Why do we need maps from Read codes to SNOMED CT?

The NHS is moving from multiple older terminologies (Read v2 and CTV3) to a single modern terminology SNOMED CT. New data will be entered into General Practice systems in SNOMED CT from April 2018, however existing Read codes already in systems must be translated by system suppliers so that historical data can be retrieved using SNOMED CT searches. Centrally published maps allow this translation to happen safely and consistently across the whole NHS.

What are the maps from Read codes to SNOMED CT?

The maps are published as tables by NHS Digital. One covers Read v2 to SNOMED CT, and another CTV3 to SNOMED CT. Each row in the table shows the Read code and term and the SNOMED CT Concept and the description it maps to; this is as close in wording as possible to the original term. These tables are sometimes referred to as ‘forward maps’ as they are only to be used for mapping from Read codes to SNOMED CT. They should not be used for mapping in the opposite direction. For ‘backwards maps’, but only for those SNOMED CT codes for which there is an equivalent Read code, suppliers need a separate set of files called the UK Primary Care Reference Set, sometimes referred to as the GP Subset. This can be used to obtain a Read code from a SNOMED CT concept.

How are the maps produced?

The mapping tables are produced by NHS Digital by clinical and terminology experts using a variety of complex tools and visual verification from clinical experts. Assurance of the mapping tables is in collaboration with the Joint GP IT Committee.

How are the maps assured?

Maps are assured using a combination of complex computerised matching techniques and row by row human verification by terminologists and clinicians. The resultant mapping tables have undergone scrutiny from an expert reference group of GPs nominated by the Joint GP IT Committee. When assuring a map, the exact term from the Read codes is compared to the identified term within SNOMED CT, taking into account its place within the hierarchy and the real world meaning clinicians use when recording patient data. In most cases the SNOMED CT description will be identical to the Read v2 or CTV3 term or a trivial variation of the original term. Where the text is different, human clinical assurance activities have been undertaken to make sure the maps are correct, especially where this relates to Read v2/CTV3 codes that are known to be frequently used.

While substantial work has been undertaken to ensure the accuracy of these maps, if users are concerned about how a particular code is mapped, please contact the terminology service through the Terminology Request Submission Portal. Processes have been agreed with all the suppliers to be able to change maps if required.

How will maps be used in a GP system?

All the principal clinical systems will retain the original Read Code and add the mapped SNOMED CT code so that the term chosen by a healthcare professional at the point of data entry can be displayed to screen.

Future changes to maps?

SNOMED CT is regularly updated with new codes being authored and older codes being retired where they are found to be redundant. The mapping tables will therefore continue to be updated until 1st April 2020.

Where are maps located?

The mapping table files and their accompanying documentation are available via TRUD (NHS Digital’s Technology Reference data Update Distribution website), within the NHS Data Migration section. In addition, Read codes and SNOMED CT can be viewed using an Access database (the Data Migration Workbench) which contains the above files and also allows users to develop queries for data in SNOMED CT. Lookup tables for end users are provided on the Terminology and Classifications Delen website.

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Contact

snomedprimarycare@nhs.net

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