

Addendum to SCCI0034 Amd 35/2016

Standard	
SCCI unique identifier	SCCI0034 Amd 35/2016
Title	SNOMED CT
Date of ISCE publication	02/11/2016
Date of addendum	02/08/2017
Purpose	This addendum is published to clarify the expectations placed on systems suppliers in relation to the implementation of SNOMED CT. It makes no changes to the published information standard.

Applies to

All organisations directly providing and/or commissioned to provide NHS, Public Health and/or Adult Social Care Services (same as for published standard SCCI0034).

Clarification requested

Consultation has identified an area where the standard and the subsequent guidance could be interpreted as presenting potentially conflicting information.

The current documentation for the standard states:

SNOMED CT is required to be used for communicating clinical content across health and care within the NHS standard contracts and is also stated as the required terminology to support direct management of care within the policy document published by the National Information Board (NIB): Personalised Health and Care 2020: A Framework for Action.

Clarification is requested in relation to the extent to which SNOMED CT has to be stored in patient records and thus the extent to which the underlying architecture of an existing system has to be changed. It should be noted that the statement 'the required terminology to support direct management of care' is taken from the policy document *Personalised Health and Care 2020: A Framework for Action* and should be interpreted in its widest sense.

Further clarification to existing guidance

For the avoidance of doubt, the standard and the implementation guidance should be taken to mandate SNOMED CT as the standard for communication of clinical information between providers of care. Although the standard does not mandate use of SNOMED CT for recording of care information, it should be noted that SNOMED CT will increasingly be required across the health and care system, through new collections, extractions and data sets, and will be prominent in data architecture strategies (examples are provided below to inform implementation decisions).

Further, section 8.5.3 of the implementation guidance acknowledges that systems may choose not to capture care information in native SNOMED CT format, instead they can use alternative approaches for data entry, such as graphical user interfaces, natural language processing and short codes for rapid data entry.

As illustration to aid further clarification, the following examples highlight how the terminology is being used to meet current NHS requirements, adhering to the standard:

- Information is requested as part of the Mental Health Services Data Set (MHSDS) on assessment scales; those to be provided in the data set are specified using SNOMED CT. A system may use its own internal codes but end users must be confident they are selecting the appropriate assessment scales, and the system must provide the data using the appropriate SNOMED CT concept IDs.
- Coded interventions undertaken can be submitted as part of the Children and Young People's Data Set using SNOMED CT concepts; beyond 2020 these will be expected to be submitted only in SNOMED CT.
- NHS England guidelines that specify the codes to be used in relation to specific activity recording will indicate SNOMED CT descriptions where that information is in scope of the terminology.
- NICE guidelines will increasingly indicate the SNOMED CT concepts for particular diseases, interventions etc. NHS processes that utilise these guidelines, such as the Quality and Outcomes Framework (QOF), enhanced services and CQUINs payments, will provide specifications expressed using SNOMED CT.
- Guidance in relation to immunisations and vaccines issued through Schedule 7a will indicate recording for administering of the vaccine using SNOMED CT descriptions.

Systems need to ensure that users are able to conform to such guidance and are clear in how such SNOMED CT data entry and retrieval is managed in their system; for example template data entry could ensure the user is clear which SNOMED CT description they have selected and that the system can submit the appropriate SNOMED CT concept information in any national returns or data transfer. How this is actually recorded within the system database is for the supplier to decide. Any approach that for example maps to system local codes must ensure that appropriate clinical validation of the maps is undertaken.

More information

The controlled version of this addendum is published alongside the current published documents on the standards webpages on the NHS Digital website:
www.content.digital.nhs.uk/isce/publication/scci0034.