Microtest Evolution
Transition to SNOMED CT
Implementation Approach

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Introduction

This document aims to summarise the answers to key questions raised by CCGs in relation to the transition to SNOMED CT. The following questions have been raised in discussions with CCGs. Responses in relation to the Microtest solution are provided. They are presented in no particular order. At the date of publication this document captures current intentions aimed at minimising the impact on existing users of Microtest Evolution.

NHS Digital’s stated aim is to minimise the impact to the NHS General Practice and related data processors in the transition from Read to SNOMED CT. The approach is for a measured transition, avoiding a single switch-over date when all functionality would be based on SNOMED CT, and where systems are no longer able to process Read codes.

Readers should ensure they have the latest version of the document which can be found on the NHS Digital Delen site.

**SNOMED CT Responses to Frequently Asked Questions**

Here are the answers to some of the most common ‘Frequently Asked Questions’ about SNOMED CT. Microtest is working closely with NHS Digital to ensure that the transition to SNOMED CT complies with all requirements.

**What is SNOMED CT?**

SNOMED CT is an international clinical vocabulary that is used within a clinical system to ensure that data is entered into patient records consistently. The vocabulary covers content such as diagnoses, interventions, symptoms, allergies and family history. The use of a consistent vocabulary enables reporting and clinical decision support to function reliably. SNOMED CT is the clinical vocabulary that has been chosen to replace Read codes and will be implemented in all clinical systems used in primary care in a phased manner from April 2018.

**Why introduce a new clinical coding system?**

Currently there are two versions of clinical codes (Read v2 and CTV3) in existence within General Practice, so not all GP systems use the same coding system and they do not provide the sophisticated features now expected from a clinical coding scheme. In addition, parts of the Read code vocabulary are full, and so new codes have been allocated to unrelated areas making analysis more difficult.

The NHS needs a single clinical terminology (SNOMED CT) in order for clinical data to be exchanged accurately and consistently across all care settings; this will enable better patient care and improve how clinical data can be analysed and reported on.

SNOMED CT is also an international terminology and this will enable the UK to participate more effectively in research and analysis of health information to support national and global health care improvements, as well as improve healthcare solutions.
Why SNOMED CT?
SNOMED CT can be used across all care settings and in all clinical domains. It is used within over 50 countries and there is no other terminology available that would meet the requirements of the NHS.

SNOMED CT enables elements of a patient’s electronic health record to be coded in a clear unambiguous way that is consistent across all of healthcare meaning it can be reliably communicated and exchanged across different systems.

The move to SNOMED CT will reduce the requirement of additional manual input, reduce data entry errors and provide business efficiencies.

All primary care settings will use SNOMED CT from April 2018.
Not all GP surgeries will move to SNOMED CT at the same time and the estate will transition carefully across a number of months.

Secondary Care, Acute Care, Mental Health, Community systems and other systems used in the direct management of care of an individual must use SNOMED CT before 1 April 2020, although a number already do use SNOMED CT.

How will SNOMED CT be implemented?
The move to SNOMED CT must be done safely with minimal disruption to existing business processes and ensure that historical data is not lost or corrupted.

The implementation across primary care will be phased and dependent on when the supplier of the clinical system has completed their design and it has been assured.

A clinical advisory group nominated by the Joint GP IT Committee, has overseen an assurance exercise of the mapping tables that map each Read code to an appropriate SNOMED CT code. These mappings are created and maintained nationally, to ensure consistency during the transition.

Will SNOMED Codes be updated twice a year (in October and April) like Read codes?
Yes

How will ‘Dual Coding’ support the change?
To ensure that the move to SNOMED CT is as seamless as possible, there will be a phase where ‘dual coding’ of both Read codes and SNOMED CT is active by the system. Dual coding will allow data to be safely transferred between GP practices who have transitioned to SNOMED CT and those which have not yet gone live. This will all happen in the background. The Microtest solution achieves this by storing a single code, which represents either a Read2 or SNOMED CT code and is translated between those schemes as necessary. In this way, any coded entry can be represented in SNOMED CT or as Read 2 (if it was entered as Read2 or a SNOMED code within the GP Subset).

Codes can be located using any of the following methods:
• Text search on the Read code rubric or SNOMED CT description
• Read code – eg H33
• Mtcode – eg =H30 (technically this is the same as above)
• SNOMED CT concept identifier – eg 195967001
• SNOMED description identifier – eg 10982016

How long do you plan to keep dual coding going beyond 1st April 2018?

Microtest plans to maintain support for dual coding indefinitely well into the future. Microtest reserve the right to give end users a period of notice (normally 6 months) to stop the support of dual coding if the exchange of electronic data rises to the extent that makes the continued support impractical.

Data Entry

Microtest’s intention is that data entry using a ‘code-picker’ (wherever used in the application) will allow a user to:

Enter native SNOMED CT codes (e.g. copied and paste from published guidance);
Enter existing Read codes (to aid the transition for those who enter codes);
Search on text to find SNOMED CT descriptions.

Microtest plans to highlight SNOMED CT codes that have a Read code equivalent in search results lists to support dual coding. Where a code/term is SNOMED CT only, this can be identified by a + prefix, codes/terms that have a Read Code equivalent will have a = prefix. Microtest also plans to denote QOF codes to the users. This functionality will be visible to users prior to ‘go live’ (via Microtest’s standard training approach).

Below shows what the new Microtest code picker will look like and an example using the new code picker to search for a code for angiogram
By selecting the code required – angiogram in the example below, then selecting Parent code the picker updates to show just the parent Snomed CT code;

It is possible to add any text alongside a Snomed CT code the same way that it was added when using Read.

The Code column, which displays the internal Microtest code such as =H30r can be disabled, and will remain so once disabled. It has been decided to retain the column rather than remove it completely in order that power-users can view the underlying codes and so that the Microtest Support team can temporarily re-enable it to help users locate the correct code to use during the transition to SNOMED CT.

**Are all GP/primary care systems to implement subsets as part of the migration process, rather than giving users access to the full dictionary?**

Microtest will start to make available the full Snomed CT Browser to the clinical system from April 2018

**How will historical content be viewed?**

Historical content will remain recorded as Read codes but will have a Snomed CT equivalent. If the data is transferred away from the clinical system (GP2GP, export) it will be translated to the appropriate SNOMED concept ID (and description ID) at that time. Any text that has been added to historical Read codes will still be visible.
Clinical Templates

New data entry Templates must be created using SNOMED CT from April 2018 to accommodate new business requirements that may require codes only available in SNOMED CT. Existing templates will continue to work as they use codes within the GP subset; therefore, entered and stored as Read codes. In the background the system will be able to map to the equivalent SNOMED CT code. All templates must have been reviewed and re-authored in SNOMED CT by 1st April 2020. Microtest intends to support the storing of Read codes, mapping to SNOMED CT for an indefinite period. If Microtest decide to cease supporting this, end users must be notified that existing templates will need to be reviewed and updated before this date. Normally a minimum of 6 months’ notice will be given. Note: Microtest only ever plan to store one code but map where necessary in the background.

When the move takes place from Read codes to SNOMED CT, will the codes ‘translate’ directly/automatically across in primary care (following input by GP IT systems suppliers)?

Yes, they will be translated within the system using national tables that will be used by all the suppliers.

Can organisations create their own subsets, or would you just limit a search field to a specified parent code?

In Primary care, it is expected that practices will still be able to create their own formularies.

How will mapping work with primary care systems? Will the codes be mapped in the background or will we notice changes in how our system looks and operates?

Codes will be mapped in the background; however, systems will change to enable SNOMED CT terms to be entered. There will be some small changes, but these are not anticipated to be major.

What data quality measures are in place to ensure that translation from READ codes to SNOMED CT will not produce artefactual coding errors?

The mapping tables have undergone scrutiny from an expert reference group of GPs in addition to using some semantic tools to quality assure the existing maps that have been developed as the terminology have been authored.

Will Microtest be rolling out SNOMED CT to all the estate simultaneously?

No, SNOMED CT will be piloted and then rolled out to practices in phases from April 2018.
**Searches/Reports**

Existing searches and reports will continue to function after the system has transitioned to SNOMED CT. Where new coded data is within the GP subset and thus has a Read code equivalent, the search will select such records. Where new SNOMED coded entries do not have a Read code equivalent, these will not be included in an existing Read defined search. Users therefore run searches at risk of not selecting all patients if they are not reviewed. NHS Digital are sharing this message in their webinars, making clear that suppliers are not able to automatically amend existing searches to include SNOMED CT from outside of the GP Subset, along with an explanation why.

New searches/protocols/reports will be written in SNOMED CT, it will not be possible to write a new search/report in Read codes or update an existing Read code search/report to one that runs as a Read code search/protocol/report. Authoring of new reports will require the user to select SNOMED CT codes and in each case, choose whether to use only the code itself or the code and descendants. New reports run against these codes will capture records that include these codes entered into the patient records.

Training will be available to users via group training, summary sheets, user groups, site visits.

**What communications on changes within the system are being sent from the supplier?**

Microtest is building awareness and understanding about SNOMED CT amongst GPs and practice staff through a combination of communication methods, including for example bulletins to all customers, user groups and social media promoting the online videos created by NHS Digital. Social media and bulletins are also being used to direct customers towards NHS Digital resources including the webinar programme and series of animations.

Resources, including those produced by NHS Digital, are available online at [www.microtest.co.uk/snomed-ct-resources](http://www.microtest.co.uk/snomed-ct-resources)

Microtest are working with NHS Digital to develop the deployment approach and plans and there is close contact between Microtest and the NHSD Education and Communications teams, with monthly conference calls and other updates in between. A mailing to all Microtest customers including FAQS was sent out in July 2017 and followed up by communications over the period September 2017- November 2017 about training sessions run by Microtest in the autumn. Communications in the period January – April 2018 will communicate the revised timing messaging as agreed with NHSD, further training dates and updates about deployment.

**Training**

Training will be provided ahead of any system deployments using the standard approach Microtest always undertake. This is a combination of the following:

- Group training at Microtest offices and designated sites around the country
- CCG review meetings
- Work books
- Summary sheets
- Webex’s
- Clinical system bulletins
Will any additional specialist training be available, if so when?

Microtest customers were invited to attend Snomed CT in Microtest training courses which commenced early November 2017. These courses were held at the Microtest offices and designated sites around the country. Customers unable to attend these courses have been encouraged to book on-site training. During the training sessions customers are introduced to the NHS Digital Snomed CT Browser, which is available online and given an explanation on how it works. Customers are encouraged to familiarise themselves with the browser as the Microtest picker aligns closely with the principles common across other online Snomed CT browsers.

Costs are determined depending on the nature of the training and continues to be booked. Furthermore, customers have been encouraged to sign up for the NHS Digital webinar programmes and series of animations.

How will third party integrations be affected by Microtest moving to SNOMED CT?

Microtest are engaged with a large number of third party software companies, which integrate with (or work alongside) the Microtest clinical system. Microtest has sent communications to all integration partners advising them of the transition to SNOMED CT and supplying information and links to resources. All primary care providers are required to meet the delivery for SNOMED CT from April 2018 but Microtest are not in a position to guarantee by when all third-party tools will be compliant with SNOMED CT. Microtest has however designed their implementation such that Read codes will continue to be exported alongside SNOMED CT codes wherever possible and it is expected that this will assist integration partners in their transition.

Data Extracts

Current APIs and data extracts will contain two additional fields with the SNOMED CT concept ID and the SNOMED CT description ID. Where newly entered data does not have a Read code equivalent, the fields that relate to the Read code and term ID will contain null. National reports specified in Read codes will be re-authored in SNOMED CT by Microtest and analysis looking at work required to convert decision support tools is ongoing. Microtest expects the general principle will be a like-for-like translation of Read codes to SNOMED CT. Thus, a specification of ‘H33%’ will translate to “<<195967001|Asthma>”.

When will QOF queries be run using SNOMED CT?

Within the Microtest solution, QOF for 2017/18 will be run using the business rules as specified in Read codes.

QOF for 2018/19 will be run on business rules expressed in SNOMED CT. (QOF business rules for 2018/19 will only be expressed in SNOMED CT) Any new codes in scope of QOF (and thus outside of the GP subset) need to be available to end users for data entry as soon
as possible after the SNOMED CT release (within normal GPSoC required release update timeframes). Any QOF prediction functionality needs to be able to take account of the new SNOMED CT codes (which do not have Read equivalents).

**What will happen to existing local codes (if applicable to supplier)?**

Microtest does not make use of local codes in general practice, except in a few legacy cases. Where existing local codes are present in the system, they will continue to trigger functionality as they currently do. There are no plans to provide for local codes.

**In relation to Datasets for common events (eg. review of chronic conditions), will that part of current system be converted by suppliers?**

Microtest will review current usage and the intention is to update those that users actively use. This will be decided on a case by case basis with advice from NHS Digital as part of the clinical safety process that will be used to manage changes as part of the transition.

**Is it possible to get Stats reports from suppliers in relation to data that cannot be mapped?**

Microtest’s system will provide the basic unstructured information, whether it will be in a formal report format or merely there to be manually extracted from an audit log is to be determined and will be specified in discussion with NHS Digital.

**Is it possible to get the code usage frequency data for a single CCG only? Is it possible to get this on a practice by practice basis?**

This has not been specified as a national requirement as CCGs already have data quality as part of their designated responsibility.

If individual CCGs require this, Microtest would be able to provide this as a bespoke and thus chargeable project.

**Will suppliers provide a toolkit / checklist as part of the transition?**

Microtest will work with NHS Digital to specify a checklist. The approach being taken is to transition to SNOMED CT with most of the work happening in the background, so the checklist will not be extensive and will mainly reflect user awareness.

**Extending beyond the GP subset**

New content required by the business, such as vaccinations, will be recordable in the clinical system using SNOMED CT following the implementation of the SNOMED CT release from April 2018.
How will SNOMED CT impact on GP2GP?
Data entered in SNOMED CT will appear in the GP2GP message using SNOMED CT codes; this is already a current requirement of GP2GP.

How will systems such as decision support handle SNOMED CT?
Clinical decision support and Prescribing Decision support systems will need to take account of SNOMED CT codes being added beyond the current GP subset from April 2018. Microtest will undertake best endeavours to ensure their clinical decision support and the provider of their prescribing decision support is compliant by the required date.

Why have the timings for the planned development of SNOMED CT recently changed?
In order to minimise disruption at year-end, SNOMED CT will be deployed in phases across general practice from April 2018.

The introduction of SNOMED CT, which replaces Read/CTV 3 Codes, is being co-ordinated in primary care by NHS Digital, working closely with clinical system suppliers to support a smooth transition.

The first phase of deployment will start with approximately 20 pilot sites, including all of the principal clinical supplier systems, after year-end business activities are completed. Microtest will inform practices of deployment plans in due course.

For further information on progress, visit the NHS Digital website.