BUT there may be other Read codes that map to our list of SNOMED CT concepts?
Mapping searches
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>conceptid</td>
<td>just this concept</td>
</tr>
<tr>
<td>&lt;conceptid</td>
<td>the descendants of this concept</td>
</tr>
<tr>
<td>&lt;&lt;conceptid</td>
<td>this concept and all its descendants</td>
</tr>
<tr>
<td>^refsetId</td>
<td>members of refset</td>
</tr>
</tbody>
</table>

Then any of the above preceded by

- **MINUS** to exclude concepts (s)
- **OR** to include concepts(s) or concept(s)
- **AND** to include concept(s) AND concepts(s)

()`` brackets to indicate precedence
Specified in SNOMED CT ECL

G573.% Atrial fibrillation and flutter

(<<49436004 OR 5370000 OR <<15964901000119107 OR <<720448006) MINUS (<<120041000119109 OR <<715395008 OR <<706923002)