

SNOMED CT UK Edition: Governance and Change Request Process

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for better health and care

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Update

During 2020 the frequency of SNOMED CT UK Clinical Edition releases increased in response to the COVID-19 pandemic to provide COVID-19 SNOMED CT care-critical content for health and care records. As a result, non-COVID-19 content change requests to SNOMED CT were re-prioritised unless they related to a content error that may impact clinical safety.

Whilst COVID-19 care-critical content remains the priority there is a strategy in place to manage the current backlog over the releases in 2021 and 2022.

NOTE This means that content requests may not be available for the “next release” but as part of a future release as prioritised by NHS Digital’s processes.

New requests can continue to be submitted in line with this guidance and process. Speculative content change requests or requests that are not supported by clear clinical evidence cannot be accepted and will be declined.

Unfortunately, we are not currently able to proceed with requests for new Reference Sets (Refsets). Any new requests received via the Request Submission Portal are being escalated as part of the review of the processes for reference set production.

Introduction

This information is intended to provide guidance for customers in relation to the governance of SNOMED CT and the content change request process for the SNOMED CT UK Clinical Extension. Governance information applies to all the editions referenced below but the request submission and authoring process referred to is for the SNOMED CT UK Clinical Extension only.

Details of the SNOMED CT standard

SNOMED CT is produced by SNOMED International and is an international standard clinical terminology. SNOMED CT is designed to be used in electronic health records and provides textual representations and codes for clinical expressions and medicinal products; it may also be used alongside free (uncoded) text. The standardised textual representations allow understanding by humans and the coded representations enable processing by computers.

SNOMED CT supports improved care by making it easier to share and analyse the information that healthcare professionals record about their patients and service users. Coded data can be communicated efficiently and unambiguously between healthcare workers, following, and informing patients’ progress through the healthcare system.

In England, SNOMED CT is an approved information standard ([Ref SCCI0034](#)) published under section 250 of the Health and Social Care Act 2012.

The SNOMED CT UK Edition

The applicable standard within the UK is the SNOMED CT UK Edition which consists of three parts:

- International Edition
- SNOMED CT UK Clinical Extension

- SNOMED CT UK Drug Extension

The file structure of each is the same: Release Format Two (RF2).

Within the UK systems must utilise content from the International Edition plus the appropriate UK extensions and not deploy just the International Edition. As their titles suggest, the SNOMED CT UK Clinical Extension extends the international content with additional clinical components and the SNOMED CT UK Drug Extension extends the content with drugs and medical devices.

Assurance and governance process

SNOMED CT as the clinical terminology standard for all health and care follows a rigorous assurance process. The International Edition of SNOMED CT is maintained and updated by SNOMED International, with the UK extensions being maintained and updated by NHS Digital.

The UK extensions are managed by the Terminology and Classifications Delivery Service. The management system governing the provision of this Service is ISO 9001:2015 certified.

Governance of the content (terms, concepts) added to SNOMED CT is an integral part of assuring the quality of SNOMED CT. Overall governance for the UK is provided by the Information Representation Services (IReS) UK Strategy Board, which is comprised of the national informatics leads for all four UK member countries. The UK SNOMED CT Edition Committee, which is a sub-committee of the IReS UK Strategy Board, is responsible for advising on the UK edition and maintenance of the [UK Editorial Principles for SNOMED CT](#). The Committee is a panel of informatics and terminology experts from across the UK.

NOTE the UK SNOMED CT Edition Committee is currently under review.

NHS Digital also endeavours to maintain active engagement in decisions of SNOMED International to ensure the terminology meets the needs of the UK and that UK stakeholders are kept well-informed of developments and changes. It does this via the SNOMED International: General Assembly, Member Forum, Editorial Advisory Group and Content Managers Advisory Group.

Requests for change

As health and social care are continually evolving, SNOMED CT must also be dynamic and updated regularly to keep up with these changing needs. To ensure that the quality of SNOMED CT is maintained, NHS Digital have a thorough process for requesting changes to SNOMED CT. End users and suppliers may request new content within SNOMED CT as well as changes; to do this, 'requests for change' need to be submitted through the [NHS Digital SNOMED CT Request Submission Portal \(RSP\)](#). All terms are authored to national and international Editorial Principles in order to provide consistency across the terminology, and content requests must be of national relevance.

NHS Digital terminologists will assess each request for terminology content development, terminology consultancy support and other types of terminology submissions. The requests will be assessed and will be prioritised to be actioned for a specific release in line with policies on the management of clinical terminology requests. If requests do not adhere to the required standard or the content already exists, the requests will be declined with feedback given to the requester including explanation of the editorial guidance followed if appropriate.

Requesters can appeal if their content change request is declined by NHS Digital terminologists. The request could then be referred to the SNOMED CT UK Edition Committee for resolution.

More detailed criteria and processes around request submission are available in Appendices 1-4.

Authoring process

The following process outlines how changes are made to content in the SNOMED CT UK Clinical Extension and associated reference sets, based on requests submitted as described above:

1. NHS Digital terminologists have a clinical background and have completed both internal and SNOMED International training to an acceptable standard.
2. Concepts are added or changed in the NHS Digital SNOMED CT authoring platform based on the information provided by the customer and in line with International and [UK Editorial Principles](#).
3. The authoring platform includes a technical quality assurance function with built invalidation rules to capture any errors in authoring.
4. All content additions or changes are also subject to peer review quality assurance by two additional terminologists and each concept requires two approvals before it can be promoted to the next SNOMED CT release.
5. If agreement is not possible in the peer review stage, additions and changes can be escalated internally via a content resolution mechanism and if necessary, referral to a Consultant Terminologist and the UK SNOMED CT Edition Committee.
6. Reference sets authored are subject to quality assurance processes to review the output of new reference sets and any changes occurring because of updates to the UK Edition of SNOMED CT and the International Edition.
7. These changes are reviewed by NHS Digital terminologists, discussed with, and approved by the reference set owner.

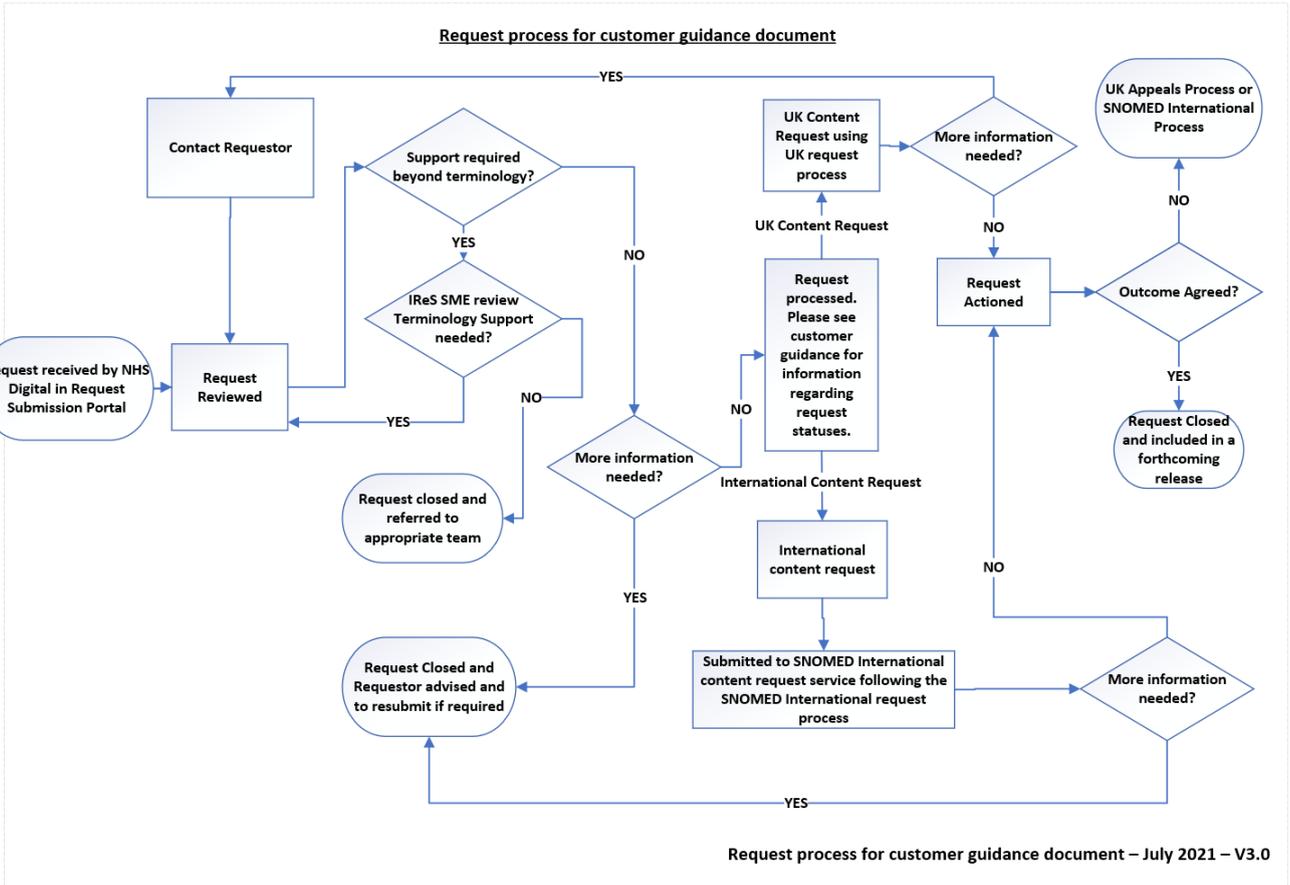
Publication

Once the authoring process has been completed and assured, the SNOMED CT UK Edition release files are published on the [Terminology Reference data Update Distribution \(TRUD\)](#) website.

Any feedback regarding publication of these release files can be submitted to the information.standards@nhs.net service desk. If further changes are required to the UK Edition of SNOMED CT, a request can be submitted to the [NHS Digital Request Submission Portal](#).

Appendix 1

Request process flow



Appendix 2

Request submission process

The request submission process has been developed to ensure a consistent approach to the management of requests. This applies to changes to the SNOMED CT UK Clinical Extension.

All requests for new SNOMED CT codes or changes to codes MUST be submitted to the [Request Submission Portal](#) for them to be logged and considered.

NOTE any requests for changes to the Dictionary of medicines and devices (dm+d) data should be made either via the eMC In-Demand system managed by the NHS Business Services Authority

<https://www.nhsbsa.nhs.uk/manufacturers-and-suppliers/emc-demand> or by contacting the NHSBSA directly at nhsbsa.dmdenquiries@nhs.net

Technical queries about the dm+d XML files and TRUD and for enquiries about the SNOMED CT UK Drug Extension should be made via the NHS Digital Information Standards service desk at information.standards@nhs.net or 0300 30 34 777

Who can make a request?

Anyone can make a change request though they will need access to the [Request Submission Portal](#) (RSP).

This includes but is not limited to:

- Clinicians
- National programme managers
- GP practice managers
- Clinical system specialists
- NHS Trust Clinical Leads

Please follow the link to the [Request Submission Portal](#) to create an account and submit a request.

For Scotland information about terminology services and request submission can be found at [Public Health Scotland terminology advice and support](#)

For Wales information about SNOMED CT please contact SNOMED@wales.nhs.uk

For Northern Ireland information about SNOMED CT please contact ClinicalCoding@hscni.net

How to submit a request

All requests for content development and terminology support should be submitted through the RSP which can be accessed [here](#).

- if you do not have access to the RSP you can [create an account](#) on the welcome page of the RSP
- you will need to [log in](#) to the RSP to submit a request
- select the product you wish to submit a request for, SNOMED CT or, National Interim

Clinical Imaging Procedure (NICIP) NOTE the RSP is also used for OPCS-4 requests which has its own separate guidance

- you can draft your request and save it and submit it at a later date
- you can update your request at any point whilst your request is open
- for individual requests please click on [create a request](#) on the RSP and select the appropriate request type and complete the relevant information in that section
- for batch requests, please click on [create batch requests](#) on the RSP and follow the guidance found on this section
 - NOTE that for batch requests, there is a limit of 50 individual concepts per batch request
 - if you need to submit more than 50 concepts, please provide the list, and discuss them with the clinical terminology team before submitting these requests. You can contact the team via the NHS Digital Information Standards service desk at information.standards@nhs.net
 - NOTE if the batch is for a substantial number of concepts and/or for complex content additions, it may take more than one release to complete and delivery your request
 - NOTE if a request is for content and addition of said content to a Refset, please submit two separate requests; one for the content and one for the addition
- you can search the RSP for any requests as these may relate your own
- as stated above, all requests will be assessed, and you will receive updates on the progress of your request. Please see Appendix 3 for information about different stages of the request process
- if a request is not approved, you will receive notification of this which will include a reason for this decision
- the emails received during the request process also include information about the appeals process should you have any queries regarding the decisions made about your request
- if a request is assessed and the outcome is that further support is required beyond the terminology expertise, it may be that other teams may also be able to support your requirement. The request maybe referred internally to the Information Representation Services (IReS) Subject Matter Experts (SME) triage front door process. The following criteria required will be required for SME review:
 1. Who is submitting the request?
 2. What would you like to be considered?
 3. When would the work be required by?
 4. Where is the work applicable, for example, in systems, for end users of a system, a specific speciality area or a locality?
 5. What might be needed outside of the scope of the clinical terminology team
 6. How will/could this be funded?

Types of terminology request

Add concept

New request for a new concept, which does not already exist. Requestor needs to consider current content in the SNOMED CT UK Edition ([NHS Digital SNOMED CT browser](#)) as well as aligning with current Editorial Guidance.

Add description

Request for addition of a new synonymous term to an existing concept.

Change concept

Propose a change to an existing concept. Examples of these types of requests are:

- a request for a concept to be inactivated
- a new relationship is required on the concept
- relationship modelling on a concept needs to be reviewed

Change description

Propose a change to an existing description on a concept, this could be a spelling correction for example.

How are requests prioritised?

Requests are prioritised using specific guidelines that assess each element of the request, for example the number of concepts requested, the proposed use case for the request, the evidence supporting the request and resources available to support the request.

NOTE since the COVID-19 pandemic, requests for SNOMED CT concepts to support COVID-19 will take the highest priority.

What needs to be included in a request?

It is vital that the request includes as much information as possible to support the requirement (see below what is considered acceptable references and supporting documentation). NHS Digital will not investigate and source information on behalf of the requestor.

When a request is submitted with all the key information, the terminologist is more likely to accept the request and reduces the likelihood that further clarification is required. It also ensures clarity and reduces the risk of misunderstanding and the customer's requirement not being met.

Before submitting a request, the following process **MUST** be followed:

Check the most recent version of the SNOMED CT UK Edition to see if the term already exists

1. It is useful to check the [NHS Digital SNOMED CT browser](#).
2. Please be aware the term may be available with slightly different wording, if this is the case, a request for a new synonym may be considered.

Check the request meets SNOMED CT editorial guidance

It is useful to consult the editorial guidance before submission of a request to establish if there is a policy around the type of request that is being considered for submission.

1. Editorial Principles for SNOMED CT UK Edition
2. SNOMED International SNOMED CT Editorial Guide

Provide a clear summary of the request

1. This should include the description of the requested term where applicable or title of the request.
2. NOTE this will be visible on the search screen and will be useful for other customers who may be searching to see if similar requests for their requirements have already been submitted or the outcome of relevant requests.

Provide a clear description of the request

1. Provide justification for the request explaining how the concept(s) will be used in a patient record.
2. Provide clear information that enables the risks and benefits of the request to be assessed.
3. Expand and explain abbreviations and acronyms.
4. Provide clear information about what terminology input you require.
5. Requests need to clearly document a national rather than local use case and an explanation of the clinical application for them to be included in the SNOMED CT UK Edition.
6. New concepts should be:
 - **understandable.** The meaning can be understood by most healthcare providers without reference to private or inaccessible information
 - **reproducible.** Multiple users apply the concept to the same situation
 - **useful.** The concept has a practical use that is self-evident or can be readily explained

Provide a reference or suitable evidence to support the request.

1. Supporting documentation MUST be included as this provides evidence to support the request and provides context of the requirement. Requests submitted without acceptable supporting evidence will not be considered.
2. Examples of acceptable documentation:
 - journal articles
 - online references to clinical texts
 - national programme guidelines or proposal
 - national guidance
 - information and data supporting frequency of use and national use
 - relevant website addresses, e.g. [OMIM](#), [PubMed](#) or professional body

3. Examples of unacceptable supporting information:

- NOTE do not send any patient identifiable data, patient letters specifying diagnoses or referrals for example

Examples of requests that are not usually accepted

In line with the [Editorial Principles for UK Edition of SNOMED CT](#) the following are types of requests that are usually NOT accepted:

1. Research projects and pilot terms (see section 6.4.5 Research of the [Editorial Principles for UK Edition of SNOMED CT](#)).
2. Negation concepts (see section 5.2.10. Negation concepts of the [Editorial Principles for UK Edition of SNOMED CT](#)).
3. Naming conventions (see section 5.2 term construction / naming conventions of the [Editorial Principles for UK Edition of SNOMED CT](#)).
4. Speculative content change requests without clear use case and justification.
5. Requests not supported by clinical evidence.
6. Where evidence of national use has not been provided local requests, which must instead be discussed with the system supplier for the organisation/trust.

If you have any questions or comments about the information provided in this guidance, please contact the NHS Digital Information Standards service desk at information.standards@nhs.net or 0300 30 34 777.

Appendix 3

Service Level Agreement (SLA)

Service Level	Target	Explanation
New requests will be considered within 7-10 working days	95%	Submitters will receive an immediate automatic email notification of receipt of their submission. Requests submissions will be reviewed and allocated within 7-10 working days.
Requests submitted will be reviewed, assessed, and prioritised for inclusion in the next suitable release, unless they are marked for clarification, appeal or are declined.	90%	<p>1. Request balance – NHS Digital reserves the right to assess the number of submissions made per requester per release to create a balance of submissions and fairness in equal resolution of requests.</p> <p>2. Requests – Any one request may not exceed 50 concept additions or changes. Any requests exceeding 50 of the same type must be referred to the NHS Digital Information Standards service desk by emailing the list of requests with justification to information.standards@nhs.net prior to submitting the request to the RSP. This is to establish a clear process of submission of large batch requests, so an approach for the management of the large requests can be agreed between the Clinical Terminology content development team and the requestor.</p> <p>The 50 total may be submitted as a large submission (for example 25 requests) followed by smaller or single submissions. However, once the total of 50 has been reached no further requests of the same type will be accepted during that release cycle. Further requests above the 50 total not discussed prior to the request submission will be marked as declined.</p> <p>Examples of the same type of requests would be: 50+ requests for new concepts in the same hierarchy (i.e. procedure, clinical finding), 50+ requests for changes to existing content such as new descriptions, modelling changes, changes to descriptions or questions about existing content.</p> <p>Requests must follow the customer guidance documentation and adhere to the following:</p> <ol style="list-style-type: none"> a. National Use Case needs to be documented and an explanation of the clinical application must be provided b. New concepts should be: <ul style="list-style-type: none"> understandable. The meaning can be understood by most healthcare providers without reference to private or inaccessible information

		<p>reproducible. Multiple users apply the concept to the same situation</p> <p>useful. The concept has a practical use that is self-evident or can be readily explained</p>
<p>All requests marked for clarification will remain open for a period of 30 days, after which the request will be closed.</p>	<p>95%</p>	<p>Any subsequent correspondence relating to closed authoring requests MUST be made via the NHS Digital Information Standards service desk at information.standards@nhs.net or 0300 30 34 777.</p>

Appendix 4

Request status descriptions

Type	Status	Explanation
Open	Submitted	Requests start their journey as Status: Submitted.
Open	In Progress	The request is set to In Progress when active review of the request starts.
Open	Clarification Requested	Clarification has been requested from the person who submitted the request.
Open	Clarification received	The requestor has provided clarification information.
Open	Referred to SNOMED International	Requests that are for changes to the SNOMED CT international content that are being managed by NHS Digital on behalf of the UK requestor.
Pending Closure	Request provisionally accepted	This status is used where an addition or change to the terminology has been approved by NHS Digital and the action has been made in the terminology but is still awaiting approval through quality assurance processes.
Closed	Closed – Complete	This status notifies the requester that the addition or change is confirmed, and the request will be included in the next release of the SNOMED CT UK Edition.
Closed	Closed - Exists	This is used where an existing concept is discovered in the terminology.
Closed	Closed - Declined	This is used where: <ul style="list-style-type: none"> the request does not conform to the standard model in the terminology the request should be represented by other means a requester did not reply to a clarification request within the expected time frame (30 days) the request submission does not include the required information including supporting references, information etc
Closed	Closed batch	All requests in the batch should have a closed status for the batch request to be closed. This is reserved for use as a heading request for a batch of individual requests.
Closed	Withdrawn	Used where a request is withdrawn by the requester.