

SNOMED CT UK Edition: Governance and Change Request Process

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COVID-19

This year the frequency of SNOMED CT UK Clinical Edition releases has 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 have been re-prioritised unless they relate 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 several releases in the latter part of 2020 and into 2021. This means that your content requests may not be progressed within the six months that we previously worked towards.

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.

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:

- the International Edition
- the SNOMED CT UK Clinical Extension
- the 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.

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: Member Forum, Editorial Advisory Group and Content Managers Advisory Group.

Requests for change

As healthcare is continually evolving, SNOMED CT must also be dynamic and updated regularly to keep up with these changing needs. In order 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 would 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 of SNOMED CT UK Clinical Extension and associated reference sets, based on requests submitted as described above:

- 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
- the authoring platform includes a technical quality assurance function with built in validation rules to capture any errors in authoring
- 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
- 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
- reference sets have historically been authored and maintained using an alternative tool
- reference sets authored are subject to quality assurance processes to review the output of new reference sets and any changes occurring as a result of updates to the UK Edition of SNOMED CT and the International Edition
- these changes are reviewed by an author, discussed with and approved by the reference set owner
- all authors have a clinical background and have completed both internal and SNOMED International training to an acceptable standard

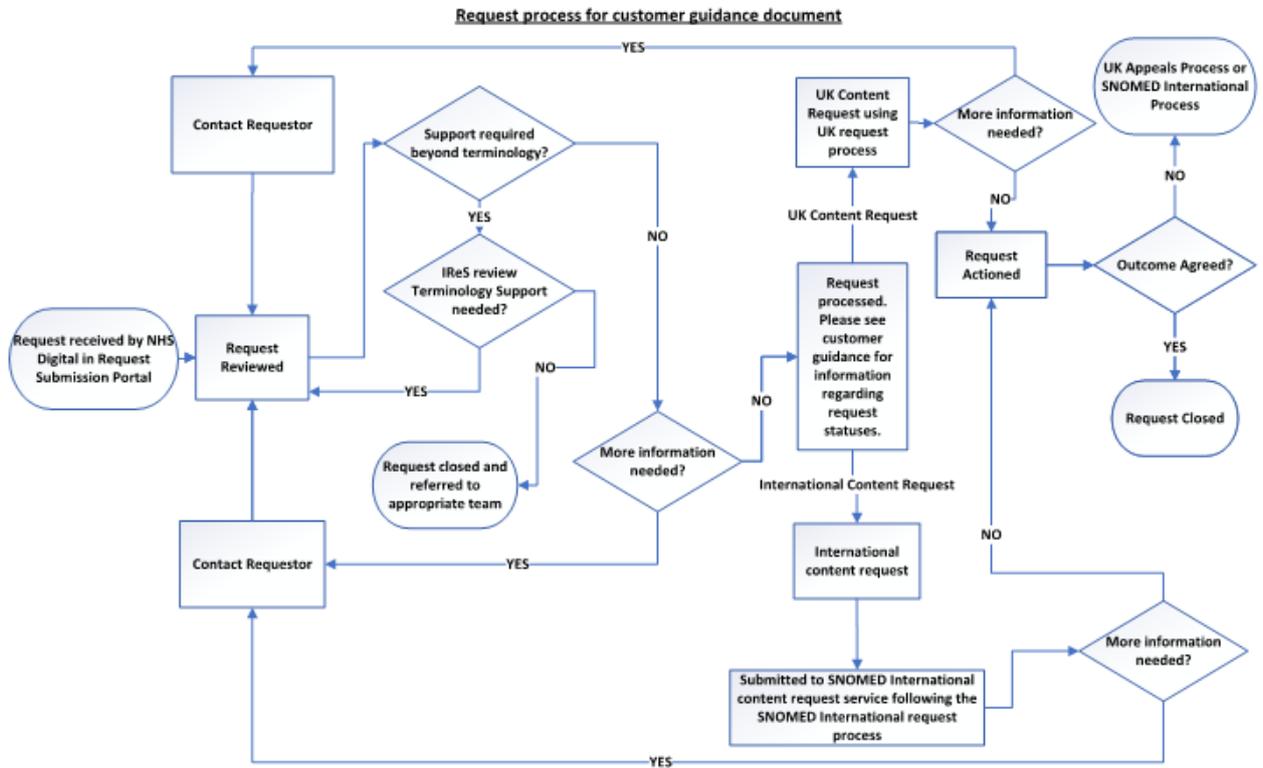
Publication

Once the authoring process has been completed and assured, the SNOMED CT UK Edition release files containing the three parts mentioned above are published biannually in April and October 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 or if further changes are required to the UK Edition of SNOMED CT including subsets a request can be submitted to the [NHS Digital request submission portal](#). This perpetuates the updating, maintenance and quality assurance cycle of the terminology and associated subsets.

Appendix 1

Request process flow



Request process for customer guidance document – 04/09/2019 – V2.0

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. Request for changes to the SNOMED CT UK Drug Extension should be made via the NHS Digital Information Standards service desk at information.standards@nhs.net or 030030 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:

- National programme managers
- UK countries
- GP practice managers
- Clinical system specialists

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 [ISD Scotland terminology advice and support](#)

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

For Northern Ireland please contact their Coding Helpdesk 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](#).

- 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) (the RSP is also used for OPCS-4 requests)
- if you do not have access to the RSP you can [create an account](#) on the welcome page of the RSP.
- 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

- please 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 discuss them with the clinical terminology team before submitting these requests. You can contact the team via the Information Standards service desk
- if the batch is for a substantial number of concepts and/or for complex content additions it may take more than one release cycle to complete your request
- you can search the RSP for any requests
- as discussed 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 if 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 will be referred to the Information Representation Services front door process. The key criteria you will be asked for to be able to submit a request through this process is:
 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 concept request. Requestor needs to consider current content in the SNOMED CT UK Edition and align 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:

- 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.

Add subset/reference set

Request creation of a set of SNOMED CT concepts from the existing terminology to support a specific use case for a more constrained list of SNOMED CT concepts.

Change subset/reference set

Request to change the content of an existing subset or reference set (refset).

Other

Terminology consultancy

An example of this type of request is for clinical terminology subject matter expertise to support the development of a national standard or national data collection.

Terminology analysis

Examples of these types of requests are:

- requests for support for the analysis of SNOMED CT content, comparing requested terms for a specific use case with current SNOMED CT content
- requests to determine what content is present in the terminology for specific use cases, for example, specific cosmetic surgery procedures or specific NICIP requests
- requests for mapping information between a legacy terminology for example, CTV3, to SNOMED CT

Work package

Definition of a work package:

A piece of work requested over a period of time involving a large number of concepts or complex work. Usually linked to work requested by a national programme, data set, national body or professional body.

Requires detailed analysis and construction of terms for addition to the terminology and may require work to be completed over more than one release cycle.

An example of a work package; would be the submission of a request by a national programme for new terminology content requiring collaboration with the national programme owners to develop appropriate terms to be add to the terminology product.

Once the work package request has been completed if further review or addition to this content is required a new request would need to be submitted to the RSP.

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.

What needs to be included in a request?

To benefit the requestor and the NHS Digital it is vital that the terminology request includes as much information as possible to support the requirement.

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 customers requirement not being met.

Before submitting a request, we recommend the following process should be followed.

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

- it is useful to check the [NHS Digital SNOMED CT browser](#)
- 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.

- [Editorial Principles for SNOMED CT UK Edition](#)
- [SNOMED International SNOMED CT Editorial Guide](#)

Provide a clear summary of the request

- this should include the description of the requested term where applicable

Provide a clear description of the request

- provide justification for the request explaining how the concept(s) will be used in a patient record
- provide clear information that enables the risks and benefits of the request to be assessed
- expand and explain abbreviations and acronyms
- provide clear information about what terminology input you require
- requests need to clearly document a national use case and an explanation of the clinical application for them to be included in the SNOMED CT UK Edition
- 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.

- Supporting documentation is useful as this provides evidence to support the request and provides context of the requirement. Examples of acceptable documentation:
 - journal articles
 - 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

The following types of request are usually not accepted:

- research projects and pilot terms are not usually accepted
- negation concepts
- those that do not meet editorial principles
- local requests must 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 [Information Standards Service Desk](#).

Appendix 3

Service Level Agreement (SLA)

Service Level	Target	Explanation
New requests will be acknowledged within 7-10 working days	95%	Submitters will receive an immediate automatic email notification of receipt of their submission. A named terminologist will be allocated to the submission within 7-10 working days.
Request closure date will be published on the date of the preceding SNOMED CT Release	100%	Closure date for requests to be reviewed for inclusion will be published on the Request Submission Portal. Please see the link below. https://isd.hscic.gov.uk/rsp-snomed/
Requests submitted before the published release close date shall be added to the next release or have an identified work package assigned, unless they are marked for clarification, appeal or are declined. Any request not added to the next release will automatically be assigned a high priority for the release after next.	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. 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, modeling changes, changes to descriptions or questions about existing content.</p> <p>Any requests exceeding 50 of the same must be referred to the Information Standards Helpdesk for discussion prior to submitting the request on to the RSP.</p> <p>Requests must follow the customer guidance documentation and adhere to the following;</p> <ol style="list-style-type: none"> National Use Case needs to be documented and an explanation of the clinical application must be provided; New concepts should be:

Service Level	Target	Explanation
		<ul style="list-style-type: none"> • 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
All requests marked for clarification will remain open for a period of 30 days, after which the request will be closed.	95%	
Requests submitted after the published request close date for submissions shall be edited for the following release or have a work package assigned, unless they are marked for clarification, appeal or are declined. Any request not added to the next release will automatically be assigned a high priority for the release after next.	90%	Requests submitted after the published request close date in RSP follow the same SLA agreement. They are automatically assigned high priority to avoid creating a backlog of requests.

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 the 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 the request does not conform to the standard model in the terminology and is or should be represented by other means.
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