Frequently Asked Questions

SNOMED CT and developing new content

1. *What is SNOMED CT?*

SNOMED CTstands for the 'Systematized Nomenclature of Medicine Clinical Terms' and is a "common clinical language" consisting of sets of clinical phrases or terms, that can be grouped together with relationships between terms.

For further information please see information within NHS Digital website

2. *Why should I, as a clinician, be involved in defining terms within SNOMED?*

The current terminology within SNOMED was developed by terminologists and clinicians in the 1990's and in many cases has not been updated to current clinical information required for diagnoses or procedures. This means that as more hospitals procure electronic record systems, the language embedded in the systems does not help clinicians in describing their population or the healthcare they receive.

3. *How do I find out what SNOMED terms are currently available?*

In order to access SNOMED you need to go via a Browser. There are different types that are freely available.

To find the links to browsers and explanation of how to search for concepts/ terms please see this presentation 'Three methods for subset creation' on the RCS website

There are further training and resources available on the NHS Digital website

4. *Why SNOMED-CT? How does it link to other classification or coding systems?*

Each concept/ term within SNOMED CT has its own unique code. This code can then be linked to other existing classifications or coding systems, such as OPCS, ICD10 and Read codes in primary care. In addition, SNOMED CT is updated every six months, unlike OPCS (every 4 years) or ICD10 (every 10 years) and allows for groups to ring fence defined terms in a way that make sense to them.

Emma Fernandez, Standards Manager October 2016

5. SNOMED has been around for a while and people have attempted to define terms before but nothing came of it. What makes things different now?

Read Codes, developed originally in the UK in the 1980s for primary care were evolved into 'Clinical Terms Version 3' (CTV3), which was then merged with SNOMED RT in 1998. The result was the first version of SNOMED CT, released in January 2002. Much work has been done since the first release to update the content of SNOMED CT and the pace of implementation has accelerated since the publication of the 2014 publication 'Personalised Health and Care 2020' by the National Information Board. This outlined the plan for SNOMED to be used across the NHS as the terminology of choice within electronic health record systems.

For further information please see this presentation 'An introduction to SNOMED CT' on the RCS website

6. How will I use SNOMED CT terms in practice?

SNOMED CT will be used as the single terminology in all care settings in England by 2020. There are three major types of implementation:[1]

- Clinical records: within EHRs, defining datasets for collection by clinicians, can map from other terminologies, classifications and coding systems e.g. OPCS, ICD10, developing messages, letters etc. with unified and clear clinical terms, allows for collation of synonyms for terms
- Knowledge representation: such as within clinical decision support systems
- Aggregation and analysis: Allows data analysis of diagnostic and procedural sub-types, without the need for additional data entry into a registry or similar system

For further information and case studies of how SNOMED CT has been used in practice, please visit the training pages within the NHS Digital website

7. Why should I bother doing this if I don't have an electronic health record system (EHRS)?

Eventually the majority of hospitals will buy EHRS's. At this time, if there has not been pre-planning, every hospital will populate the system with their own set of terms. Having nationally agreed subsets for your specialty, means that these can be ready for use when your system is being configured. Gradually this will allow services to communicate and collate information using the same parameters, which will make collection and analysis of data easier.

---

[1] SNOMED CT®:Orientation for implementers. 2011. UK Terminology Centre Guidance. http://systems.digital.nhs.uk/data/uktc/training/sct_start_v10.pdf

Emma Fernandez, Standards Manager October 2016

In addition, some hospitals have used SNOMED terminology as additions to current administrative systems to record diagnostic information.

8. *How do I choose the right Electronic Health Record System?*

It is important to have clinical input into the type of EHRS your organisation is buying and also to ensure that your specialty subsets are added to your system.

For further information about what to ask for in EHRS's please see NHS Digital guidance on 'Requirements of systems'

9. *If I have an electronic health record system how do I get my SNOMED subset added?*

You can ask your IT department. There may be a charge (levied by your system supplier), so any new content may have to wait until there is a general update of the system. This could be expected to happen fairly regularly.

10. *What is the best method of reviewing SNOMED terms with my specialty area?*

There are several different ways of defining concepts/ terms within your specialism. Here are some tips:

- It may be helpful to define the 100 most common procedures or diagnoses you see within clinical practice. For most specialties this will encompass over 80% of practice and is a good place to start
- Decide the level of granularity or detail you need within your terms e.g. Primary augmentation rhinoplasty via an open approach with cartilage modification and implant insertion or primary augmentation rhinoplasty. Depending on your level of granularity, you will get exponentially increasing numbers of concepts and codes, which may make finding the right term within any EHRS a longer process
- Issues such as laterality are added as a separate concept
- Issues specific to diagnosis or procedure, which do not have national or international standards e.g. volume or dimensions of implants can be defined for UK specific use, but will need discussion with terminologists

For further information on possible methods for defining concepts/ terms please see the presentation 'Three methods for subset creation' on the RCS website

Emma Fernandez, Standards Manager October 2016

11. *How much time does it take to review and amend SNOMED terms?*

The time involved will depend on the extent of the number of terms/ concepts you wish added/ amended in SNOMED and the level of granularity of these terms.

A diagram showing the basic outline of the process can be found in Appendix 1 of the RCS's 'RCS framework for improving SNOMED terminology' on the RCS website

12. *What help can we expect with this work?*

There is support and advice available from NHS Digital through terminologists and central support via the Professional & Clinical Standards Department of the RCS.

For further information please see the 'RCS framework for improving SNOMED terminology' on the RCS website

13. *Is the government or NHS England going to fund any of this work?*

There will not be central funding available for hospitals to but Electronic Health Record Systems (EHRSs), this will be left to each hospital/ service provider to fund.

There is central support via a growing number of available terminologists within NHS Digital who can support clinical groups to define concepts, map these against current terms within SNOMED CT and ensure that these, once agreed by the member organisation, can be added to the SNOMED CT system.

14. *How often is SNOMED updated? How do I get my SNOMED terms added?*

Once you have defined your terms/ concepts and these are mapped to current content and the hierarchy and position within SNOMED can then be agreed with the clinical group. Any issues with regards to the order and use of particular words can then be agreed. This set of agreed concepts/ terms then needs to be agreed at specialty association level, as it is important that members of each association are made aware of the terms and utilise them when installing or updating their Electronic Health Record system.

The terminologist is then responsible for mapping against other systems such as OPCS and ICD10 and adding to the SNOMED CT library of terms. This is updated every six months (April and October).

Emma Fernandez, Standards Manager October 2016

15. *How does SNOMED CT deal with issues such as diagnosis, which may change over time?*

This is not an issue defined with SNOMED CT. The process that has been discussed within other disciplines is use of a more generic SNOMED term that adequately encompasses the possible diagnosis e.g. if it is not confirmed that a diagnosis of arthritis is rheumatoid arthritis, you could use the term inflammatory arthritis

16. *Are other specialties and organisations also looking at SNOMED terminology?*

Yes other organisations are also working on defining their subsets. This includes The Royal College of Paediatric and Child Health and The Royal College of Physicians.

If your subsets cross other disciplines e.g. paediatric surgery, please contact the Standards Manager at RCS (psd@rcseng.ac.uk) , who can help with finding clinical contacts from other organisations who can work on particular areas of SNOMED CT definition.

Emma Fernandez, Standards Manager October 2016