Transition from Read to SNOMED CT in general practice systems

NHS General Practice is changing from using Read v2 and CTV3 to a single terminology called SNOMED CT. To smooth the transition there will be a period where dual coding is undertaken by the system.

What is dual coding?
Dual coding is where historical and new clinical data are available in both Read (either Read v2 or CTV3 depending on the system) and SNOMED CT. Note that not all clinical terms entered into the system once using SNOMED CT can be dual coded. A short animation on dual coding is also available.

How does dual coding work?
Existing data in Read will have an associated SNOMED CT term; new data captured using SNOMED CT (for a limited transition period) will also have an equivalent READ code provided by the system, where one exists. These pairs of codes are known as 'maps'.

Do all Read Codes have an equivalent SNOMED CT Term?
Yes, all Read codes have a map to a SNOMED term. However, some map to inactive SNOMED terms e.g. where they are ambiguous (e.g. refer to clinic A) or deemed no longer appropriate for in a patient record e.g. NOS terms. These cannot be entered in a SNOMED CT system, but can be used in searches. Further detail is in the Data Quality Guidance.

Do all SNOMED CT terms have an equivalent Read Code?
No, there are many SNOMED CT clinical concepts that are not available in Read; some of these are already terms required by General Practice, for example to support better recording on patient frailty. To support the transition and those GP practices that are still using Read, the clinical system suppliers will provide these terms in Read based systems.

Will dual coding affect data entry?
Practices may initially wish to mainly enter terms that can be dual coded; however, practices will soon be required to enter or to accept terms that cannot be dual coded (e.g. new or more detailed terms only found in SNOMED CT). Impacted searches, templates and business rules/protocols will need to be converted to SNOMED CT to accommodate such terms.

How will dual coding support the transition?
Dual coding will give practices, CCGs and other consumers of data, time to make the full transition. Existing local searches, templates and business rules/protocols in Read will continue to work in the SNOMED CT system where content is dual coded. This will give users time to review and update these.

How long will dual coding be available?
Dual coding, where possible, will continue until 1st April 2020, beyond this will depend on individual suppliers.

What are the maps used in dual coding?
There are two types of maps provided: maps from Read codes to SNOMED CT for mapping historical data, and maps from a subset of SNOMED CT (known as the GP subset) to Read codes for dual coding when data entry is in SNOMED CT. There are two GP subsets, one for Read v2 and one for CTV3.

How were the maps for dual coding produced?
Clinical and terminology experts at NHS Digital produced the maps using a variety of complex software tools and visual checking by more than one GP. The approach was agreed with the Joint GP IT Committee with significant input provided by experts from that committee.

Where are the maps located?
The mapped SNOMED Clinical Term for an existing Read term can be looked up on-line. The files containing the maps with accompanying documentation are available from NHS Digital in the NHS Data Migration download.

While significant effort has been undertaken to check the quality of these maps, they do contain thousands of entries. Users should notify the terminology service of any issues they believe they have found using the Terminology Request Submission Portal.

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