Subsidiary GPSoC Supplier Approach

SNOMED CT Implementation in Primary Care

03/02/2017
Document Management

Revision History

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Purpose

This document aims to detail the support and assurance approach that will be taken by the SNOMED CT in Primary Care Project with respect to subsidiary suppliers who have systems, modules or additional services on the GPSoC framework. It will also consider those suppliers who are not on the framework.

The Project Board is asked to endorse the approach detailed in this paper.

Background

SNOMED CT Implementation in Primary Care is a project of work within the Domain C Transforming General Practice portfolio. The project supports the Paperless 2020 Framework for Action, which states that ‘all primary care systems adopt SNOMED CT as the single clinical terminology’; thus removing the current multiplicity of terminologies in use and the risk when mapping between these.

Scope

The scope of activities defined in this document is limited to the support that will be provided to subsidiary suppliers around the implementation of SNOMED CT into general practice and the assurance of their product.

Whilst the team is working closely with the principal system suppliers (EMIS, VISION, Microtest and TPP) in a clinically led agile CAP process, the impact of a change in terminology on those suppliers that interface with the principal systems is potentially significant. Suppliers on the framework outside the principal systems are referred to as ‘subsidiaries’ and may appear in one or more of the following GPSoC ‘lots’:

- **Lot 1**: "GP clinical IT systems and subsidiary modules", includes suppliers who offer or plan to offer services and systems that most GP practices use or will be expected to use in the future. Lot 1 includes appointments software, decision support tools, patient facing services and the four GP principal clinical systems.

- **Lot 2**: “Additional GP IT services”, includes suppliers who offer or plan to offer additional GP IT services that interoperate with, or are used alongside, the systems and services offered in lot 1. Lot 2 includes patient arrival systems, physical device APIs and finance systems, office hardware, medical devices, training and consultancy. These items may or may not integrate with the principal clinical system.

- **Lot 3**: “Cross-care setting interoperable services”, includes suppliers who offer or plan to offer services that interoperate between systems and services used in care settings outside the GP practice and systems and services in use in the GP practice. Lot 3 includes cross care patient portals, e-forms, and brokerage services such as the Medical Interoperability Gateway (MIG).

In addition, there are a large number of suppliers who provide products and services which sit outside the GPSOOC framework. The project will endeavour to ensure these suppliers have the required information to be able to assure their products.

The SNOMED implementation team are working with the principal clinical suppliers to ensure their plans are available to subsidiary suppliers at the earliest opportunity.

In line with the recommendations set out in the SNOMED CT Implementation in Primary Care business case, the project is taking an approach that acknowledges a responsibility; to
not only include subsidiary suppliers in decision making processes where appropriate, but also to ensure they are supported and able to perform their own assurance in a controlled and timely manner as the project moves forward.

The artefacts used in assurance to enable testing (e.g. sample messages, hazard logs assurance guidance documents), will wherever possible be made available to those outside of scope of this activity so that they can undertake their own testing.

Support Approach

Key Principles

In order for the subsidiary suppliers to understand the impact of SNOMED CT on their systems, it’s important that each assess this change by reviewing the latest version of the SNOMED CT in Primary Care requirements currently v3.0. The project aims to ensure that all subsidiary suppliers are aware of the requirements and any ongoing change to them, and to ensure they are aware of the high level context around the decision to move from Read v2 / CTv3 to SNOMED CT.

While it is important for the subsidiary suppliers to have visibility, at the earliest opportunity of the PCS timeline plans and where possible the solution/common technical approach documentation this should not prevent them from reviewing the requirements to determine the impact on their systems and developing and sharing with NHSD a plan for development. This will help the subsidiary suppliers plan to validate their business requirement development in an organised and timely way.

Where a subsidiary and principal supplier have an established agreement/relationship e.g. partner programme that sits outside of the GPSoC framework, it is in the interests of all parties to leverage this relationship to support and assure SNOMED development.

Communication

The project communications strategy includes the subsidiary suppliers as one of the key stakeholders, with a requirement to inform them of information available and also signpost to where further information on SNOMED CT can be found, recognising that there will be varying interest in the technical aspects of the coding system.

The project’s responsibility will be to provide materials and a platform for subsidiary’s to raise questions in relation to the transition to SNOMED CT.

The project will undertake communications beyond the subsidiary suppliers on the GPSoC framework through a variety of means; with the assumption that suppliers operating in healthcare will keep themselves appraised of national developments. This will include issuing updates through targeted publications to the supplier community (both NHS Digital and through TechUK), engaging with PCS supplier communication teams, maintaining strong communications with CCGs, utilising the principal supplier partner programmes and make good use of the various networks we have links with to push information out.

In addition, the project will ensure that a central contact log is maintained and subsequently shared with the corporate CRM system so the project is able to provide updates to all organisations that contact the project.

There are 3 communication channels that the project communications team will utilise to provide this information to ensure the stakeholder group is effectively engaged:

Digital Media
• The SNOMED CT Implementation in Primary care website – this provides key messages regarding the project, major milestones and signposts users to specific topics and work areas. It also provides the contact detail for the SNOMED CT Implementation in primary care helpdesk.

• A project public facing website where all SNOMED content relevant to subsidiary suppliers, will be hosted. This may include potential development of a closed workspace for subsidiary suppliers. Subsidiary suppliers may subscribe to this forum to receive alerts when documents are uploaded or updated. They may also use this forum to raise any questions on the transition to SNOMED or if clarification is required.

• NHS Networks - a free, online resource, which anyone can join offering a platform for discussion for members

• Social Media – use the NHS Digital social media accounts to publicise key announcements to subscribers e.g. Twitter, Linked In.

Publications

• NHS Digital Industry Bulletin - Distributed every two months to approximately 1,000 recipients including suppliers, commercial customers and information and technology trade bodies. All framework and non-framework subsidiary suppliers will receive this publication

• NHS England CCG Bulletin - Distributed monthly to CCGs.

• NHS Digital General Practice Bulletin - Distributed monthly to approximately 10,000 GP practices.

Face to Face

• NHS Digital will publicise any bespoke workshops for specific stakeholder groups and/or speaker slots and exhibition stands at relevant third party events and exhibitions

• Suppliers requiring technical support on the implementation of SNOMED CT will be directed to UKTC materials and implementation helpdesk.

• Supplier questions channelled through the SNOMED Primary Care helpdesk will be addressed or passed to UKTC for implementation support.

GPSoC Interface Mechanism Principles

Suppliers of principal clinical systems to General Practice are required to provide integration capability via an interface mechanism or mechanisms. This interface mechanism enables separate third-party systems to access (in bulk, or at an individual patient level) demographic and clinical data held within the system. This includes both the ability to read from, and write to, the system for purposes such as: data extraction to support secondary uses, data entry from medical devices, integration with specialist software applications such as pathology requesting systems and document management systems.

For further information suppliers should refer to

HSCIC-FNT-TO-TAR-0110.01 GP Systems Interface Mechanism Requirements V1 - 0.8
Impact Investigations and Initial Support

The project team have approached subsidiary suppliers on the GPSoC framework and invited them to submit impact assessments based on the SNOMED in Primary Care requirements. The response has been consistent; the main concern around access to SNOMED CT translated principal systems for testing and development purposes. Subsidiaries have not tended to highlight internal system impacts which are not fully known at this time. For those subsidiary suppliers that have yet to review the latest version of the SNOMED in Primary Care requirements currently v3, they should do so at the earliest opportunity and submit any questions to snomedprimarcare@nhs.net.

The team’s primary focus is to address these concerns and facilitate their resolution.

In addition, all subsidiary suppliers have been offered face to face SNOMED CT training and have been directed to the online training materials available via the UKTC website.

Subsidiary suppliers have also been invited to complete a short survey (Appendix a) this has generated a limited response. The survey remains open and will be adapted as the project matures. A request for suppliers to complete the survey will be made in 2017 (TBC).

Continuing Support and Communication Approach

As system development is undertaken queries and issues are likely to arise. The project team maintains an open-door policy for all GPSoC suppliers regarding information, implementation and assurance queries. Suppliers should contact snomedprimarycare@nhs.net in the first instance with all queries which will be addressed in a timely manner.

FAQs will be produced if there are common technical questions. Guidance will be provided for topics where it becomes clear there is insufficient guidance publically available.

Deliverables

- Communications approach including regular and relevant communications
- Subsidiary supplier survey
- Updated Requirements
- Support materials and User Guides

Milestones

- Technical Workshop and requirements discussion (COMPLETE - December 2015)
- SNOMED CT Implementation in Primary Care project team communications strategy (COMPLETE – 25 October 2016)
- Matrix of communications (COMPLETE – 25 October 2016)
- Implementing SNOMED CT into the User Interface (COMPLETE – 29 September 2016)
- Requirements and Implementation Guidance and subsequent updates issued to subsidiary suppliers (COMPLETE/ONGOING – 26 September 2016)
- Subsidiary Supplier WebEx arranged and delivered (COMPLETE – 26 July 2016)
- Subsidiary suppliers Survey responses returned (COMPLETE – 11 October 2016)
- Subsidiary Supplier including off framework list created and maintained (COMPLETE – 01 November 2016)
- The SNOMED CT Implementation in Primary care website (Target February 2017)
- SNOMED CT Project Public Facing Website (Target February 2017)
- Second subsidiary supplier WebEx (Target March 2017)
- Confirm subsidiary compliance
Assurance approach

Key Principles

The project will endeavour to move SNOMED CT principal supplier systems into the NHS Digital Integration Sandpit environments as they become available and will communicate this to all subsidiary system suppliers. Subsidiary suppliers should be then able to conduct their own assurance activities. Where the supplier does not have access to N3 internet gateway, they should make alternative arrangements.

Certain Lot 1 suppliers tend to make fuller use of clinically coded information than those in lots 2 and 3.

For these suppliers, the project has a greater duty of care to the NHS and to the taxpayer to ensure their systems are fit for purpose and clinically safe. The project will therefore require centrally funded lot 1 suppliers to follow a simplified but similar process to the principal system suppliers – these suppliers must review the latest version of the SNOMED CT in Primary Care requirements currently v3.0 and provide plans for their SNOMED CT development work to meet the requirements, submitting a clinical safety Hazard Log for review and sign off by the Primary Care SNOMED CT Implementation in Primary Care Project’s clinical safety team and to undergo specifically identified assurance processes.

The subsidiary suppliers will be supported by the project team with any queries that may arise. However it is the responsibility of the subsidiary suppliers to engage with the principal suppliers for queries around the interoperability or testing between systems. Where the query has not been resolved the Project team will act as a gateway to the principal suppliers if this becomes necessary. Where a plan has been agreed between the principal and subsidiary suppliers to undertake SNOMED integration testing and this is held back, this should be raised immediately to NHS Digital to account for and mitigate the impact on the project timelines. Note: If subsidiary suppliers do not currently have sandpit access they are advised to arrange this as soon as possible. `This will most likely be after suppliers have delivered requirements ‘bundle 2’."

NHS Digital will monitor the integration between subsidiary and principal supplier systems during the FOT(First of Type) phase and provide support to the subsidiary suppliers where necessary. NHS Digital will also provide an element of assurance to centrally funded lot 1 subsidiary suppliers where their systems use clinical codes.

Subsidiary suppliers that do not belong to the GPsCoC framework will not be provided active assurance support from the project team.

Deliverables

- Assurance approach – Primary care SNOMED CT Transition document
- Provision of updated mapping tables
- Assurance plan per centrally funded Lot 1 supplier impacted by SNOMED CT
- Impact analysis matrix

Milestones

- Publication of updated mapping tables on TRUD (Technology Reference data Update Distribution site) - (Estimated completion – 1st April 2017)
Complete impact analysis based on subsidiary supplier responses (Outstanding – April 2017)
Assurance plan for each Lot 1 subsidiary supplier (Ongoing – Due for completion 2017)

Appendix a – Subsidiary Supplier Survey

Email invitation

From: snomedprimarycare@nhs.net
To: Subsidiary suppliers

Subject:

Dear Colleague,

Plans are progressing for the NHS to adopt a single clinical vocabulary - SNOMED

SNOMED is the clinical vocabulary that has been chosen to replace Read codes within clinical systems. Paperless 2020 sets out in the 'Personalised Health and Care 2020: A Framework for Action' that a single terminology should be used across the NHS and that this should be SNOMED CT.

Systems used by primary care service providers must adopt SNOMED CT as the clinical terminology within the system before 1 April 2018.

NHS Digital is leading a programme to coordinate the migration from Read to SNOMED CT by suppliers who operate within the GP primary care environment. We are keen to ensure that all suppliers providing solutions in this space are aware of the requirements and the associated timeframes.

As part of this we’d be grateful if you will take 10 minutes to complete this short questionnaire which consists of 6 questions. The survey will close on xx/xx/xx.

If you are not the right person to provide this information, please can I ask you to forward to the appropriate person.

If you have any queries please do not hesitate to contact us.

Kind regards,

SNOMED in Primary Care Project Team
Introduction

Once you have read the background information in the email we’d be grateful if you would complete this short questionnaire which consists of 6 questions and should take no longer than 10 minutes to complete. We’d really like your feedback to help us with our communication about the adoption of SNOMED in GP systems.

You can leave the survey at any time and come back to complete it later. You can also go back and change any of your responses up until you click ‘Done’ at the end.

Please answer as many questions as you can, but none of the questions are compulsory so if you can’t answer a question, or don’t want to, please just move on to the next one.

Please respond by xx/xx/xx. If you have any queries please email snomedprimarycare@nhs.net.

Thank you for taking the time to respond.

Survey questions

1. Are you aware that SNOMED is the clinical vocabulary that will replace Read codes in GP systems by 1 April 2018?
   - Yes
   - No

2. What is the anticipated impact of the retirement of Read codes on your organisation?
   - No impact
   - Minimal
   - Medium
   - Major

3. As an organisation, what is your readiness for the adoption of SNOMED CT?
   - We have no understanding of SNOMED CT within our technical teams
   - We have attended various training but have done no development yet
   - We have undertaken some small development projects to increase our understanding
   - We have already used SNOMED CT in some of our solutions development

4. Would your organisation be interested in a webex or a workshop on any of the following topics? (Please select all that apply)
   - Understanding more on data entry
   - Understanding more on the data files and possible data models
   - Data Migration: approaches and considerations
   - How inactive content is managed
   - Data analytics and an insight into reporting and data extraction
   - Other, please provide details:

5. How would your organisation like information and training about SNOMED CT to be disseminated? (Please select all that apply)
   - Online via live WebEx with the opportunity to ask questions live
   - Pre-recorded presentations; I will use other means if I have questions
- Links to resources and documentation
- Online discussion forum
- Face-to-face workshops lasting up to half-a-day
- Face-to-face workshops, lasting a full day
- Other, please provide details:

6. There are times when a face to face session will be appropriate, which of the following locations would be most convenient? *(Please select all that apply)*
   - Birmingham
   - Leeds
   - London
   - Newcastle
   - Other, please specify

Any further comments:

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<th>Name:</th>
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<th>Job role:</th>
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Name(s), email(s) and job title(s) of individuals to be included in future correspondence in relation to SNOMED CT adoption: