

Editorial Principles for UK Edition of SNOMED CT[®]

Published 01 October 2017

Document Control:

The controlled copy of this document is maintained in the NHS Digital corporate network. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Document Status:

This document must be dynamic to reflect the changing content of the terminology. It will be updated roughly every three months in line with meetings of the UKTC Edition Committee. At the time of the biannual combined terminology release the most current version will be published in the SNOMED CT sub-pack of that release and will be the version that was applied thereto.

Contents

Table of Contents

Contents	3
1 Purpose	6
2 Audience	6
3 Scope	6
4 Background – International Edition, UK Extension and UK Edition	7
4.1 The UK Edition	7
4.1.1 UK Extension concept integration/classification principles	7
4.2 SNOMED International editorial principles	9
5 UK general editorial principles	10
5.1 Extent of pre-coordination (UK)	11
5.1.1 Extent of pre-co-ordination: ‘On examination’ and ‘complaining of’ concepts	13
5.1.2 Extent of pre-co-ordination: ‘history of’, ‘no history of’, ‘family history of’ and ‘no family history of’ (finding)	15
5.1.3 Pre-coordination of laterality	15
5.1.4 Levels of risk – pre-coordination	16
5.2 Term construction/naming conventions (N.B. some principles exist in draft form but unpublished by SNOMED International)	17
5.2.1 UK term preferences and available descriptions	17
5.2.2 Synonyms	17
5.2.3 Plurals	17
5.2.4 Punctuation	18
5.2.5 Eponyms	23
5.2.6 Abbreviations	24
5.2.7 Verbal nouns	25
5.2.8 Past and future tense verbal forms	25
5.2.9 Language dialects	26
5.2.10 Negation concepts	26
5.2.11 ‘Either’/‘or’ Procedures	27

5.2.12	Use of numerics	27
5.2.13	Character 'case' conventions	28
5.2.14	Accented and unusual characters	29
5.2.15	'Disorder' naming conventions	30
5.2.16	Use of hyphen for tagging descriptions to identify content designed for a specific limited use case	30
5.2.17	Authority dependent concepts	31
5.2.18	Concepts of 'classification' origin	32
5.2.19	Secondary uses only concepts	32
6 Principles Pertaining to Specific Domains		33
6.1 Messaging and Record Content		33
6.1.1	FocusActOrEvent Concepts	33
6.1.2	Standards for the Clinical Structure and Content of Patient Records (Royal College of Physicians)	33
6.1.3	Document types	34
6.1.4	Record headings/items against which a value or text may be assigned	36
6.2 Assessments and Assessment Outcomes		38
6.2.1	Scored Assessments	38
6.2.2	Findings of assessments/treatments and previous treatments	39
6.2.3	Activities of daily living	40
6.2.4	'Six Stages of Change' model	41
6.3 Clinical Domains		42
6.3.1	Paediatric and Congenital Cardiac Surgical Procedures	42
6.3.1.1	Repair Procedures	42
6.3.1.2	'Mixed' Vessel Procedures	42
6.3.1.3	Confluence procedures	42
6.3.1.4	Combined procedures and pre-coordinated IPCCC content	43
6.3.1.5	Baffle Devices	43
6.3.1.6	Additional techniques and sub-procedures	43
6.3.2	Diagnostic Imaging procedures	44
6.3.3	Diabetes	44
6.4 Administrative Actions and States Supporting Direct Healthcare		45

6.4.1	National screening programmes	45
6.4.2	Status associated with care pathway	46
6.4.3	Services provided by 'other' healthcare provider	46
6.4.4	Consent	48
6.4.5	Research	48
6.4.5.1	Concepts for Research studies (from Primary Care Research Network)	48
6.4.6	References to UK legislation	50
6.4.7	Religion and religious affiliation	50
6.4.8	Nature and number of invitations – e.g. to screening	51
6.4.9	Certificates and Forms	52
6.5	Drugs, Vaccines and Devices	53
6.5.1	SNOMED CT UK Drug Extension - General	53
6.5.2	Inclusion of drug/vaccine/device name in procedures	55
Appendix 1 – UK approved abbreviations		57
Appendix 2 – Glossary of Terms (UK)		58

1 Purpose

The purpose of this document is to describe the editorial policies as applied to the UK Edition of SNOMED CT® (hereafter referenced without the registered trademark symbol). It is intended to supplement rather than replace any SNOMED International editorial policies and applies to both UK-specific content and content added initially to the UK Edition but intended for eventual inclusion in the International Edition.

2 Audience

The intended audience for this paper are those involved in the maintenance of SNOMED CT in the UK and for those submitting requests for change to the UK Edition.

3 Scope

The document is concerned with the nature and form of the descriptions for concepts included in the UK Extension of SNOMED CT, whether they are permanent members of this extension or whether they are pending move into the International Edition.

The descriptions covered are the Fully Specified Name (FSN), Preferred Term (PT) and Synonymous term(s) (Syn). These abbreviations will be used throughout the document.

The nature of the concepts in the UK Extension ranges from mainstream clinical procedures or findings, to administrative legislation and electronic record components.

Some editorial principles will apply to all content and others will apply to particular concept types or domains.

These principles are aimed at all of enhancements, gaps and corrections to International guidance as well as to UK-specific items. In order to understand the document, each item is classified as one of these. This will aid in the tracking of any principles of UK origin that are adopted internationally. It should therefore be possible to determine whether any new principle has international, national or even 'transient' national applicability.

The rules described here are assured by the UK Terminology Centre (UKTC) Edition Committee. As and when they agree to changes, the document will be updated. Proposed changes to the editorial principles should be brought to the UKTC Edition Committee for consideration.

4 Background – International Edition, UK Extension and UK Edition

4.1 The UK Edition

The UK Edition of SNOMED CT is maintained by the UK Terminology Centre (UKTC), within NHS Digital.

The UK Edition contains the International edition plus some UK created elements, which sit in the UK Extension. The UK Extension is structurally partitioned from the International data.

The UK Extension is made up of two different types of content, one for UK-specific content and one for content of UK origin which is intended for eventual inclusion in the International Edition.

Requests for content changes to the UK Edition should be made using the dedicated portal at <https://www.uktcregistration.nss.cfh.nhs.uk/requests>.

It is acknowledged that not all UK Extension content is yet conformant with the guidance expressed here but these rules will be applied to all new content and over time to existing content.

4.1.1 UK Extension concept integration/classification principles

Principle	4.1.1. UK Extension concept integration/classification principles (copied from UK Edition SNOMED Overview document March 2016)
Category	UK
Status	Previously approved, under review
Date approved	<5 years
Review date	September 2017

UKTC does not currently have the tooling to auto-classify the UK Extension in line with international content automated processing. In order to maintain a systematic and predictable model, content which is developed and authored in the UK Clinical Extension is 'manually' allocated only one super-type and is added with an IsPrimitive value of 1. The new concept will inherit all defining and qualifying characteristics of that super-type. A small number of exceptions to this approach do exist, predominantly the result of preserving two or more asserted supertypes for concepts moved to the UK Extension from International data.

Content that is set to Status: Pending Move is expected to be auto-classified by SNOMED International on processing by them. However, UK Extension content that remains as Status: Current is treated as above; although it should be noted that a great deal of UK

‘administrative’ content would resist much modelling beyond multiple supertypes and would remain Primitive.

For a proportion of extension concepts defining characteristics have been further localised, either by refinement of inherited characteristics or by the addition of supplementary characteristics. This limited approach will not facilitate equivalence detection or full subsumption within the UK Extension and between UK Extension concepts and International Edition concepts.

The localised SNOMED CT UK Extension content is predominantly restricted to a limited number of attribute-value relationships which are fundamental to the description of the FSN type, for example describing a procedure by the method used. In addition, a number of additional attributes have been specified which have specific UK use cases, for example:

Procedures (excluding all administrative procedures)

- Procedure site (direct/indirect)
- Method
- Component – limited to pathology procedures only

Findings

- Finding site
- Causative agent – only for concepts explicitly required by nationally agreed solutions for allergies and adverse reactions

Situations with explicit content

- Associated procedure/finding
- Procedure/finding context
- Subject relationship contextTemporal context

Specimen – Pathology National Catalogue only content

- Specimen source topography
- Specimen source morphology

Whilst the allocation of a single super-type is recognised as a sub-optimal limit (many concepts, most notably many of the OPCS-4.6-related procedure concepts, will naturally have several super-types), this allows the uncomplicated inheritance of defining and qualifying characteristics. The goal has been to produce data which, whilst incompletely classified, is done so systematically and predictably. Such an approach is still interim – i.e. in the longer term full and consistent integration/classification will be done - but should allow:

- A degree of subsumption-based concept encounter/retrieval
- Characteristic-based retrieval (e.g. providing a degree of explicit definitional expression of an extension concept’s characteristics)
- Qualification and refinement-based post-coordination.

4.2 SNOMED International editorial principles

There are a number of resources produced by SNOMED International which describe how the content of SNOMED CT should be developed and maintained, these are constantly updated, and users should refer to the SNOMED International website (http://ihtsdo.org/fileadmin/user_upload/doc/) for the latest version.

The [SNOMED CT Editorial Guide](#), in particular, provides detailed information about SNOMED CT content development. Where relevant, specific items are referenced within the UK Edition Editorial Principles.

5 UK general editorial principles

The UK Edition Editorial Principles should supplement rather than change any of the SNOMED International editorial guidance and will largely be needed where international guidance is still to be developed.

In this document, each principle is flagged as either UK-specific or a gap in international guidance. Those considered a 'gap' in the internationally published principles may be available in draft form but are not yet formally agreed and published. As such, this category may have only a transient presence in the UK Edition Editorial Principles.

The status of each principle will be clearly stated and will take one of the following statuses:

- **Pending**
Principle is awaiting consideration of UKTC Edition Committee
- **Under consideration**
Principle has been presented to UKTC Edition Committee
- **Approved**
Principle has been approved by UKTC Edition Committee
- **Previously approved, under review**
A principle previously approved is subject to further consideration by UKTC Edition Committee
- **Withdrawn**
Principle has been withdrawn from the consideration of UKTC Edition Committee
- **Not approved, replaced by**
Principle has been considered by UKTC Edition Committee but has been replaced by alternative principle
- **Considered but rejected**
Principle has been rejected by UKTC Edition Committee
- **Moved to international**
A principle, previously approved by the UKTC Edition Committee has been formally accepted for international application and published as part of SNOMED International editorial principles

The date on which the principle was approved will also be explicitly stated as will the anticipated date of review.

It is recognised that there are a great many clinically related concepts that are specific to UK healthcare delivery, so criteria will develop over time regarding whether concept types are permitted or not – each of these will be documented in these editorial principles as and when

they need to be addressed, particularly those that are introduced to support systems with limited functionality.

The NHS dictionary of medicines and devices (dm+d) forms the basis of the information contained in the SNOMED CT UK Drug Extension and the dm+d description (where available) must be the preferred term applied in the UK. Editorial rules for the UK Drug Extension are therefore primarily dictated by dm+d editorial policy (see <http://www.dmd.nhs.uk/documentation/index.html>).

See Section 6.5 for further information

5.1 Extent of pre-coordination (UK)

Principle	5.1. Extent of pre-coordination (UK)
Category	UK
Status	Under consideration
Date approved	11/6/2015
Review date	September 2017

Many system implementers are working with impoverished information models, and to deny them certain pre-coordinated coded content may be to prevent their use of SNOMED at all. It is anticipated that some degree of pre-coordination will be required in the UK that may not be permissible in the International Edition.

All content of early versions of the Read codes was required to be pre-coordinated as post-coordination was not possible within the terminology alone. However, SNOMED CT is designed to support many use cases with attributes which can be used to qualify other concepts. It is therefore not necessary to express all clinical notions by the means of extensive pre-coordination, but it must still be possible for meaningful clinical utterances to be single concepts. The balance between what is acceptable to include as one concept and that which is not permitted is not always clear and will be expressed for individual use cases in this document.

In the UK, there are some high-profile use cases that must be supported across both the Read codes and SNOMED CT, so it is likely that the UK will be more permissive than SNOMED International in terms of what pre-coordinated content will be acceptable in the immediate future.

It is important that a number of criteria are established for application to submissions to determine whether the requested representation is justified. Some initial criteria are listed below and will evolve over time and as supplier systems become more sophisticated.

Criteria for pre/post-coordination:

Where a base concept potentially uses a whole ‘hierarchy’ as the range for a value list (e.g. History of every disorder) then post-coordination will be expected, for example:

Family history of diabetes

The relationship of dates, times, locations or people to events or findings will not be permitted, for example:

Anaesthesia administered by consultant anaesthetist in theatre

Some areas where pre-coordination has been agreed as acceptable in the UK Extension are as follows:

Under care of X

Seen by X

Discharged by X

It is important to note that the presence of existing pre-coordinated expressions in SNOMED CT does not mean that similar patterns will be accepted in the future.

Whilst some extended pre-coordination may be permissible in the short term it is important to state in the principles that the expected future end state will be for post-coordination wherever this does not compromise common clinical utterances.

Concepts where the procedure is combined with the performer will not generally be permitted. Concepts of the following form will therefore be disallowed:

NHS health check by third party

NHS health check by pharmacist

NHS health check by third party

NHS health check by other

It should be noted that this form has been permitted under the exceptional circumstances dictated by the swine flu epidemic, for example:

PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider

There are occasions where the nature of treatment or a consultation are important for secondary uses reporting and it is not possible to support the information requirement outside the terminology. These submissions should be brought to the UK Edition Committee as and when requested. Examples of what has been deemed acceptable previously include:

279911000000106 | Patient health questionnaire 9 declined

Similar concepts which were disallowed include:

Patient Health questionnaire (PHQ-9) score second visit

Patient Health questionnaire (PHQ-9) score third visit

Attended diabetes Xpert programme - week one

Attended diabetes Xpert programme - week two

Pathology tests and their results should always be recorded separately. Limited precoordination of test names with their results has been accepted historically where these take the form of a limited value set such as normal/abnormal, equivocal, raised/decreased.

e.g. Gonorrhoea test equivocal

This is no longer permitted. However, no retrospective changes will be applied to existing concepts of this nature. All such new combinations considered exceptions should be brought to the UKTC Edition Committee.

There are occasions where very useful secondary uses data items are developed for particular national standard datasets which look very similar to concepts for the delivery of clinical care, though many tend to combine ideas along with the core clinical items such as time periods or locations. There are no specific editorial principles for dataset data items other than they will not be incorporated in SNOMED CT just because ‘they are in a dataset’. Each request/data item will be considered against the editorial principles for SNOMED CT on its own merits.

5.1.1 Extent of pre-co-ordination: ‘On examination’ and ‘complaining of concepts

Principle	5.1.1 “On examination” and “complaining of” concepts
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There may be occasions when findings need to be differentiated by how they were determined, i.e. whether reported by the patient themselves or whether discovered as a result of a physical examination. These concepts are clinically justified in some cases but there is no need to add an equivalent C/O and O/E for every regular ‘finding’ concept. It was agreed that there should be no rule barring the introduction of any new concepts but that each submission should be directed to the UKTC Edition Committee for approval. Examples of concepts approved for addition to the UK Extension include:

- On examination - scrotal swelling (finding)
- Complaining of scrotal swelling (finding)

In addition to the ‘regular’:

- Scrotal swelling (finding)

5.1.2 Extent of pre-co-ordination: ‘history of’, ‘no history of’, ‘family history of’ and ‘no family history of’ (finding)

Principle	5.1.2 ‘History of’, ‘no history of’, ‘family history of’ and ‘no family history of’ (finding)
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

Whilst it is recognised that the design of SNOMED CT supports the post-coordination of these types of concept or that systems architecture may provide an alternative solution, many systems currently need these to be pre-coordinated.

Not all findings will need equivalent history of (and no history of) representations but when these are requested they will be added to the UK edition. However, only those that can be modelled and have equivalent post-coordinated forms will be permissible.

For instance, the following are acceptable:

- History of autosomal dominant diabetes mellitus
- No history of renal disease
- No lipodystrophy

And the following would not be:

- History of oedema not responsive to therapy

The same methodology would be applied to any requested ‘Family history of’ concepts.

5.1.3 Pre-coordination of laterality

Principle	5.1.3 Pre-coordination of laterality
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There are as yet no general cases for the coding of pre-coordinated laterality in system processes – there is no compelling evidence that this approach is superior to using free text or system functionality to represent the laterality. Therefore, any request for pre-coordination should be brought to the UKTC Edition Committee with clear, strong justification why these

should be added in this form. The current policy is therefore not to allow the pre-coordination of laterality.

The exception to this rule is in ‘observables’ where the necessary qualifying attribute is not a sanctioned qualifier. In a small number of cases it is therefore permitted, although the UKTC Edition Committee will need to approve all exceptions to the general rule. Examples approved include:

825391000000108 | Medical Research Council muscle power score of left shoulder flexion (observable entity)

825811000000105 | Active range of right wrist supination (observable entity)

847961000000109 | European pressure ulcer advisory panel grade of pressure ulcer of left knee (observable entity)

853191000000105 | Right lower limb total volume (observable entity)

876831000000109 | Left knee reflex reduced (finding)

924141000000105 | Touch sensation of left dermatome of third cervical nerve absent (finding)

881881000000106 | Power of left myotome of second cervical nerve (observable entity)

915291000000100 | Left dorsalis pedis pulse palpable (finding)

5.1.4 Levels of risk – pre-coordination

Principle	6.2.4 Levels of risk
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There is a clinical requirement to express stratified levels of risk in many clinical domains. The stratification often differs due to different clinical perspectives or requirements. In order to support these requirements, the UK Extension will contain those patterns that are represented in official guidance from such bodies as NICE and clinical professional organisations such as the Royal College of Physicians.

Other patterns will not be represented routinely and must be brought before the UKTC Edition Committee. Those patterns accepted are:

- At high risk of activity intolerance
- At moderate risk of activity intolerance
- At low risk of activity intolerance
- Higher risk drinking

- Increasing risk drinking
- Lower risk drinking.

5.2 Term construction/naming conventions (N.B. some principles exist in draft form but unpublished by SNOMED International)

5.2.1 UK term preferences and available descriptions

Principle	5.2.1 UK term preferences
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

Whilst system suppliers are expected to allow user preferences to dictate what descriptions are available to users in any given context, it is acknowledged that due to system limitations that is not always the case. It should be noted that the rules for descriptions in the SNOMED CT UK Drug Extension are necessarily more prescriptive and should always reflect the dm+d description (where applicable).

Where an internationally recognised and endorsed UK preferred description is not the preferred term but is an available description, then it would be possible for UKTC to raise a change request with SNOMED International to ask for it to be promoted to be the international preferred term. If the term preference is only of a national nature then the term could be assigned as the preferred term in the UK Extension by means of the UK Realm Description Subset.

Where the description is not available at all, then if the requirement is expected to be internationally valid it should be submitted by UKTC as a new description request to SNOMED International where it is very much a UK preference then this should be dealt with by UKTC.

5.2.2 Synonyms

Principle	5.2.2 Synonyms
Category	Moved to International (April 2014)
Related International Principle:	7.4.2 / 7.4.3

5.2.3 Plurals

Principle	5.2.3 Plurals
Category	Moved to International (April 2014)
Related International Principle:	7.2.1 / 7.2.1.1

5.2.4 Punctuation

5.2.4.1 Quotation marks

Principle	5.2.4.1 Quotation marks
Category	International 'gap'
Status	Approved
Date approved	11/6/2015
Review date	September 2017

Speech marks should not be used in any descriptions.

5.2.4.2 Apostrophes

Principle	5.2.4.2 Apostrophes
Category	Moved to International (April 2014)
Related International Principle:	7.2.2.1

5.2.4.3 Hyphens and dashes

Principle	5.2.4.3 Hyphens and dashes
Category	Moved to International (April 2014)
Related International Principle:	7.2.2.2
Date approved	11/6/2015
Review date	September 2017

N.B.: Dashes:

Although not permitted for new additions in general (as specified in international guidance Section 7.2.2.2), where it can be demonstrated that there is a lot of existing content using a 'dash' pattern, new additions can be made in order to allow consistency with the existing data (in the preferred term at least). An example of this is the content in the descent of 163935006 | On examination - visual acuity right eye (finding), where the majority of terms employ a dash, are internationally published, and whose appearance may benefit from similarly-constructed neighbouring content, if-and-when added. It is not expected that such changes will be made retrospectively to existing data

5.2.4.4 Colons

Principle	5.2.4.4 Colons
Category	Moved to International (April 2014)
Related International Principle:	7.2.2.3
Date approved	11/6/2015
Review date	September 2017

Other uses of colons in newly-added terms, beyond the exceptions listed in the international guidance, are disallowed. Notably, usage of colons to link a ‘question/field name’ and an ‘answer/value’ in a single term are discouraged. Such an approach can be characterised by the following example:

Preferred place of death: home

The preferred approach here would be to use a proper word instead of the colon (e.g. “home is preferred place of death”).

In existing data there are a number of patterns where something other than colon has been used for separating FH or H/O concepts from the condition being referred to. For new additions then the approved pattern will be utilised but there will no systematic effort to correct existing data.

5.2.4.5 Forward slash

Principle	5.2.4.5 Forward slash
Category	Moved to International (April 2014)
Related International Principle:	7.2.2.4

Note: there are a number of and/or constructs in the international data. UK representatives will lobby to influence a change in international policy.

Also, editorial principles for UK Drug Extension may differ in certain respects, please see dm+d editorial policy at <http://www.dmd.nhs.uk/documentation/index.html>

5.2.4.6 Single plus sign (+)

Principle	5.2.4.6 Single plus sign (+)
Category	Moved to International (April 2014)
Related International Principle:	7.2.2.5

Note: editorial principles for UK Drug Extension may differ in certain respects, please see dm+d editorial policy at <http://www.dmd.nhs.uk/documentation/index.html>

5.2.4.7 Plus sign +++

Principle	5.2.4.7 Plus sign +++
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There are a number of concepts in the UK Extension where the intent is to express the deviation of a finding from the expected value, e.g.

Urine nitrite test = +++ (finding)

It has been agreed that there are a small number of tests where this is the commonly understood finding/result so representations where ‘+++’ is the actual value, then these should be permitted. These principles will only apply to a small number of findings where a relative value of a finding is being expressed.

However, where the use of the ‘+’ is simply intended to emphasise the finding then it would not be permitted in new submissions, but the current concepts can remain.

For example, the following would not be accepted:

Eats junk food ++(finding)

5.2.4.8 Use of parentheses

Principle	5.2.4.8 Parentheses
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

In general, non-semantic-tag brackets in FSNs are undesirable. As with many other punctuation conventions, their use can leave meaning unclear or ambiguous, and can introduce term conventions of little value to a coded clinical terminology. Nevertheless, their use can be helpful, so absolute rules/guidance are not possible. Examples where their use is undesirable in FSNs include:

- Non-semantic-tag brackets should not be used to allow the incorporation of synonymy into an FSN¹ :

Some examples taken from international data for illustrative purposes.

- 10829007 Esophagus acid perfusion test (Bernstein) (procedure)
- 251155001 His Bundle (junctional ectopic) tachycardia (disorder)
- 415686002 Suspenders (braces) (physical object)
- 204361000000102 Coxiella burnetii (Q fever) nucleic acid detection (procedure)
- Non-semantic-tag brackets should not be used to support a bizarre 'insert value here' format in an FSN:
 - 11642001 Intelligence, above average (I.Q.....) (finding)
- Non-semantic-tag brackets should not be used as a mechanism for supporting single/multiple phenomena in an FSN:
 - 211974009 Deep partial thickness burn of toe(s) (disorder)

In the UK Extension brackets have historically (and perhaps, more frequently) been used in FSNs for the following purposes: Clarification of legal act jurisdiction

- 407681000000109 S46 MHA - Detained in hospital under Section 46 of the Mental Health Act 1983 (England and Wales) (finding)
- Clarification and display consistency whilst retaining 'convenient' word ordering:
 - 515371000000101 No consent for influenza A (H1N1v) 2009 vaccination (finding)
 - 3061000000106 GMS3 claim - immunisation (fee A) paid (finding)

It is largely to maintain consistency with these uses that the set of exception clauses are provided.

Based on analysis of the international data there do also appear to be patterns where brackets may truly be a valid component of the notions they wish to represent. For example, they may be used within the antigenic formula of an organism, as well as to represent various phenotypic and chemical conventions:

- 114387009 Salmonella VI 1,6,14,25:z10:1,(2),7 (organism)
- 115852007 Co(a-b-) phenotype (finding)
- 278147001 Blood group O Rh(D) positive (finding)
- 31395003 3,4-Dihydroxy-9,10-secoandrosta-1,3,5(10)-triene-9,17-dione 4,5-dioxygenase (substance)

For the purposes of the UK Extension, the use of non-semantic tag brackets may be used in the FSNs of concepts added within the sections shown in Table 1.

Mental health actions and observations within scope of various national legal acts
--

5301000000106 [79/83 – proportion of descendant concepts affected]	Mental Health Act procedure (procedure)	Bracket allowed around the national jurisdiction of a particular legal act, (e.g. 'Has guardian appointed under the Adults with Incapacity (Scotland) Act 2000 (finding)')
365868001 [36/50]	Finding of legal status under Mental Health Act 1983 (England & Wales) (finding)	
5711000000107 [28/32]	Mental Health Act payment claim status (finding)	
18401000000107 [9/9]	Mental Health Act 1983 (England and Wales) forms (record artifact)	
303157007 [4/4]	Treatment administered in accordance with the Mental Health Act 1983 (England and Wales) (regime/therapy)	
294791000000106 [4/4]	Finding of legal status under Adults with Incapacity (Scotland) Act 2000 (finding)	
Various high frequency form/notification concepts		
23971000000105 [45/119]	Multiple purpose form claim status (finding)	Word order variations assisted by brackets around specific components allowed if felt that it will assist in achieving consistency of display. Major patterns include: <ul style="list-style-type: none"> • Specifying 'rates' at the end of a term (e.g. 'Immunisation claim (rate A) (procedure)') • Specifying treatment claim durations (e.g. Payment of temporary resident claim (less than 15 days) (procedure)) [note where this pattern occurs beyond this section constraint, similar 'consistency of display' rules apply] • Specifying contraceptive device usage (e.g. 'GMS3 claim - temporary contraceptive (non IUCD) paid (finding)').
17911000000100 [38/148]	Item of service claim (procedure)	
5121000000100 [13/17]	Med3 certification status (finding)	Bracket allowed around year of form (e.g. MED3 (2010) certificate duplicate issued (finding))
715591000000108 [10/11]	Hospital Discharge Notification to Social Care (record artifact)	Bracket allowed around 'Delayed Discharges etc' as this is included in the official name of the act (e.g. Assessment Notification Under

		Section 2 of the Community Care (Delayed Discharges etc) Act 2003 (record artifact)
23851000000106 [4/4]	Foreign travel immunisation patient fee claim status (finding)	If required to specify the fee type (e.g. 'Immunisation course (non-Family Practitioner Committee) fee paid (finding)')
86198006 [4/9]	Influenza vaccination (procedure)	If required to specify the vaccination organism type (e.g. 'CELVAPAN - first influenza A (H1N1v) 2009 vaccination given (procedure)')
External classification-derived categories		
447851000000106 [26/78]	[X]Medical devices associated with adverse incidents in diagnostic and therapeutic use (disorder)	Brackets allowed as dictated by terms of source classification if this is felt to assist fidelity to source and thus improve understanding and usability.
491571000000101 [16/65]	European Dialysis and Transplant Association renal disorder classifications (disorder)	
457071000000107 [11/11]	[X]Contact with centipedes and venomous millipedes (tropical) (event)	
461451000000108 [10/11]	[X]Traffic accident of specified type but victim's mode of transport unknown (event)	

Table 1: Concentrations of prior non-FSN bracket use in UK Extension

The sections shown do not cover all uses of non-semantic tag brackets in FSNs for the UK Extension, but represent the current major concentrations (approximately 2/3 of uses). Change requests which specify the inclusion of brackets in FSNs in areas of the terminology not covered by these sections should be discouraged (with terms reworked to avoid their use), however, given the wide number of exception patterns (shown in the table and text above), they may be included if a persuasive case can be made, and ultimate agreement may require escalation of the request.

NOTE: Where non-semantic tag brackets have already been applied to FSNs in the UK Extension outside the excepted sections above, their correction/removal will not be retrospectively applied.

5.2.5 Eponyms

Principle	5.2.5 Eponyms
Category	Moved to International (April 2014)
Related International Principle:	7.2.3

5.2.6 Abbreviations

Principle	5.2.6 Abbreviations
Category	International 'gap'
Status	Approved
Date approved	September 2015
Review date	September 2017

Abbreviations are not permitted in the Fully Specified Name (FSN) except where that abbreviation is part of an official name of an organisation or instrument, for example:

- Coeliac UK member (finding)
Where 'Coeliac UK' is the name of the organisation.

Where abbreviations are required in any other type of description then they should ordinarily be fully expanded in the same text string except in rare circumstances. A list of exceptions to this rule must be maintained and can be found in Appendix 1. For example:

FSN - Computed tomography of brain (procedure)

Pref term - CT of brain

Rather than

Pref term - CT (computed tomography) of brain

Where the abbreviation is an exact word match with the expanded text then the representation will be the abbreviation followed by a hyphen, followed by the expanded words, for example:

FSN - Intermittent positive pressure ventilation (procedure)

Pref term - IPPV - intermittent positive pressure ventilation

It should be noted that the first word after the hyphen should be lower case as per usual capitalisation rules.

Where the abbreviation is accompanied by additional text then the abbreviation should be inserted directly prior to the expanded form which will be in parentheses, for example:

FSN Removal of suture from mouth (procedure)

Pref term Removal of suture from mouth

Syn – ROS (removal of suture) from mouth

Abbreviations should never be used without the corresponding expanded form in the same description (unstated but implied) except in rare circumstances. A list of exceptions to this rule must be maintained and can be found in Appendix 2.

It is recognised that there are a large number of existing concepts which do not conform to these rules which will not be addressed in the near term. This does not mean that the rules should be relaxed for content of this nature even though it may lead to some apparent inconsistency.

The default for the Preferred Term is FSN term minus semantic tag. However, a UK Preferred Term containing an abbreviation should be supplied rather than the default where the expanded form of a named instrument or technically named device or object is unfamiliar or rarely found in clinical or common use.

For example:

FSN Length of stay, acuity of admission, comorbidities and emergency department visits index scoring tool for death or readmission risk assessment (assessment scale)
Preferred Term: LACE (length of stay, acuity of admission, comorbidities and emergency department visits) index scoring tool for death or readmission risk assessment

FSN: Requires information on universal serial bus mass storage device (finding)
Preferred Term: Requires information on USB (universal serial bus) mass storage device)

Outside of the case of named instruments and devices, the decision on whether to set a description with the abbreviated name as PT or as a synonym serving as a key is left to case by case authoring. Consistency is essential; however, a balance should be struck between comprehensiveness of abbreviation and practical utility,

5.2.7 Verbal nouns

Principle	5.2.7 Verbal nouns
Category	Moved to International (April 2014)
Related International Principle:	7.2.5

5.2.8 Past and future tense verbal forms

Principle	5.2.8 Past and future tense verbal forms
Category	Moved to International (April 2014)
Related International Principle:	7.2.6

N.B. There are a large number of concepts regarding the provision of education or advice. These should not be expressed as advice given/provided (unless the past tense is actually required for a particular 'situation with explicit context' concept. For a procedure concept, the preferred wording would be 'provision of advice about or education for...'.

5.2.9 Language dialects

Principle	5.2.9 Language dialects
Category	Moved to International (April 2014)
Related International Principle:	7.2.7

5.2.10 Negation concepts

Principle	5.2.10 Negation concepts
Category	International 'gap'
Status	Approved
Date approved	11/6/2015
Review date	September 2017

Pre-coordinated procedure concepts with a negative context are considered outside the scope of SNOMED CT, the SNOMED CT context model should be used to post-coordinate procedure concepts. Findings type concepts (actually would be 'situation with explicit context') should be considered on a case by case basis but not added routinely. Any exceptions should be escalated for review by the UKTC Edition Committee.

The following would therefore not be acceptable:

Hand tendon ganglion not excised

Similarly, requests for findings that may have once existed but now apparently do not, will ordinarily be declined as the "no longer" status may change. Requesters will be advised to use an end date for an existing finding or use a 'history of x' concept. E.g. the following would not be permitted:

Patient no longer on Safe Haven Patient Register

No longer carries preloaded injection pen

Compelling cases would be brought to the Edition Committee for consideration, for instance the following was deemed acceptable:

No safeguarding issues identified

It was considered that 'Not suitable for care pathway' and 'Patient no longer on Safe Haven Patient Register' could be expressed more suitably as 'Care pathway contraindicated' and 'Not in Safe Haven Register'.

5.2.11 ‘Either’/’or’ Procedures

Principle	5.2.11 ‘Either’/’or’ Procedures
Category	International ‘gap’
Status	Approved
Date approved	11/6/2015
Review date	September 2017

The use of ‘either’ and ‘or’ is not permissible within SNOMED CT as it introduces potential ambiguity. In such circumstances it has been agreed that these procedures will be represented by two (or occasionally more) concepts within SNOMED CT. The following would therefore not be permitted:

Repair of total anomalous pulmonary venous connection to coronary sinus
or right atrium

5.2.12 Use of numerics

Principle	5.2.12 Use of numerics
Category	International ‘gap’
Status	Pending
Date approved	
Review date	December 2015

As a general grammatical rule numbers below 10 should be expressed in text form with numbers 10 and above being expressed in arabic numeral form. However, there are occasions where it is important to use number forms below 10 in descriptions. Concepts including temporal references, substances and organisms frequently require standardised numeric notation defined outside SNOMED CT. Therefore, the numeric form is also permitted for numbers below 10 where such standards apply, and the text form is allowed where disorder naming conventions etc apply.

Standard text format for numbers under 10:

350901000000109 | Every Child Matters four tier strategic framework (regime/therapy)

Numeric exception to standard text format for numbers under 10:

810251000000105 | On examination visual acuity right eye = 6/20 (finding)

104625003 | delta-5-Pregnanetriol measurement (procedure)

491941000000101 | Bottle fed at 4 months (finding)

Standard numeral format for numbers over 10:

36428009 | Gestation period, 42 weeks (finding)

Text exception to standard numeric format for numbers over 10:
238719003 | Twenty nail dystrophy (disorder)

Where existing content includes the textual form, but should have a numeric form it is not necessary to make changes. Further guidance on numeric ranges is given in the international SNOMED CT Editorial Guide item 3.4.4.3.

5.2.13 Character ‘case’ conventions

Principle	5.2.13 Character ‘case’ conventions
Category	International ‘gap’
Status	Approved
Date approved	11/6/2015
Review date	September 2017

All terms should be given in lower case letters except the first letter of the first word in the string, which should be capitalized. Concepts should not include articles like “an” and “the” in the string. For example:

Neoplasm of lower respiratory tract (disorder)

Exception: Concepts with the proper names of a person, organization, species or abbreviations in the string should be properly capitalized. For example:

Angiokeratoma of Fordyce

Neonatal jaundice with Dubin-Johnson syndrome

Organisation names would also be considered an exception where every word of the name of the organisation would start with a capital letter. This is only necessary for actual named specific instances of organisations but not any generic representation, for example:

Northern Ireland Health Board

HC1 requested from health board, the former represents a single entity, there is only one Northern Ireland Health Board, and therefore is the name of a unique entity. The latter represents a generic entity where there are potentially multiple health boards.

Other examples where capitalisation of the first letter is permitted include formal programme and initiative names such as:

Healthy Start voucher scheme

Care of Next Infant programme

Care in Custody and Teamwork

Improving Access to Psychological Therapies

Referral to Social Services

These should also include the formal names of scales and other similar instruments, for example:

Therapy Outcome Measure (assessment scale)

See Section 6.1 for further exceptions to support messaging.

Other exceptions include where drug brand names are described in the SNOMED UK Drug Extension.

Further guidance on capitalisation is given in the SNOMED CT Editorial Guide, item 7.2.8.

5.2.14 Accented and unusual characters

Principle	5.2.14 Accented and unusual characters
Category	International 'gap'
Status	Approved
Date approved	11/6/2015
Review date	September 2017

SNOMED CT files use UTF-8 encoding (of Unicode character-strings), which means that the variety of possible characters is large.

The overwhelming majority of English language Descriptions in SNOMED CT can be created using ASCII characters in the range 32-127, however some additions to SNOMED CT will require the use of characters above this range – for example diacritic/accented characters.

If the accented/multi-byte characters are present in the authoritative source material then these should be added to as many description types as required. If the accent is present in the requirement it should be included in the FSN at least.

Accent-free synonyms with superficially equivalent characters (e.g. 'e' for 'é') should not routinely be added.

Note: It is not permitted to use the 'pipe' character ("|", Unicode +007C) – this character has special utility in the SNOMED CT Compositional Grammar (indicating the start and end of term strings), and its use in terms will disrupt parsing of Expressions represented using this grammar.

5.2.15 ‘Disorder’ naming conventions

Principle	5.2.15 ‘Disorder’ naming conventions
Category	Moved to International (April 2014)
Related International Principle:	7.6

5.2.16 Use of hyphen for tagging descriptions to identify content designed for a specific limited use case

Principle	5.2.16 Use of hyphen for tagging
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

A tag is a word or words that have previously been added at the end of a description to identify that the preceding term string is limited to a specific UK NHS context/use case. It is distinct from the semantic tag at the end of the description in parentheses. The tag is separated from the main part of the term by ‘space, dash, space’ i.e. ‘term string – tag (semantic tag)’. Tagging labelled the concept for the specific purpose of its use case.

Clinical concepts should not be needlessly qualified by the addition of text that limits their use beyond the logical meaning that is intrinsic to the concept. By default, content in a national terminology should be ‘recyclable’ for a range of use cases. It also therefore follows that such content should be supertyped according to ontological principles rather than grouped to meet an administrative use case.

SNOMED is designed to be a single coherent ontology. In the past there have been well intentioned, pragmatic attempts to qualify, with a descriptive tag, content that is essential to a UK NHS business process but ontologically at odds with editorial principles. This has led to isolated ‘islands’ of content, sometimes in logical conflict with content elsewhere. On review, this approach has been deemed unnecessary because the content can (where it has not been ruled ‘out of scope’) be expressed in ways that makes it clinically valid and logically analysable.

In the addition of new content; if a procedure or finding etc relates to a specific programme, care pathway etc then either:

The procedure or finding should stand by itself as a clinically valid concept without reference to a programme

Example: Measles mumps rubella catch-up vaccination (procedure)

...or the programme should be added as an integral part of the description (where the programme is part of the intended meaning not additional to it).

Example: Measles mumps rubella catch-up vaccination programme *enhanced services administration* (procedure).

Previous policy would have been for this to be identified with a tag (italics below) because of the association with an enhanced services scheme:

'Measles mumps rubella catch-up vaccination - enhanced services administration (procedure)'.

There remains in the terminology some content that is tagged (although note that not all content that has text following 'space, dash, space' is tagged). There is a process of revising this content over time to bring it into line with the above policy.

5.2.17 Authority dependent concepts

Principle	5.2.17 Authority dependent concepts
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

Many requests are received for highly pre-coordinated content, often associated with policy initiative or best practice guidance.eg,

Family history of total cholesterol greater than 6.7 millimoles per litre in child or sibling under 16 years of age

This is a risk factor for familial hypercholesterolaemia along with a number of other items and is described in the NICE guidance – see <http://www.nice.org.uk/nicemedia/pdf/CG071NICEGuideline.pdf>

Expressions of this nature should be considered in much the same way as component scores of assessments scales (see Section 6.2) in that it is not necessary to assign a SNOMED code to these complex compound risk factors, each aspect of the clinical notion could be coded in the record but in terms of its relationship to the NICE guidance then a composite concept of the following form should be sufficient:

Familial hypercholesterolaemia Simon Broome criteria NICE 2009 (finding)

Other concepts associated with apparently transient initiatives or promotion exercises or policies/programmes should be represented in generic form so that the concept retains its usefulness once the programme/initiative has concluded (or changed its name or form). Therefore, the following is unacceptable:

'Stop before your op' smoking cessation programme referral

5.2.18 Concepts of 'classification' origin

Principle	5.2.18 Concepts of 'classification' origin
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There are a number of concepts in the UK Extension that are necessary for completeness of the super-setting of the earlier versions of the Read codes which require the direct inclusion of concepts from the UK standard classifications (ICD-10 and OPCS-4), such as:

Other bronchus operation NOS (procedure)

The inclusion of such non-specific concepts is no longer permitted in SNOMED CT. Therefore, the use of such inclusion/exclusion expressions such as 'other', NEC (not elsewhere classified), NOS (not otherwise specified), OS (otherwise specified) and EC (elsewhere classified) are not permitted.

The UKTC are currently completing a phased retirement of such content (2015) Further guidance on Classifications-derived phrases is given in the SNOMED CT Editorial Guide, item 3.4.4.2.

5.2.19 Secondary uses only concepts

Principle	5.2.19 Secondary uses only concepts
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

Concepts from classifications that are only relevant to secondary uses and have no use in a clinical record are out of scope for SNOMED CT. Therefore, concepts such as the following will not be added:

Mental health residential care HRGs

6 Principles Pertaining to Specific Domains

6.1 Messaging and Record Content

Due to the nature of this type of concept they are very often subject to different editorial rules to the general corpus of SNOMED CT. These exceptions are listed in this section

6.1.1 FocusActOrEvent Concepts

Principle	6.1.1 FocusActOrEvent concepts
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

These concepts are used to support HL7 v3 messaging and identify actual messages being sent. E.g. “Discharge from Inpatient Care”

The concept is used to identify the document which is used to convey details of an encounter back to a GP or other Healthcare practitioner.

It would take the form:

Diagnostic Imaging Request Event

with each word being capitalised. This would be an exception to the general capitalisation rules.

Note - These concepts were formerly ‘tagged’ with an indication of the use case, e.g.

Diagnostic Imaging Request Event – FocusActOrEvent.

This is now no longer the case for new content.

6.1.2 Standards for the Clinical Structure and Content of Patient Records (Royal College of Physicians)

Principle	6.1.2 Standards for the clinical structure and content of patient records
Category	UK
Status	Approved
Date approved	12/06/13

Review date	September 2017
-------------	----------------

Concepts to support the Royal College of Physicians ‘Standards for the clinical structure and content of patient records’ (SCSCPR) have been added to the UK Extension. These concepts do not all comply with all UK Edition Editorial Principles. This is due to the requirement of the SCSCPR that the exact words of the standard must be maintained.

887121000000105 | Review of systems (record artifact)

887141000000103 | Assessment scales (record artifact)

887161000000102 | Diagnoses (record artifact)

887051000000101 | Social context (record artifact)

886711000000101 | General practitioner practice (record artifact)

6.1.3 Document types

Principle	6.1.3 Document types
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

It has been necessary to introduce an additional unexpanded abbreviation (not permitted for general concepts) for the purposes of messaging specific document types, specifically:

- *Outpatient Clinic Attendance - GP Letter*

Where ‘GP’ means General Medical Practitioner.

There are further messaging related document types required for Interoperability Tool Kit messages. Due to technical limitations, including the limited capacity of these messages to carry multiple coded entries there is a short-term necessity to pre-coordinate the type of message to include the care setting from which it originates. It is acknowledged that this approach is not necessarily scalable but would be a short-term solution.

Examples include:

Discharge Summary paediatrics

Outpatient letter gynaecology service

Background and Usage notes - *describing clinical documents for purposes of indexing.*

In order represent a sufficiently expressive set of clinical document descriptors and circumvent issues with the current CDA R1 specification, a compositional approach is provided. This approach is described in detail elsewhere² but is summarized here, thus:

The “Compositional Grammar for SNOMED CT Expressions in HL7 Version 3” draft serialisation standard is used to support the representation of both the Document Type and Care Setting values in a single expression in ClinicalDocument.code.

The approach uses a SNOMED CT code composition with a fixed ‘object concept’, two specific attributes, and then values for each from two use-case specific subsets.

The fixed object concept is:
810301000000103 Clinical document descriptor
The two attributes are:
810311000000101 Type of clinical document
810321000000107 Care setting of clinical document
The two corresponding subsets are:
der1_SubsetMembers_DoctypeComp_GB1000000_yyyymmdd.txt (TBD)
der1_SubsetMembers_DocindexCaresettComp_GB1000000_yyyymmdd.txt (TBD)

An example compositional expression (structured using SNOMED CT compositional grammar) would be:

810301000000103 Clinical document description :810311000000101 Type of clinical document =25581000000101 Discharge summary report ,810321000000107 Care setting of clinical document =310061009 Gynaecology
--

The SNOMED CT code composition is used to enable (and provide structure for) the association of values from the document type and care setting subsets with a single attribute in the NHS implementation of CDA.

² “Options for the representation of arbitrarily complex Document Types in NHS CDA using SNOMED CT as the code system.” NHS Digital September 2011

6.1.4 Record headings/items against which a value or text may be assigned

Principle	6.1.4 Record headings/items against which a value or text may be assigned
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

Historically a great number of concepts have been added which enable records to be structured and for values or text to be associated with headings. These have been incorporated into SNOMED CT as observables or record artefacts. Common acceptable patterns are as follows:

- Interpretation of radiology
- Reason for discharge
- Contraceptive method status
- Evening meal routine

It is noted that there are particular problems with headings referring to dates and they could be considered ambiguous, for example:

- Date of last sexual intercourse
- Date of referral

Concepts of this nature should be brought to the UKTC Edition Committee

For non-date concepts then the criteria by which to judge whether they are best represented as a record artefact or an observable are the following:

Concepts which are likely to take narrative or finding-type values should be record artefacts, whilst the ones that take dates (where permitted), numerics, or coded values from the current 'has_interpretation' range would be observables.

Where this simple distinction is unhelpful then the principles associated with the anticipated observables model and EN 1614 could be usefully applied as per the following table:

Name (SNOMED International)	Approx name (EN 1614)	Description	Lab example (mass concentration of sodium in plasma)	'Record structure' satisfactory example (Evening meal routine)	'Record structure' unsatisfactory example (Radiology report)

Property type	property	type of inherent quality or process that is to be observed. Its values are abstract types of quality (length, odor, concentration) or abstract types of process features (rate, speed)	substance concentration	Regularity & frequency	n/a
towards	component	Part of a 'system'	sodium	Routine	n/a
inheres in (or characterizes if a process)	system	the independent continuant in which the quality inheres, and on which the dependent quality (of this observable) depends	plasma	Taking of evening meal	n/a

Taking some examples through these criteria:

- 'Diabetic risk factors': Values for this item are likely to be findings in their own right and would be a placeholder in a record / user interface device to ensure capture of data and consequently a record artifact.
- 'Mobility of joint' is an observable.
- 'Distance walked in metres' would be an observable.
- 'Hobbies/interests': the values for this item would be from the SNOMED qualifier hierarchy (for sports) or free text commentary (for non-sporting activities). This item would therefore be a record artifact.

6.2 Assessments and Assessment Outcomes

6.2.1 Scored Assessments

Principle	6.2.1 Scored Assessments
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There are a great many assessment scales in use throughout the NHS. Some of these are used in single organisations and others are used widely. It is not a priority for the National reference terminology to support every local use case.

Criteria need to be clearly communicated in order for submitters to understand the requirements for any new content to be included in the UK edition of SNOMED CT (or the International edition).

Agreed criteria are as follows:

- Used in more than one healthcare organisation

- Mandated in national clinical guidelines

- Consistent format (in line with editorial principles – see below)

Further, it has been agreed that no significant degree of clinical validation is necessary before a concept is accepted as being of utility in the national terminology.

Where the submission meets any of the above criteria, for each scale, we will expect a concept in SNOMED CT to represent the scale itself (in staging and scales), a 'procedure' that can be used for the undertaking of the assessment and an observable for the overall score and potentially sub-scores (but the latter only where considered clinically significant). For example:

- Berg balance scale (assessment scale)

- Berg balance scale score (observable entity)

- Assessment using Berg balance scale assessment (regime/therapy)

Where sub-scores are considered clinically significant then the observable and staging and scale concepts will be added but not the procedure unless this is undertaken as a separate procedure.

Even though the score that we are referring to in the observable may represent a summation of a number of component scores, unless the score arrived at is named by the scale

developer as a ‘total’ score then the concept will not include the word total in any of the descriptions.

Any instruments with an official name in US (or non-UK) English should reflect that name in the FSN and preferred term, and not the UK English representation. There is also no need to add additional synonyms to allow for searching on the UK English equivalent. For example, the following is the acceptable variation:

FSN Infant Behavioral Assessment and Intervention Program (Regime/Therapy)
 Pref Term IBAIP - Infant Behavioral Assessment and Intervention Program

The following is not a valid additional description:

IBAIP - Infant Behavioural Assessment and Intervention Programme

For further information, please refer to policy on the use of assessment scales in the NHS available on request from Information Standards helpdesk.

6.2.2 Findings of assessments/treatments and previous treatments

Principle	6.2.2 Findings of assessments/treatments and previous treatments
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

It is sometimes more convenient/efficient to record the outcome of some form of assessment instead of or in addition to the procedure concept relating to the conduction of the assessment.

Some systems may also not have the capacity to combine the result of an assessment with the procedure for conduction of the assessment.

Where requests are received for a combined concept then certain patterns are permissible and include normal/abnormal findings:

- Mental health assessment – no abnormalities detected
- Physical health assessment normal

Other types of expression should be referred to the UKTC Edition Committee.

Similar requests for recording the effectiveness (or not) of previous treatments would not be permissible, for example:

- Previous oedema treatment effective
- Previous oedema treatment ineffective

In this case it is not clear whether these statements apply to all previous treatments or only some and are more like audit queries than entries in patient records.

6.2.3 Activities of daily living

Principle	6.2.3 Activities of daily living
Category	International 'gap'
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There are a number of concepts to represent the ability to undertake activities which are considered typical daily activities.

It is often important to be able to record a statement regarding an individual's ability to do some or all of these things. A simple pattern has been devised to accommodate the requirements as they are understood.

There are five common required statements which follow the following pattern:

Able to.....

Does

Does not

Difficulty

Unable

Where justification can be provided, this range can be expanded to include the following additional assertions. The following additional statements are also permitted when justification can be provided:

Independently able to.....

Able to.... with assistance

Able to.... with aids

Able to.... with aids and assistance

6.2.4 ‘Six Stages of Change’ model

Principle	6.2.5 Six Stages of Change
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

The Six Stages of Change model or the Transtheoretical Model of Behavior Change assesses an individual's readiness to act on a new healthier behaviour, and provides strategies, or processes of change to guide the individual through the stages of change to action and maintenance. This model can be applied to many aspects of healthcare related behavioural change and a consistent representation in SNOMED CT would assist in the recording of such data.

The level at which precoordination is acceptable is the combination of the behaviour and the name of the 6-stage model but not to pre-coordinate all stages with each behaviour.

Therefore, the following patterns for observable concepts are permitted:

- Stage of change (6 stages) for physical activity
- Stage of change (6 stages) for healthy eating
- Stage of change (6 stages) for weight management
- Stage of change (6 stages) alcohol

But not the following:

- Precontemplation stage for healthy eating
- Action stage for weight management

The latter components would be the values (from qualifier values) to assign a value to the observable.

6.3 Clinical Domains

6.3.1 Paediatric and Congenital Cardiac Surgical Procedures

Principle	6.3.1 Paediatric and Congenital Cardiac Surgical Procedures
Category	International 'gap'
Status	Previously approved, under review
Date approved	11/6/2015
Review date	September 2017

As the editorial principles upon which the International Paediatric and Congenital Cardiac Code (IPCCC) long list is constructed are different in part from those governing SNOMED CT, a proportion of the IPCCC long list content is unsuitable for addition to SNOMED CT due to the constraints identified in previous sections.

It is recognised that the IPCCC list contains a vast number of complex items. These items include procedures, findings, devices, qualifiers and post qualifiers.

Those issues that are particular to the IPCCC harmonisation are listed below.

6.3.1.1 Repair Procedures

The term “repair” will be preferred over the term of “correction”. The representation will therefore be:

Repair of total anomalous pulmonary venous connection to supracardiac vessel (procedure)

6.3.1.2 ‘Mixed’ Vessel Procedures

The term “mixed” is used to describe a mixture of anomalous pulmonary venous connections and is a well-established and frequently used term in paediatric cardiology. In the mixed form of pulmonary venous connections some veins will go to one site and others to another and possibly even all 4 to different sites. This makes it impossible to fully specify vessels. The issue was considered by SNOMED International who concluded that it was reasonable for the word “mixed” to be used in an FSN in the case of paediatric cardiology.

6.3.1.3 Confluence procedures

The word confluence is ambiguous in the context of paediatric cardiac care procedures, it is more correct to use the term “pulmonary venous confluence”, for example:

Anastomosis of pulmonary venous confluence to left atrium via connecting vein
(procedure)

6.3.1.4 Combined procedures and pre-coordinated IPCCC content

There are pre-coordinated items within the IPCCC list which express a number of potentially separate procedures within one code. Where individual elements of these procedures can be broken down into separate meaningful procedure concepts, this is acceptable. However, where two (or more) parts are essential components of one operation, and where these procedures would not be carried out in isolation, the advice received from SNOMED International was that a single new SNOMED CT concept may be authored to reflect all elements of the IPCCC code. All new SNOMED CT content will be authored to reflect this decision.

For example:

Repair of total anomalous pulmonary venous connection by coronary sinus cutback to oval fossa with direct anastomosis of pulmonary venous confluence (procedure)

Repair of partial anomalous pulmonary venous connection by baffle redirection to left atrium with systemic vein attached to atrial appendage (procedure)

6.3.1.5 Baffle Devices

A number of procedures exist within the IPCCC list that use the term “baffled.”

Where a baffle is used as a mechanism to effect a repair then the agreed representation is 'procedure with baffle...' rather than 'procedure and baffling' (or similar).

6.3.1.6 Additional techniques and sub-procedures

Where a technique or sub-procedure is used within new SNOMED CT content, the term string construction will use the word “by.”

For example, the IPCCC term:

Repair of total anomalous pulmonary venous connection to right atrium using atrial septum translocation

Will be represented in SNOMED CT as:

Repair of total anomalous pulmonary venous connection to right atrium BY atrial septum translocation (procedure)

6.3.2 Diagnostic Imaging procedures

Principle	6.3.2 Diagnostic Imaging procedures
Category	Moved to International (April 2014)
Related International Principle:	7.8

6.3.3 Diabetes

Principle	6.3.3 Diabetes
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There is a discrepancy on the use of the Arabic or Roman numeral in the representation of type one and type two diabetes in all description types.

The principle is to use the Roman numeral in the FSN and preferred term with an alternative description containing the Arabic alternative.

Example:

FSN 190388001 | Type II diabetes mellitus with multiple complications (disorder) PT
 190388001 | Type 2 diabetes mellitus with multiple complications

This is in line with ICD-10 conventions.

6.4 Administrative Actions and States Supporting Direct Healthcare

6.4.1 National screening programmes

Principle	6.4.1 National screening programmes
Category	UK
Status	Approved
Date approved	9/9/2015
Review date	September 2017

In principle, requests for combinations of procedure undertaken, result of test and action taken as a result would not be added to SNOMED CT. Nevertheless, a number of national screening programmes have found it impossible to operate algorithm-based testing, reporting and follow-up activities without sets of combined terms, published for specific use within the identified programme.

UKTC Edition Committee is particularly concerned where patient results are bound up in long expressions with other information and which therefore may not decompose to yield to standard search and analysis and therefore may be missed.

The principled approach recommended by UKTC Edition Committee is to code the parts of the expression separately and use the information model to provide the post-coordination reference points for the clinical expressions/statements required. However, UKTC Edition Committee recognises that existing and new programmes may as yet be unable to move to such a model and therefore will allow the interim coding of combination clinical statements where a specific national screening programme is identified. In order to make these constructions absolutely specific to each programme, the description used should contain the name of the programme.

Examples of concepts with pre-coordinated expressions:

276781000000109 | Newborn hearing screening programme completed, clear response no follow-up required (situation)

982061000000109 | NHS abdominal aortic aneurysm screening programme initial screening incomplete, previous imaging shows no abdominal aortic aneurysm (finding)

384401000000104 | Newborn blood spot screening programme, cystic fibrosis not suspected and other disorders follow up required (finding)

884561000000103 | Bowel scope (flexible sigmoidoscopy) screen: minor polyps removed - no follow up required (finding)

All requests for content for new programmes or new additions to existing programme content must be brought to UKTC Edition Committee for consideration.

When new pre-coordinated content is agreed and added for a screening programme, UKTC Edition Committee will also ensure that the separated concepts exist to support eventual migration to a post-coordination model of transmitting and storing the test, the result report and the outcome.

6.4.2 Status associated with care pathway

Principle	6.4.2 Status associated with Care Pathway
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

Various requests have been received around whether patients are on/following, or off/not on, or no longer on a Care Pathway.

Only the status of being on a Care Pathway is considered necessary to represent in a clinical record, other variants are potentially misleading, for instance stating somebody is no longer on a care pathway is only true at the time of the assertion and later interrogation of that entry may be misleading. The preferred representation for being on a Care Pathway is

- On X care pathway
- Not on X care pathway

Noting that these are 'Situation' concepts, not 'Findings'. 'No longer on', or 'off' or 'following' X Care Pathway are not the preferred expressions.

6.4.3 Services provided by 'other' healthcare provider

Principle	6.4.3 Services provided by other healthcare provider
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

It was agreed that it is sometimes important to record something that happened elsewhere, but each request needed to be considered on its own merits according to whether it served a clinical purpose and conformed to other editorial principles, i.e. purely administrative concepts would not be acceptable.

It was agreed that “Blood sample taken from patient registered in another general practitioner practice” was acceptable and “Unpaid procedure generated from secondary care done by practice” would not be acceptable as it was entirely an administrative notion.

6.4.4 Consent

Principle	6.4.4 Consent
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There are many reasons why it is important to capture consent status in coded form. On occasions it is also necessary to distinguish between the capture of whether that consent was gained in written form or verbally. There is no reason to record consent explicitly in a code for every single procedure, so the following is not acceptable:

Consent given for injection of steroid into knee joint

6.4.5 Research

6.4.5.1 Concepts for Research studies (from Primary Care Research Network)

Principle	6.4.5.1 Concepts for research studies
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

In response to proposals for a national set of concepts to enable consistent recording of research initiatives and associated activities and findings a model has been worked up by the Primary Care Research Network to be associated with a specific code to identify the particular research project being undertaken. These were accepted as a suitable model by the UK Edition Committee as follows:

Requirement	Definition	Research Study Code	Clinical Trial Code
Research study – screened	Patient potentially eligible for the study (e.g. record flagged by a MIQUEST query)	SNOMED - 871801000000106 Possibly eligible for participation in research study (finding) SNOMED - 873131000000106 Eligible for participation in research study (finding) SNOMED - 873751000000103 Not eligible for participation in research study (finding)	SNOMED - 872341000000109 Possibly eligible for participation in clinical trial (finding) SNOMED - 399223003 Patient eligible for clinical trial (finding) SNOMED - 444734003 Does not meet eligibility criteria for clinical trial (finding)
Research study – invited	Patient invited to take part in the study (e.g. invitation letter sent)	SNOMED - 871271000000102 Invitation to participate in research study (procedure)	SNOMED - 503151000000105 Invitation to participate in clinical trial (finding)
Research study – referred	Patient referred to another site (P.I.C. activity only)	SNOMED - 871291000000103 Referral for participation in research study (procedure)	SNOMED - 873161000000101 Referral for participation in clinical trial (procedure)
Research study – declined	Patient did not consent to the study	SNOMED - 871361000000100 Declined invitation to participate in research study (finding)	SNOMED - 399250008 Patient declined clinical trial (finding)
Research study – consent to participate given	Patient signed the consent form for the study	SNOMED - 873771000000107 Consent given to participate in research study (finding)	SNOMED - 399174000 Patient consented to clinical trial (finding)
Research study – consented to medical record review	Patient's medical records can be used in research.	SNOMED - 873791000000106 Consent given to review medical record in research study (finding)	SNOMED - 873811000000107 Consent given to review medical record in clinical trial (finding)
Research study – participating/on study	Patient actively participating in the study (e.g. attended first assessment and continues participating)	SNOMED - 838621000000107 Participant in research study (finding)	SNOMED - 185923000 Patient entered into trial (finding)
Research study – withdrawn/off study	Patient withdrawn from the study – no longer participating	SNOMED - 871401000000109 Withdrawn from research study (finding)	SNOMED - 185924006 Patient withdrawn from trial (finding)
Research study – in follow up	Patient in follow-up stage	SNOMED - 871421000000100 Research study follow-up (procedure)	SNOMED - 24171000000106 Clinical drug trial follow up visit (finding)
Research study – completed/off study	Patient completed all the assessments for the study	SNOMED - 871441000000107 Participation in research study completed (finding)	SNOMED - 443729008 Completion of clinical trial (finding)

Requirement	Definition	Research Study Code	Clinical Trial Code
Research study – lost to follow-up	Patient moved practices/changed address while on the study – cannot be tracked by the study team and/or GP	SNOMED - 871461000000108 Lost to research study follow-up (finding)	SNOMED - 873211000000106 Lost to clinical trial follow-up (finding)
Research study – clinical assessment performed	Procedure/test/consultation as a part of the study	SNOMED - 873241000000107 Research study observation activity (regime/therapy)	SNOMED - 873261000000108 Clinical trial observation activity (regime/therapy)

This will eliminate the need for concepts such as:

341061000000102 | Participant in Avon Longitudinal Study of Parents and Children (finding)

6.4.6 References to UK legislation

Principle	6.4.6 Concepts relating to actions undertaken as part of specific legislation
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

The permitted format for concepts of this type are as follows:

- Verb +/-<service> +/-<section> act date

For example:

- Referral to child protection service under Section 47 of Children Act 1989.

It has been further agreed that for synonyms the word order can be adjusted to suit other common patterns, for example:

- PT Removal of patient by transfer direction to prison or other institution under Section 51 of the Mental Health Act 1983 (England and Wales)
- SYN S51 MHA (Section 51 Mental Health Act)- Removal of patient by transfer direction to prison or other institution under Section 51 of the Mental Health Act 1983 (England and Wales)

6.4.7 Religion and religious affiliation

Principle	6.4.7 Religion and religious affiliation
-----------	--

Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

A need for representation has been identified for both types of concepts, the religion itself and the identification of an individual as a follower of that religion. It is important to be able to distinguish between each easily in the fully specified name.

For the actual religion, the representation is as follows for the FSN:

Lutheran Church (religion/philosophy)

With alternative descriptions such as:

Lutheranism

For the religious affiliation, the pattern for the FSN is:

Lutheran, follower of religion (person)

With an alternative description of:

Lutheran

6.4.8 Nature and number of invitations – e.g. to screening

Principle	6.4.8 Nature and number of invitations – e.g. to screening
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There are a number of patterns of representation which have been supported over many years which include the pre-coordination of invitation type (e.g. letter, telephone call etc) with the number of the invitation (e.g. 1st, 2nd, 3rd etc).

These are important for the business processes that are used for call/recall for patients and also an important record for audit purposes that invitations have actually been issued. With the advent of new communication technologies (email, SMS text), this representation was reviewed. The UKTC Edition Committee agreed to support the persistence of these representations but agreed that a withdrawal strategy should be put in place.

Examples of currently permitted patterns are as follows:

- human papillomavirus vaccination invitation first letter
- learning disability annual health check telephone invitation

The concepts above concern the undertaking of an action and are procedure concepts. It is also possible to describe the completion of a procedure as a finding with explicit context – and has been the case in the past, for example

- human papillomavirus vaccination invitation third short message service text message sent

New content should not be added in this form and should be expressed as:

- Human papillomavirus vaccination invitation third short message service text message

6.4.9 Certificates and Forms

Principle	6.4.9 Certificates and forms
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

There are a number of forms and certificates commonly referred to in their abbreviated form in healthcare including those relating to prescriptions and GP practice administration. In the FSN this should ordinarily be expanded to reflect the full meaning of the abbreviated form. However, this expanded form is not necessary in the preferred term or synonym. For example:

FSN: Disability living allowance 370 form completed (finding)

Pref term: DLA 370 form completed

Synonym: DLA 370 completed

It is also important to describe whether a ‘certificate’ or ‘form’ is the subject of the concept and this word should also be expressed in the FSN for those concepts not stated as exceptions below, for example:

FSN: BD8 blindness certificate (record artifact)

Pref term: BD8 blindness certificate

Where the name of the form or certificate is actually just a series of characters (without any relation to a logical expanded form) then they obviously cannot be expanded and should be listed as exceptions explicitly (in appendix 1) or referenced. For example:

FSN: FP34D pay received (finding)

Pref term: FP34D pay received

This will include those forms formerly listed in the 'Red book' which detailed the fees and allowances payable to general medical practitioners in England and Wales (now obsolete). There is no requirement regarding the position of the word 'form' (or 'certificate') in the text string though ordinarily it would either be positioned immediately after the abbreviation or at the end of the string, for example:

FSN: FP31 general anaesthetic second general practitioner form

FSN: FP31 form general anaesthetic second general practitioner

6.5 Drugs, Vaccines and Devices

6.5.1 SNOMED CT UK Drug Extension - General

Principle	6.5.1 SNOMED CT UK Drug Extension
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

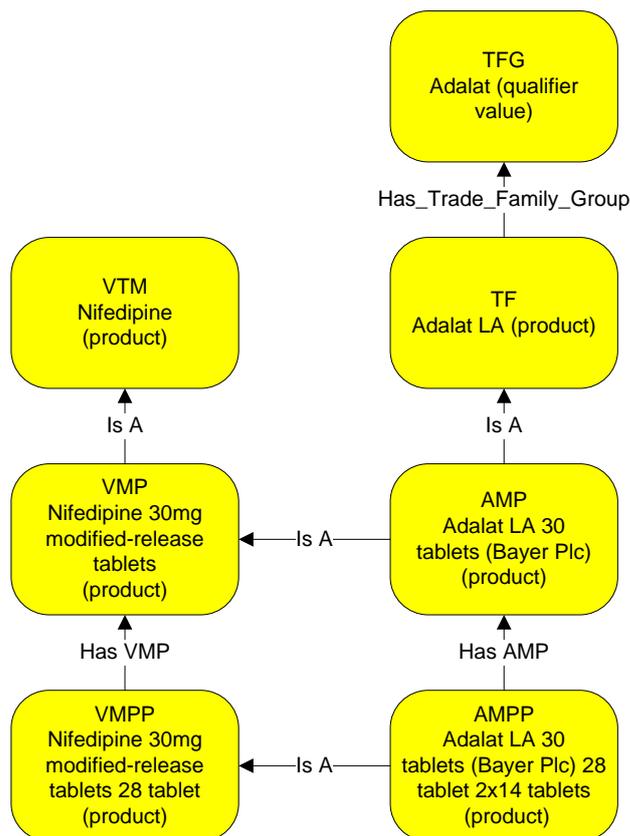
The NHS dm+d, as the NHS preferred drug terminology is the basis for medicine and device codes forming the SNOMED CT UK Drug Extension. dm+d was developed as a standalone entity to allow implementation in systems independent of the strategic clinical terminology solution the NHS was committed to – SNOMED CT. However, the importance of seamless integration with SNOMED CT was recognised and all unique identifiers used in dm+d are SNOMED CT identifiers.

Translation of dm+d XML data into the SNOMED CT UK Drug Extension provides dm+d concepts with:

- Fully Specified Name and UK preferred term for each concept;
- A valid SNOMED CT Description Id for each description (e.g. FSN, Preferred Term etc) associated with a dm+d concept;
- Relationships to core SNOMED CT. Each dm+d concept will have a SNOMED CT defined relationship either to an appropriate supertype concept in the SNOMED CT core or to another dm+d concept that is itself linked (directly or indirectly) to a SNOMED CT core concept;

- Inherited defining relationships (where appropriate);
- Specific defining relationships. Relationships to other core defined concepts;
- Historical relationships

The five main concept classes from dm+d (VTM, VMP, AMP, VMPP and AMPP) are fully included in the SNOMED CT UK Drug Extension. However not all of the information associated with individual concepts in dm+d is reproduced in the SNOMED CT format data. The SNOMED CT UK Drug Extension also contains two additional concept classes; Trade Family and Trade Family Group.



The NHS dictionary of medicines and devices (dm+d) forms the basis of the information contained in the SNOMED CT UK Drug Extension and the dm+d description (where available) must be the preferred term applied in the UK. Editorial rules for the UK Drug Extension are therefore primarily dictated by dm+d editorial policy (see <http://www.dmd.nhs.uk/documentation/index.html>).

The following are the changes carried out on the dm+d data in order to create the SNOMED CT® UK Drug Extension.

- Addition of high level concepts for each concept class (see diagram below).

For example, every product concept e.g. VTM will be linked to the VTM concept class which in turn is linked to the highest-level concept “UK Product”. A UK Product will be a child of pharmaceutical /Biological Product.

i.e. atenolol IS_A VTM IS_A UK_Product IS_A Pharmaceutical/Biological Product

- Reference to cardinalities removed. There is currently no mechanism to represent cardinality constraints in SNOMED CT.
- Subsets created to represent each of the five dm+d derived concept classes VTM, VMP, AMP, VMPP and AMPP.
- Removal of the PRODUCT_ASSERTED_FREE_FROM relationships. To avoid embedded negation this information from dm+d is represented as subsets in the SNOMED CT UK Drug Extension data
- HAS_SPECIFIC_ACTIVE_INGREDIENT. A UK Extension specific relationship of HAS_SPECIFIC_ACTIVE_INGREDIENT is used to identify the active ingredient (s) exported from the dm+d XML data. This differs from HAS_ACTIVE_INGREDIENT relationship already defined in the International Release of SNOMED CT. Provenance will be denoted by the UK relationship Id.
- Dates held in SNOMED CT format (e.g. ‘VTM identifier date; ‘non-availability status date;’, ‘Discontinued flag change date’ etc). The dates are exported from the XML data and are therefore consistent with the date with which the change was made.
- Information held within a terminology must be always and necessarily true. Therefore, in the creation of the SNOMED CT UK Drug Extension, some information associated with dm+d derived concepts is removed. For example route of administration is not always the same for equivalent products with different manufacturers (depending on a particular product’s licence). Similarly information pertaining to cost fluctuates and cannot be said to be true for all related VMPs and AMPs.
- Creation of the two additional concept classes - Trade Family (TF) and Trade Family Group (TFG) and represented as subsets.

The SNOMED CT UK Drug Extension Editorial Policy giving further information on the rules applied in the population of this extension can be found in the documentation folder of the release SNOMED CT UK Drug Extension subpack downloadable from TRUD <http://www.uktcregistration.nss.cfh.nhs.uk/trud3/user/guest/group/0/home>

6.5.2 Inclusion of drug/vaccine/device name in procedures

Principle	6.5.2 Inclusion of drug/vaccine names in procedures
-----------	---

Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

The convention is not to use drug names in drug administration type procedure concepts but to use the disorder or drug category, for instance:

- Typhus vaccination (procedure)
- Injection of sclerosing agent in varicose vein (procedure)
- Continuous infusion of chemotherapy

One of the rationales behind this proposal is that specific drug information should be available from the medication record where it is a prescribable item.

There are a number of drugs which are not normally prescribed in the conventional way such as vaccines. It has been agreed that it is permissible to include the virtual therapeutic moiety or virtual medicinal product (generic) representation of the vaccine name and/or name of the drug for these concepts, e.g.:

- Quadrivalent HPV vaccine
- Bolus insulin therapy
- Injection of vitamin D

However, the proprietary name of the drug is not permitted so the following would not be allowed, e.g.

- Lispro bolus insulin therapy

Similarly, proprietary devices should not be used in procedure descriptions, the generic alternative should be used. Concepts should therefore not contain the names of such as Fibroscan and Novasure.

Appendix 1 – UK approved abbreviations

Principle	A1 Approved abbreviations
Category	UK
Status	Approved
Date approved	11/6/2015
Review date	September 2017

The following abbreviations are considered to be well understood across the whole clinical community in the UK and do not require accompaniment by the expanded form in any description but the FSN.

CT – Computed tomography

MRI – Magnetic resonance imaging

PET – Positron emission tomography

SPECT - Single photon emission computed tomography

DXA (DEXA) - Dual energy X-ray absorptiometry

PET CT - Positron emission tomography computed tomography

SPECT CT - Single photon emission computed tomography computed tomography

IgA - Immunoglobulin A

IgE – Immunoglobulin E

IgG - Immunoglobulin G

IgM - Immunoglobulin M

RAST – Radioallergosorbent test

CD – Cluster of differentiation – restricted to pathology use

HLA – Human leucocyte antigen – restricted to pathology use

O/E – on examination

H/O – history of

C/O – complaining of

FH - Family history

OPCS-4 Office of Populations, Censuses and Surveys (classification of interventions and procedures) version 4

OPCS - Office of Populations, Censuses and Surveys (see above)

UK – United Kingdom

NHS – National Health Service

CAMHS – Child and Adolescent Mental Health Services

NICE – National Institute for Health and Care Excellence

Appendix 2 – Glossary of Terms (UK)

SNOMED International maintains a comprehensive glossary for SNOMED CT. This can be found from the [SNOMED CT Document Library](#) on the SNOMED International website.

Additional UK-specific terms are described below.

Term	Acronym	Definition
Clinical Terms Version 3	CTV3	The third version of Read Codes.
NHS Dictionary of Medicines and Devices	dm+d	dm+d is a dictionary of descriptions and codes which represent medicines and devices in use across the NHS. It is delivered through a partnership between Health and Social Care Information Centre and the NHS Business Services Authority and provides the recognised NHS Standard for uniquely identifying medicines and medical devices used in patient care. http://www.dmd.nhs.uk/
Data Standards and Products	DS&P	Directorate of NHS Digital responsible for the development and delivery of SNOMED CT, now incorporated into a new directorate ASI (Architecture, Standards and Innovation).
Electronic Prescription Service	EPS	EPS enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. http://systems.digital.nhs.uk/eps
Health Level7	HL7	HL7 provides a framework (and related standards) for the exchange, integration, sharing, and retrieval of electronic health information. http://www.hl7.org.uk/
Tenth Revision of the International Classification of Diseases	ICD10	Released by the World Health Organization (WHO).
The National Institute for Health and Clinical Excellence	NICE	Provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. http://www.nice.org.uk/aboutnice/
Office of Population Censuses and Surveys	OPCS-4	The UK clinical procedure classification

Classification of Interventions and procedures, 4 th Edition		
Post-coordination		Post-coordination describes representation of a clinical meaning using a combination of two or more codes. SNOMED CT allows many concepts to be represented in a post-coordinated form. One form of post-coordination involves creating a single expression consisting of several concepts related by attributes.
Pre-coordination		When a single concept identifier is used to represent a clinical idea. SNOMED CT also allows the use of post-coordinated expressions (see post-coordination) to represent a meaning using a combination of two or more concept identifiers. Including commonly used concepts in a pre-coordinated form makes the terminology easier to use.
Personal Spine Information Service	PSIS	The Personal Spine Information Service is the central database containing clinical records for each NHS patient. The PSIS record provides an up to date summary of information and key events in a patient's life and care – drug allergies, operations, conditions, medication history – as well as details of contacts with care providers.
Primary Care Information Services	PRIMIS	PRIMIS is a free service to primary care organisations to help them improve patient care through the effective use of their clinical computer systems http://www.nottingham.ac.uk/primis/index.aspx
Quality and Outcomes Framework:	QOF	http://www.digital.nhs.uk/qof
Read v2	Read v2	Version 2 of Read Codes http://systems.digital.nhs.uk/data/uktc/readcodes
Summary Care Record	SCR	http://www.nhscarerecords.nhs.uk/
Systematised Nomenclature of Medicine - Clinical Terms	SNOMED CT®	The standard clinical terminology for the NHS to support recording of clinical information http://systems.digital.nhs.uk/data/uktc/snomed SNOMED CT® is a registered trademark. However, for the purposes of this document, the trademark symbol will be excluded.
Secondary Uses Service	SUS	The Secondary Uses Service is the single repository of person and care event level data relating to the NHS care of patients, which is used for management and clinical purposes other than direct patient care. These secondary uses include healthcare planning,

		commissioning, public health, clinical audit, benchmarking, performance improvement, research and clinical governance.
The Terminology Reference-data Update Distribution Service	TRUD	The Terminology Reference-data Update Distribution Service (TRUD) provides a mechanism for the UK Terminology Centre to license and distribute reference-data to licence holders. https://isd.digital.nhs.uk/trud3/user/guest/group/0/home
United Kingdom Terminology Centre	UKTC	http://systems.digital.nhs.uk/data/uktc
World Health Organization	WHO	World Health Organization: http://www.who.int/
UK Edition of SNOMED CT		The UK Edition contains the International edition plus some UK created elements, which sit in the UK Extension.
UK Extension		The UK Extension is structurally partitioned from the International data. The UK Extension is made up of two different types of content, one for UK-specific content and one for content of UK origin which is intended for eventual inclusion in the International Edition.
Classification		Frequently used to refer to ICD-10 and OPCS4

UK Terminology Centre Help Desk

E-mail:

information.standards@nhs.net

UK Terminology Centre

Health and Social Care Information Centre

1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE