

SNOMED CT General Overview

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Purpose of this Document

This document provides a brief overview of the files and important supporting artefacts relating to the UK Clinical Extension of the UK Edition of SNOMED CT®. This document covers Release Format 2.

For a full description of the technical structure, use and implementation of SNOMED CT, please refer to the detailed documentation that accompanies the release, technical reference guides on the UK [SNOMED CT website](#) and to [SNOMED International guidance](#), in particular the [Technical Implementation Guide](#).

NHS England, as the UK National Release Centre (UK NRC) for SNOMED CT also provides a number of [recorded presentations](#) that may be useful.

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1. Introduction

This document provides a brief description of the UK specific files (known as the UK Extension) included in this release of the SNOMED CT® (SCT) UK Edition. The files are extensions to the International Edition tables also included in the release. We strongly recommend the use of the full UK Edition within the UK.

Government policy is for a single terminology of SNOMED CT across health and social care; to meet this requirement the Read codes are now being phased out. The last release of the Read codes v2 was the April 2016 release. The last release of CTV3 Read Codes was the April 2018 release. To support the transition this document provides information on the synchronisation of the Read Codes with the UK Edition of SNOMED CT.

From October 2018 the UK Edition of SNOMED CT is only fully supported in RF2 format. The April 2018 Edition was the final release in RF1 format.

Please refer to the [SNOMED CT UK Clinical Extension Release Documentation](#) webpage for a full listing of all release supporting documentation. Additional documentation for SNOMED CT can be found in the Document Library available at <https://confluence.ihtsdotools.org/display/DOC>. For a full technical description of the files please refer to the Technical Implementation Guide. For editorial information please refer to the international SNOMED CT Editorial Guide.

For those who are new to SNOMED CT, the [Starter Guide](#) provides a first step to aiding your understanding of the structure and content of SNOMED CT. Further education and training resources are available in our '[SNOMED CT Education & eLearning](#)' section on Delen. This area provides links to a range of guides, presentations, videos and other support material, and is regularly updated with new material.

2. UK Clinical Extension

SNOMED CT supports the inclusion of extensions to the International Edition of the terminology which can be managed by different organisations. NHS England as the UK National Release Centre (UK NRC) for SNOMED CT produces the UK Clinical Extension.

2.1 Content

There are two main categories of content in the UK Clinical Extension:

- NHS concepts that are unique and specific to the United Kingdom. Many of these are not appropriate for inclusion in the SNOMED CT International Edition and are therefore confined to the UK Extension file. Examples are medico-legal, administration, patient registration data, items of service administration, NHS healthcare terms, etc.

Note: For the purposes of migration, all content that was created for Read v2 and CTV3 is represented within SNOMED CT. NHS England provides mapping tables to identify the most appropriate SNOMED CT concept(s) for both CTV3 and Read v2 as part of the NHS Data Migration pack. This pack is available to download from [TRUD](#) within the download area of 'SNOMED CT Derivative Products'. Documentation on the structure of the maps and recommendations on their use is also provided. The final release of the mapping tables was April 2020. Releases of this item are now unmaintained static data. Unscheduled releases may occur until April 2023, but only in order to resolve critical clinical safety issues.

- The other category is content that is deemed potentially suitable for incorporation in the International Edition but for reasons of timeliness is incorporated temporarily in the UK Clinical Extension with a status of 'Pending Move' whilst its suitability is considered by SNOMED International.

The UK Clinical Extension does not include branded drug concepts, these being dealt with in the separate UK Drug Extension/NHS dm+d data as described in Section 3 of this document.

2.2 Extension content development conventions

Extension content is added in accordance with guidance provided in the Technical Implementation Guide. In addition, the possible effects of extension modelling on International Edition components (along with a number of extension conventions) are as follows:

International Edition concepts

The distributed properties (ConceptStatus, IsPrimitive etc.) of International Edition concepts are unaffected by extension modelling.

International Edition concepts as Relationship.sourceId

Defining relationships

Previously no defining relationship where sourceId is from the International Edition should be added to the UK Edition. Now the clinical extension uses a classifier, new defining relationships where the sourceId is from the International Edition may be added to the UK Edition but caution is always taken with these additions.

Additional relationships

New additional relationships may be added for the UK Extension if appropriate where sourceId is from the International Edition (for example, the representation of the Pathology Bounded Code List data type (flag) settings).

Additional descriptions

New additional descriptions e.g. preferred term or synonyms, may be added for the UK Extension if appropriate where sourceId is from the International Edition (for example, the abbreviation CT was added as synonym for Computed Tomography).

International Edition concepts as Relationship.destinationId

Defining relationships

International Edition concepts may participate as destinationId in extra defining relationships in the following situations:

Inherited, localised and supplementary defining relationships of extension concepts

Additional relationships

International Edition concepts may participate as destinationId in extra additional relationships in the following situations:

- Supplementary additional relationships of International Edition concepts
- Additional relationships of extension concepts

International Edition descriptions

No International Edition descriptions are modified during the creation of the UK Edition

FSN parenthetical suffixes

FSN parenthetical suffixes are added as a routine to extra descriptions of Description Type FSN (DescriptionType= ConceptId 900000000000003001 i), consistent with the FSN parenthesis model used in the International data.

Language code

The default language code in the authoring guidance from SNOMED International, for content added since October 2007 release, is 'en' for the FSN. In RF2, the dialect element of the language code that was present in RF1 is now omitted and so all GB descriptions now also have the language code 'en'. This can result in multiple descriptions of type FSN with the same language code; the UK Realm Language Refset should be used to identify the appropriate FSN and preferred term for a UK implementation.

2.3 Extension concept integration/classification

Apart from a small number of exceptions, content which was developed and authored prior to 2019 in the UK Clinical Extension was allocated only one super-type, added with an IsPrimitive value of 1, and predominantly restricted to a limited number of attribute-value relationships.

Work on our migration to a new terminology authoring and production platform is now substantially completed, and this is now enabling editing and modelling in line with the SNOMED International Editorial Guide. The existing active UK extension content is therefore also now always published in classified form, although there will remain some gaps in the inferred taxonomy due to the required content modelling not yet being in place. Further work will be undertaken incrementally on the underlying modelling of some hierarchies in order to address these areas.

2.4 Specific Issues Relating to the UK Release

2.4.1 Mechanisms for specifying Descriptions for use in the UK Edition of SNOMED CT

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.

Experience has revealed shortcomings with a Language refset approach, notably when attempting to reconcile differences in Description preferences between National and International specifications, and also between various national components. Some of these issues can be resolved by modifications to a Language refset approach, but not all. Further improvements can be achieved with a 'Realm Language Refset' approach.

The NHS Realm Language Refset is published as a combination of a 'Pharmacy Part' (Subset Original Id 238301000001135) and a 'Clinical Part' (Subset Original Id 39141000000139).

Complete coverage of Description preferences requires member data from the 'Pharmacy Part' and 'Clinical Part' to be merged, including a dependency on the 'Pharmacy Part' to specify Description preferences for Concepts published and maintained in 'Clinical' chapters

(e.g. 'Substances' and 'Qualifier values'). In order to access all descriptions referenced this way – which include some from the UK Drug extension – it is necessary to load content from both UK Drug and UK Clinical Descriptions files.

Current preference is to move to a state where this approach is the standard, stable approach. The NHS Realm Language Refset components are now published with 'supported product' status.

The NHS Realm Language Refset is now the mechanism for specifying Descriptions for use in the UK Edition of SNOMED CT, the other approach (the dm+d Realm Description Subset) currently continues to be published. Nevertheless, the current preference is for users to gain experience with the Realm Language Refset approach, as this would appear to be the most flexible option for localising Description preferences for UK purposes, and in an implementation using the RF2 files, the Realm Language Refset should be used to provide the UK FSN, Preferred Term and Synonyms.

Although supporting a number of description re-prioritisations (Realm-specific promotions of descriptions to 'preferred term' description-type) the present NHS Realm Language Refset is best thought of as a mechanism to satisfy the 'one and only one fully-specified name & preferred term' schema constraints for the UK data. It does not attempt to be a representation of evidence-based, Realm-wide term preferences. Further work is needed to establish an equitable mechanism for agreeing term acceptability (whether terms should ever be available) or term preferences (whether particular terms are to be regarded 'the most suitable'). It should also be noted that although the Realm Language Refset strives to achieve 'one and only one fully specified name and preferred term', there are a very small number of (mainly UK Drug) concepts which do not follow this rule, and which will be addressed once migration to new terminology authoring and production tooling has been completed.

Other, more specialised design activities have produced 'context description subsets' (for example the SNOMED CT version of the Pathology Bounded Code List), these description subsets have now been retired and current guidance is to use the Realm Language Refset.

It is recognised that specifying description preferences will require suitable governance processes and editorial rules. Currently, however, as the Realm Language Refset now has 'supported product' status, the emphasis of the 'Clinical Part' is to be used to identify term preferences. UK specific modifications to term preferences are presently few in number, and have been made in response to requests from current users of SNOMED CT, each request evaluated against a number of complementary acceptance criteria, which can be summarised as:

- Is the requested term acceptable as a synonym for the chosen concept?
 - Has the term already been added as a synonym, or have similar constructs been added elsewhere in SNOMED CT?
 - Is there evidence that the term been used as a professionally acceptable label (outside of SNOMED CT) in journal articles, Medline abstracts etc?
- Is the requested term acceptable as a 'preferred term' for the chosen concept?
 - Have similar constructs been used as preferred terms elsewhere in SNOMED CT?
 - Would the requested term convey the intended concept meaning, independent of context of use?

- Is the change request accompanied by an authoritative evidence source?
 - Has there been Professional body or SNOMED CT UK Edition Committee involvement or support for the requested change?

Emergent governance processes will need to handle the trade-off between excessively stringent or demanding editorial criteria (for example, requiring Professional body endorsement of every recommendation) and an overly permissive change framework - resulting in an unstable and inconsistent product.

It should be noted that the flexibility implied by the criteria above for term preference changes will not be suitable for all content in the UK Edition of SNOMED CT. In particular, the preferred terms for drug product concepts are automatically based on the term derived from dm+d.

2.4.2 Pending Move extension concepts with English dialect variations

In order to streamline the movement of Pending Move Concepts to the SNOMED CT International Edition, and as an initial step in ensuring conformance of all UK Extension concepts with the current relevant technical specification, a number of concepts have been released with the following FSN pattern:

Concepts table: en Spelling in the FullySpecifiedName field

Descriptions table: en Spelling of the FullySpecifiedName

In order to avoid the apparent error of >1 Fully Specified Name for these extension concepts, it is recommended that for display purposes the data is viewed through the NHS realm description subset(s). When applied, only the acceptable UK defined fully specified name from the SNOMED CT Descriptions table is visible / accessible - this is indicated by the row(s) where MEMBERSTATUS = 3 (in RF2 = 900000000000003001) in the subset members tables for the NHS realm description subset. The release file for this is:

RF2 data within:

der2_cRefset_LanguageFull-en-GB_GB1000000_YYYYMMDD.txt

2.4.3 Stated Relationships table

Within the SNOMED CT International Edition, the RELATIONSHIPID field in the stated relationships release file is not populated. In line with SNOMED International's transition from Stated Relationships to OWL files, and in anticipation of the UK's move to also releasing the stated view directly encoded as OWL axiom files, the 27.0.0 UK extension release, and all future releases, will contain only empty stated relationship files.

For further information on the Stated relationships release file, please refer to Section 4.2.3 of the Technical Implementation Guide (available online or to download at <https://confluence.ihtsdotools.org/display/DOC>). Further information on SNOMED International's transition to OWL can be found [here](#).

2.4.5 UK Extension Filenames

RF2:

Found in the directory

"CT_UKClinicalRF2_PRODUCTION_YYYYMMDDT000001Z\<ReleaseType> \Terminology"

sct2_Concept_<ReleaseType>_GB1000000_YYYYMMDD.txt

sct2_Description_<ReleaseType>-en-GB_GB1000000_YYYYMMDD.txt

sct2_Relationship_<ReleaseType>_GB1000000_YYYYMMDD.txt

Where <ReleaseType> is either Full, Snapshot or Delta depending on the type of RF2 file.

For further detail on the extension mechanism, refer to the Technical Implementation Guide.

2.4.6 UK Concept History Substitutions Table

Note. RF2 has a different mechanism for managing history and concept history can be obtained from the 'Full' release of RF2.

From the October 2016 release the UK Concept History Substitutions Table release file and associated document is released within a separate **TRUD** pack. This pack is called "UK SNOMED CT Query Table and History Substitution Table".

This product is a table of substitutions for those SNOMED CT concepts which are, in this UK Edition release, inactive. The table presents for each inactive concept one or more active concepts to which it has been associated via the information held in the SNOMED CT History Mechanism or, if there are none, then it links to itself; as no better option exists. The table also includes the Fully Specified Name for each of the two concepts in each row.

The anticipated and intended use of the substitution table is to allow implementers of the UK Edition to identify, for each of their design artefacts which use the UK Edition of SNOMED CT, the possible updates needed to these such that they use only active concepts. The table is regenerated for each scheduled release based on the latest available relationships and concept status included in the UK Edition. Some substitutions will remain the same in perpetuity, others (a very much smaller proportion it is fair to anticipate) may change once or more with successive releases.

2.4.7 Subset/Refset Index

Within RF2, subsets are delivered as simple reference sets, more commonly known as refsets. A metadata component is created for each refset with an SCTId, an FSN and a Preferred Term. For more information see the SNOMED International Technical Implementation Guide and the UK Edition of [RF2 document](#).

The entire list of refsets can be downloaded as an Excel file from the [Data Dictionary for Care](#). Select 'Subset Metadata' in the drop down box on the upper left of the page, then select the lower 'SEARCH' button. This will return a full list of refsets, including old RF1 Subset Identifiers and the RF2 Reference Set Identifiers. The 'Export to Excel' button will appear at the top left of the resulting list.

2.4.8 Migration Mapping concept additions

The April 2018 release was the last update of CTV3 (Read v2 having already ceased publication, ahead of full implementation of SNOMED CT in general practice).

Work has been ongoing to assure maps from these two older terminologies to SNOMED CT, so that existing coded data in patient records can be migrated to SNOMED CT.

As part of this work, about 100 concepts have been identified for which there are currently no active mappings to an appropriate SNOMED CT concept. Reasons for this include concepts with descriptions that are no longer considered appropriate (e.g. Mental Retardation),

concepts which derive from Classifications terminologies (e.g. Mental and behavioural disorders due to use of alcohol: residual and late-onset psychotic disorder), and/or do not align with SNOMED CT Editorial Policy (e.g. secondary and unspecified malignant neoplasm of paratracheal lymph nodes), and concepts which have been retired in the SNOMED CT International edition and replaced with a concept which no longer covers the original meaning of the legacy concept (e.g. malignant neoplasm of bone and articular cartilage).

For migration purposes only, a set of concepts has been authored into SNOMED CT UK edition, which would not normally be added as they do not necessarily comply with UK Editorial Principles. These concepts are not intended for current usage, and a programme of work will be carried out following migration, in order to retire these concepts and map them to more appropriate current SNOMED CT content.

If further detail about the specific concepts authored is required, then please contact the Information Standards Service Desk at information.standards@nhs.net

2.5 Specific notes on Representing ClinicalDocument.code using the dual axes of Document Type and Care Setting

The following notes are provided in this overview document in order to support a UK-specific extension to the sanctioned domain and range constraints for creating compositional SNOMED CT expressions. Each section represents an addendum to the UK and International Editorial Guides; however, for this release they are published together in this document in order that they can be read as one.

Background and Usage notes (following the form of UK editorial guide)

Describing clinical documents for purposes of indexing

In order to represent a sufficiently expressive set of clinical document descriptors and circumvent issues with the current CDA R2 specification, a compositional approach is provided. This approach is detailed in the relevant messaging documentation, but can be summarised thus:

The “Compositional Grammar for SNOMED CT Expressions in HL7 Version 3” draft serialisation standard is used to support the representation of both the Document Type and Care Setting values in a single expression in ClinicalDocument.code.

The approach uses a SNOMED CT code composition with a fixed ‘object concept’, two specific attributes, and then values for each from two use-case specific subsets.

The fixed object concept is:
810301000000103 Clinical document descriptor
The two attributes are:
810311000000101 Type of clinical document
810321000000107 Care setting of clinical document

The two corresponding subsets are:
der1_SubsetMembers_DoctypeCorr_GB1000000_YYYYMMDD.txt (44041000000135)
der1_SubsetMembers_DocindexCaresettCorr_GB1000000_YYYYMMDD.txt (43971000000130)

An example compositional expression (structured using SNOMED CT compositional grammar) would be:

```
810301000000103|Clinical document descriptor|:810311000000101|Type of clinical document|=373942005|Discharge summary|,810321000000107|Care setting of clinical document|=394586005|Gynaecology|
```

The SNOMED CT code composition is used to enable (and provide structure for) the association of values from the document type and care setting subsets with a single attribute in the NHS implementation of CDA.

Implications for reference data modelling

The proposal exists solely to support the creation of message/record instances, and there is no commitment to use the attributes for purposes of defining any current reference data.

Implications for similar issues

The approach provided uses aspects of SNOMED CT to compensate for issues with the associated CDA message schema. Such an approach is not intended to be used in the long term, nor is it intended to use such an approach in other settings where suitable and preferable alternatives can be chosen.

Constraints (following the form of the International Editorial Guide)

As an addendum to table 6 (International Editorial Guide):

DOMAIN (HIERARCHY)	ATTRIBUTE
810301000000103 Clinical document descriptor (record artifact) - self only, and only when used in <i>ClinicalDocument.code</i> attribute of NHS CDA messages.	810311000000101 Type of clinical document
	810321000000107 Care setting of clinical document

As an addendum to table 8 (International Editorial Guide):

ATTRIBUTE	RANGE
810311000000101 Type of clinical document	der1_SubsetMembers_DoctypeCorr_GB1000000_YYYYMMDD.txt (44041000000135) (< Q only)

810321000000107 Care setting of clinical document	der1_SubsetMembers_DocindexCaresettCorr_GB1000000_YYYYMMDD.txt (43971000000130) (< Q only)
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Note: Meaning of Allowable Values (Range) notations “(< Q only)” = descendants only, and only allowed in a qualifying relationship.

‘Hierarchy’ description (following the form of the International Editorial Guide)

As an addendum to Section 2 – Editing and Modelling: Specific Domain Hierarchies (numbering refers to the International Editorial Guide):

Record artifacts

Attributes used to define Record artifact concepts

Record artifacts are described in detail elsewhere (2.4.12), however it is important to point out that in the limited scope of the ClinicalDocument.code attribute of NHS CDA messages, a single record artifact concept (810301000000103|Clinical document descriptor (record artifact)| can serve as the domain for two attributes:

810311000000101|Type of clinical document|

810321000000107|Care setting of clinical document|

In neither case is the attribute intended to be used to define reference data (as is the case for almost all other DOMAIN-ATTRIBUTE-RANGE specifications), however they are to be used to allow the association of (810301000000103|Clinical document descriptor (record artifact)| with both a clinical document type and a care setting for document indexing purposes.

Type of clinical document

This attribute, when associated with an appropriate value provides information that can be used to identify the generic category of any paper or electronic document that may need to be named in support of the use cases listed above (e.g., “Referral Letter”, “Out-Patient Letter”, “Clinical Note”, “Weight Chart” etc.).

Document Type should not contain elements present in Care Setting and vice versa. The exception would be to support the secondary care use case where the overriding specialty (such as “Orthopaedics”) may need to identify another clinical service provided under its aegis during the course of an Encounter of Care or Care Pathway (such as “Physiotherapy Assessment”, “Nursing Note”).

Attribute values	Example
der1_SubsetMembers_DoctypeCorr_GB1000000_YYYYMMDD.txt (44041000000135)	25581000000101 Discharge summary report

Care setting of clinical document

This attribute, when associated with an appropriate value provides information that can be used to identify the clinical domain to which the generic document category relates. That domain may be either a recognised clinical specialty (e.g. “Orthopaedics”, “Paediatrics”), or a clinical discipline which is not a formal specialty (e.g., “Health Visiting”, “Community Psychiatric Nursing”), or a clinical service not specified by either of the former (e.g. “Out of Hours”, “NHS Direct”).

Attribute values	Example
der1_SubsetMembers_DocindexCaresett Corr_GB1000000_YYYYMMDD.txt (43971000000130)	310061009 Gynaecology service

4. ICD-10 and OPCS-4 cross-map files

The UK map content is updated to reflect additions and changes to SNOMED CT and the ICD-10 and OPCS-4 classifications, as part of SNOMED CT UK Edition release cycle.

Filenames:

RF2:

Found in directory: SnomedCT_UKClinicalRF2_PRODUCTION_YYYYMMDDT000001Z\<ReleaseType>\RefsetMap

Where <ReleaseType> is Full, Snapshot or Delta.

ICD-10 Fifth Edition and OPCS-4 data within:

der2_iisssciRefset_ExtendedMapFull_GB1000000_YYYYMMDD.txt

Information describing the content, structure and use of the SNOMED CT UK Edition cross-map files can be found in the [SNOMED CT UK Clinical Extension Release Documentation](#) area of Delen in:

- **Release Notes:** SNOMED CT to ICD-10 and OPCS-4 Classification Maps
- **Release Documents:** SNOMED CT to ICD-10 and OPCS-4 Map Table Technical Specification and Implementation Guidance (UK Edition)

5. UK history files

Filenames:

The UK Component History is provided through the RF2 mechanism. For further information see the [SNOMED International Technical Implementation Guide](#) on the release types of Full and Delta.

6. Data migration pack

The Read v2 and v3 (CTV3) clinical terminologies are retired and the confirmed schedule was published in the Information Standard Notices 1552 and 1553 in 2014. Information Standards Notices (ISNs) are published to announce new or changes to information standards published under section 250 of the Health and Social Care Act 2012. A list of all withdrawn and deprecated Data Coordination Board (DCB) and ISN Standards and Collections can be found [here](#). If further information is required, the Data Standards Assurance Service can be contacted at standards.assurance@nhs.net for assistance.

The last updated release of Read v2 was April 2016, and there was no further update to CTV3 following the April 2018 release. The final updates of Read v2 and CTV3, together with the UK Read Browser, were downloadable via TRUD until 2020.

Specific map tables from Read v2 and CTV3 to SNOMED were maintained, assured and published specifically to support the migration of primary care systems from the Read Codes to SNOMED CT. As the primary care estate has now fully migrated to SNOMED CT, and following consultation, the final release of the mapping tables was April 2020. This release remains available from the [Terminology Reference Data Update Distribution Service](#) in a separate pack named NHS Data Migration; the pack includes the mapping table release files and supporting documentation detailing the maps and the limits of their assurance.

As the maps are no longer maintained, a local fix will usually be required wherever it is subsequently determined that the final published map is in fact incorrect. Unscheduled updates of the pack *may* exceptionally be published on our distribution platform (TRUD) until April 2023, but only in order to resolve critical map issues with significant national clinical safety impact.

Prior to their final April 2020 release, the methodology by which the maps were created and assured was both agreed and undertaken in partnership with the Joint GP IT Committee and the SNOMED CT in Primary Care project, using the expertise of NHS England Terminology Service with additional tooling from Clinical Architecture. The Joint GP IT Committee and GPSoC subsequently determined the maps to be clinically safe for use in the specific wider context and safety regime of their managed transition of general practice systems from Read v2 to SNOMED CT.

The NHS England Terminology Service makes no express or implied assurances about the clinical safety or suitability of the map either in general or for any other specific use case. All programmes of work considering use of the maps bear sole responsibility for complying with all relevant and additional contractual requirements or guidance, especially in respect of assessing and mitigating any and all clinical safety issues arising.

In particular, all users of the map products should now note the following:

Some SNOMED CT codes will eventually be made inactive and this is expected. All continued use of these static mapping products beyond April 2020 SHOULD therefore only occur in tandem with correct use of the [SNOMED CT UK Query Table](#) or [History Substitution Tables](#) in order to correct those cases where the listed map target is now an inactive concept in SNOMED CT, but an active concept map is required. The SNOMED CT UK Query Table and History Substitution Tables are a pair of terminology products published separately on TRUD, and are a recommended component of all implementations required to process inactive SNOMED CT codes.

Given that systems must already independently manage inactive SNOMED CT codes, and that the technique for managing them is the same whether the inactive codes come from the mapping tables or were directly selected, all systems expecting to process SNOMED CT codes derived from such GP systems should therefore be able to manage inactive codes in SNOMED CT.

7. Implementation note

Synchronisation of Read Codes and the UK Edition of SNOMED CT

After April 2016, there were no further releases of Read v2. April 2018 was the last release of CTV3. The Release of the UK Edition of SNOMED CT was aligned with the release of the Read Codes (both Read v2 up to April 2016 and CTV3 up to April 2018). Whenever new terms were provided within the Read codes, an equivalent concept was also provided within SNOMED CT. This equivalent code is listed within the mapping tables from the Read Codes to SNOMED CT. In this way, a migration approach is provided for suppliers from the Read codes to SNOMED CT.

Information Standards Service Desk

Tel: 0300 30 34 777

E-mail: information.standards@nhs.net

Internet: <https://digital.nhs.uk/snomed-ct>

Terminology and Classifications Delivery Service

NHS England

7 and 8 Wellington Place, Leeds, LS1 4AP
