SNOMED CT® UK Drug Extension

Release Notes Newsletter

18 March 2020

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This document covers the data provided in Release Format 2 (RF2) of SNOMED CT

The Release Notes Newsletter has been constructed to add further clarification to some dm+d content that has been identified as requiring such (due to e.g. differences between dm+d approach and that of current drug catalogues) and to communicate changes to the release and forthcoming changes to future releases.

This document is intended to be adjunct to, not a replacement, for other documentation already available, and should be read in conjunction with current published dm+d documentation available through the 'dm+d resources' section of the dm+d website. SNOMED CT UK Edition notices and known issues are published on Delen, the NHS Digital terminology and classifications collaboration site.

All queries (omissions, perceived inaccuracies etc) about this document should be directed to the NHS Digital, Standards Delivery helpdesk (information.standards@nhs.net).

Please note:

- The content of this document is intended to support implementation and usage of dm+d and is not a replacement for good system design.
- This document will be subject to update further to user feedback and any changes to dm+d content or structure.
- Whilst the first section may see little change (but see note above) the final sections detail changes and forthcoming changes to specific releases and content will therefore be updated with each release.

*This document is designed to support dm+d content in general but specifically the SNOMED CT[1] UK Drug Extension. For more information about all components and releases relating to dm+d see the dm+d website

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[2] The Health and Social Care Information Centre is a non-departmental body created by statute, also known as NHS Digital.

1 Comments on current content:

1.1 Dose forms

With respect to Editorial Policy it is important to emphasise:

1.1.1 Patches

- Strength is usually expressed as the amount of 'active drug' (by weight) released over x hours (e.g. per hour or per 24 hours)
- The intended duration of usage of a patch is not identified at VMP or AMP level i.e. a transdermal estradiol patch releasing 50mcg/24hours would be represented by the same VMP whether it is intended for twice weekly usage or weekly usage
- No distinction is made to differentiate the type of drug reservoir utilised although this may be relevant in certain off-license indications.

1.1.2 Injections

Due to the need to add more information to the dose form in dm+d injections are expressed as e.g. powder and solvent for injection etc rather than merely injection. However, the need to pick a dose form of this complexity may be prohibitive in secondary care prescribing where the prescriber merely wishes to prescribe an 'injection'.

Within the guidance for secondary care there is outlined the means for prescribers to prescribe at the more abstract level (injection). Please refer to the Secondary Care Implementation Guidance for details, in the 'Implementation Guidance' section of the dm+d website.

1.1.3 Injections for intraspinal use

Injections licensed for intraspinal administration are not differentiated at VMP level in dm+d. In addition a number of products that may be given by this route are unlicensed specials. For prescriptions requiring a product to be given by these high risk routes it is necessary that the suitability of the product to be administered is confirmed at the point of dispensing and/or administration.

1.1.4 Alcoholic vs aqueous gels

The base used in cutaneous products is not identified at VMP level in dm+d. This may mean that in order to specify a patients requirements more specifically prescribing at AMP level is more appropriate.

For example:

- Benzoyl peroxide 5% gel

1.2 Editorial Policy

1.2.1 Preservative Free

The preservative free flag is used to denote the absence of preservative in preservative free *eye drops* only.

Please note:

- the setting of this flag only confirms that preservative is absent from the VMP; a null value does not necessarily indicate that it is present
- ***The flag is not applied to any other dose form*** i.e. intra-spinal injections are not distinguished (see note above).

1.2.2 Route of administration

Information on route of administration is provided at VMP level. The information is only provided as a support for decision support and not intended to inform clinicians on usage.

At VMP level routes are merely a superset of the linked AMP licensed routes.

1.2.3 Inclusion of Unit of Measure at VMP

Semantic normal form patterns for VMP descriptions in dm+d follow the pattern:

Name Strength Modification(s) **Form Unit dose** xxx-free(s)

Following this pattern would mean for tablets, capsules etc full description would be:

Atenolol 25mg tablets 1 tablet

To retain these full descriptions would make the descriptions unsuitable for use in a human interface. Therefore the unit dose is left implied (Atenolol 25mg tablets).

There are instances however where the form is insufficiently precise to describe the product and therefore the unit dose is included in the name. These instances include:

- The form injection does not fully describe a product therefore the name is qualified with the unit dose form for example: ampoules, vials, pre-filled syringes etc.

E.g. Furosemide 50mg/5ml solution for injection ampoules.

- Other unit dose examples include: Budesonide 250micrograms/ml nebuliser liquid 2ml unit dose vials, Carbenoxalone 1% granules 2g sachets, Benorilate 2g granules sachets.

See dm+d Editorial Policy for full examples and exceptions to this rule.

1.2.4 The use of Fully Specified Names and Preferred Terms

The semantic representation of concepts in dm+d (the dm+d name and dm+d description) may be updated in line with changes to dm+d Editorial Policy, changes to the product name itself or to supplier names. Within the SNOMED CT UK Drug Extension the current dm+d derived description for the core concept classes of VTM, VMP, VMPP, AMP and AMPP

becomes the Preferred Term so a change to the dm+d terms would cause the Preferred Term to be updated.

Fully Specified Names in SNOMED CT will generally remain unchanged[3]. The differences in Editorial policies between SNOMED CT and dm+d mean that there will be instances where there is a mismatch between the Preferred Term and the Fully Specified Name.

1.2.5 Mechanisms for specifying Descriptions for use in the UK Edition of SNOMED CT- Realm Language Refsets

A combination of factors such as professional preference, clinical safety & data schema conformance require the use of some supplementary mechanism for Specifying SNOMED CT Descriptions applicable to the UK Edition of SNOMED CT.

From the October 2011 UK Edition, in RF1 an NHS Realm Description Subset was published. With the deprecation of RF1 this is replaced by the National Health Service realm language reference set published in two parts. The “Pharmacy part” as published in the SNOMED CT UK Drug extension and its 'Clinical part' partner in the UK Extension. Together these two encompass the entire SNOMED CT description content and identifies the preferred term to be used in the NHS realm for all SNOMED CT concepts.

In RF2 the refset can be found in the location Refset\Language.
National Health Service realm language reference set (pharmacy part) refset ID 999000691000001104
National Health Service realm language reference set (clinical part) refset ID 999001261000000100

1.2.6 Concept Status in dm+d vs Concept status in SNOMED CT

Where concepts are created in dm+d and an identifier from the SNOMED CT International Release is not available at that time a SNOMED CT UK Drug Extension identifier is allocated. This is released in the dm+d XML data.

When the dm+d concepts are subsequently used to create the SNOMED CT UK Drug Extension it may be that the dm+d derived concept is determined to be a duplicate of a concept now available in the SNOMED CT International Release. In these instances the dm+d derived concept is given a retired status with a relationship to the SNOMED CT International Release concept. In the XML data the dm+d derived concept may remain valid with its original identifier for some time.

There may be instances where a SNOMED CT identifier from the International Release has been allocated to a concept within dm+d and this is subsequently discovered to be inappropriate for the dm+d concept. In this instance the SNOMED CT identifier from the International Release will appear in the dm+d XML format data as a previous identifier.

[3] From the SNOMED CT Technical Reference Guide for the FullySpecifiedName:

Changes in presentation such as changed capitalization, punctuation, spelling or revision due to changes in agreed presentation style are permitted as long as they do not change the specified meaning of the Concept. Some changes to the semantic type shown in parentheses at the end of the FullySpecifiedName may also be considered minor changes if the change in hierarchy does not alter the Concept's meaning.

These identifiers from the International Release will appear in the SNOMED CT UK Drug Extension with a status of current.

1.3 Specific Products

1.3.1 Morphine and Tramadol modified release products

Because there are no pharmacopoeial standards for oral modified release preparations 12 and 24 hour modified release morphine products are not distinguished at VMP level in dm+d. The same applies to the modified release tramadol products.

Two subsets are provided with the SNOMED CT release distinguishing related AMPs according to current licensed indications. For products where licensed indications are not available, for example, where wholesalers may provide products from several manufacturers and SPCs are not available these products will not be included in the 12 and 24 hour modified release subsets.

Explanation of how these subsets can be utilised within a prescribing framework can be found in the Secondary Care Implementation Guidance, in the 'Implementation Guidance' section of the dm+d website.

1.3.2 Valproic acid vs valproate semisodium

We have taken advice and clinically the active moiety for these products is the same and so they are not differentiated at VMP level. The two brands available have different indications so it may be necessary for the prescriber to specify the brand required to ensure they are prescribing within the details of the product license.

This may be an issue for other products such as cyproterone acetate where two brands exist with different indications for use.

1.3.3 Concentrate and 'High Strength' Morphine and Methadone

dm+d does not identify concentrate or 'high strength' morphine or methadone products as such in the VMP term. Consideration should be given to how these products are displayed in picking lists to reduce the risk of mis-selection where multiple strengths are available.

1.4 Other Information

1.4.1 Duplicated SNOMED IDs

It is a basic principle of terminology that concept identifiers should not be reused. Due to a process error in 2006 a small number of SNOMED IDs were issued twice in dm+d. The concepts bearing these duplicated identifiers have all been invalidated and license holders were notified at the time. However it is recognised that since that time a number of new licenses have been issued and so a list of the duplicated identifiers and the terms is provided here for information.

ID	dmd_name	conceptType
9854411000001103	Smartflow drainable night drainage bag NB2 2litre, 120cm tube (Manfred Sauer UK Ltd) 10 device	AMPP
9854411000001103	Medium chain triglycerides - invalid	VTM
9854511000001104	Calcium + Magnesium	VTM
9854511000001104	Gel-X tablets (Oakmed Ltd)	AMP
9854611000001100	Ostomy discharge solidifying agents 140 tablet	VMPP
9854611000001100	Ichthammol + Zinc	VTM
9854711000001109	Gel-X tablets (Oakmed Ltd) 140 tablet	AMPP
9854711000001109	Amiloride + Cyclopenthiazide - invalid	VTM
9854911000001106	Meglumine amidotrizoate + Sodium amidotrizoate - invalid	VTM
9854911000001106	International normalised ratio testing strips 24 strip	VMPP

1.4.2 Subset Information

Information relating to the scope and status of subsets contained in the SNOMED CT UK Drug Extension can now be found at the Data Dictionary for Care (DD4C).

1.4.3 RF2 module dependency

Several back-dated changes were made to the module dependency reference set (900000000000534007) in the release of 1 April 2017.

Modules effective as at 2016-12-07 and 2017-01-04 that are stated incorrectly as being dependent on modules effective as at 2016-01-31 or 2016-04-01 have had those target effective times corrected to 2016-07-31 or 2016-10-01 respectively.

For effective times 2006-05-01 onwards, dates representing the dependency of the SNOMED CT United Kingdom Edition reference set module (999000031000000106) on the SNOMED CT United Kingdom drug extension module (999000011000001104) have been updated to align with the dates representing the dependency of the SNOMED CT United Kingdom Edition module (999000041000000102) on the SNOMED CT United Kingdom drug extension module (999000011000001104).

For effective times before 2011-04-01, dates representing dependency on the SNOMED CT model component module (900000000000012004) have been updated to align with the single effective date (2002-01-31) of the model component module which remained unchanged during that period.

For effective times before 2004-01-31, in the release of 1 April 2017, dependencies were exhaustively represented. These included the missing immediate dependencies of the SNOMED CT United Kingdom drug extension module (999000011000001104) and of the SNOMED CT United Kingdom drug extension reference set module (999000021000001108) during that period. In the release of 1 April 2018, all dependency entries effective before 2004-01-31 were removed to reflect the SNOMED CT United Kingdom Edition baseline effective time of 2004-01-31.

1.4.4 RF2 association references

In the release of 21 March 2018, references in the WAS A association reference set (900000000000528000) to an unreleased component (reference effective as at 2015-04-02 and inactivated 2015-04-29) were removed.

In the release of 1 April 2018, references in the MOVED FROM association reference set (900000000000525002) effective as at 2010-03-10, but with a target component effective from 2010-04-01, have had the effective time corrected to 2010-04-01.

In the release of 4 September 2019, NHS Digital released a new dm+d specific association reference set:

- 10991000001109|NHS dictionary of medicines and devices association type reference set|

This refset provides a link between Inactive SNOMED CT concepts that are still in use in dm+d and their Active replacement in the SNOMED CT UK drug Extension release.

1.4.5 NHS dm+d (dictionary of medicines and devices) realm language reference set

In October 2019 NHS Digital stated it was their intent to withdraw the NHS dm+d (dictionary of medicines and devices) realm language reference set in April 2020:

- 999000671000001103 |National Health Service dictionary of medicines and devices realm language reference set (foundation metadata concept)|

The Pharmacy Terminology Team at NHS Digital believe this language reference set no longer serves a useful purpose and has been fully superseded by the NHS realm language reference set (pharmacy part):

- 999000691000001104 |National Health Service realm language reference set (pharmacy part) (foundation metadata concept)|

In the absence of any substantive objections this change will be actioned in the April 2020 SNOMED CT UK Drug Extension data.

1.5 Work in Progress

1.5.1 Medical Devices Dictionary (MDD)

Work is in progress on expanding the population of medical devices in dm+d.

Currently only those devices reimbursable in Primary Care (appliances) are routinely populated in MDD. Work on the MDD will potentially impact on these appliances with respect to more appliances being described at VMP level and some change in textual descriptions.

More information will be provided as it comes available.

Items of note for the 18 March 2020 SNOMED CT UK Drug Extension Release 28.7.0

The 18 March 2020 release of the SNOMED CT UK Drug Extension includes dm+d weekly data from TRUD release NHSBSA_3.1.0_20200309000001. Please see the NHSBSA dm+d sub-pack on the TRUD website NHS Dictionary of Medicines and Devices sub-packs page for further information on extract and distribution dates.

SNOMED CT UK Drug Extension data is published on a four weekly cycle (plus two interim releases to synchronise with the biannual SNOMED CT UK Editions) within the NHS SNOMED sub-pack on the TRUD website SNOMED CT UK Edition sub-packs page.

The subset files are supplied as part of the SNOMED CT UK Drug Extension and are updated and released in the same sub-pack.

The UK Drug Extension Documentation, the Bonus Files, and the Bonus Files supporting documentation are now only available via Delen.

NHS Digital intends to withdraw the NHS dm+d realm language reference set (999000671000001103) in April 2020. Please direct all comments to our service desk at information.standards@nhs.net with the subject 'NHS dm+d realm language refset'

This release 28.7.0 of NHS SNOMED CT UK Drug Extension (18 March 2020) is synchronous with the Unscheduled February 2020 SNOMED CT UK Edition.

Forthcoming changes for the next SNOMED CT UK Drug Extension Release:

Version: 29.1.0

Effective Date: 15 April 2020

Release Date: 22 April 2020

The forthcoming 29.1.0S NOMED CT UK Drug Extension Release will be synchronous with the April 2020 SNOMED CT UK Edition (still containing the July 2018 SNOMED CT International Release).

Due to the current COVID-19 pandemic we are no longer going to uplift the SNOMED CT International Release. This remains at the current July 2018 International Release.