UK Terminology Centre

Clinical Terms Version 3 (The Read Codes) Terming And Coding
Update October 2012 Release

Changes for the October 2012 Release

2040 new concepts and 1530 new terms have been added to Clinical Terms Version 3 (CTV3) for this release in response to user requests.

Drug and Appliance Dictionary

Further to the cessation of maintenance of the CTV3 Drug and Appliance Dictionary (DAAD) in July 2006, all *new* CTV3 drug data contained in the six-monthly releases of the full Clinical Terms contains only a simple conversion of The Read Codes Version 2 (V2) DAAD terms and codes to CTV3 format.

For releases after October 2008 the product availabilities will no longer be updated. In addition, all new concepts will be automatically allocated a status of optional, since they do not obey the rules of CTV3, and may be placed in the hierarchy at a higher level than would have previously been considered sufficiently specific.

Previously V2inV3 format keys files were produced monthly and six individual files included in the UKTC Terminology Bi-Annual Release as part of the Read drugs data. (*readdrugs\v2inv3\Drugkey.v3 located in the nhs_readdrugs sub pack*). The same data was also included in the files in the directory *readctv3\v3 \keys.v3, located in the nhs readctv3 sub pack*. This is a duplication of CTV3 data, and therefore only *readctv3\v3 \keys.v3files* will be released from April 2012 onwards.

The integrated drugs within the October 2012 release of the Clinical Terms Version 3 (The Read Codes) originate from the May 2012 Version 2 Drug and Appliance Dictionary.
(It should be noted that CTV3 DAAD data is no longer intended for use in live clinical systems).

Subset

GP subset files based on this release are still included as Value Added Files.

Superset

Since October 1997 CTV3 has contained:

- All codes from the 4 byte set and V2
- All terms from the 4 byte set and V2*
- All concepts from the 4 byte set and V2

All terms relating to the September 1997 and subsequent releases of the 4-Byte set and V2 are included. It does not include all previous terms that were changed or removed in releases prior to the September 1997 release.

All codes and concepts from the Read Codes Drug and Appliance Dictionary from V2 have also been included in CTV3. The concept match between the V2 and CTV3 is exact, without the synonymy problems found in the clinical chapters of the Read Thesaurus.

Users of CTV3 releases prior to October 1997 should consult UK Terminology Centre prior to loading this release.

Change Reports

The following additional files show some of the changes since the last release:

curoptv3.txt
curredv3.txt
newconv3.txt
optcurv3.txt
redoptv3.txt

Cross-maps from CTV3 to the OPCS Classification of Interventions and Procedures, Version 4 (OPCS-4.6) - Anatomy Chapter

An OPCS-4.6 Anatomical Cross-Mapping file is available with this release (opcsanat.v3). The file is available and crucial for users wishing to use the cross-maps from Clinical Terms Version 3 (CTV3) to the mandated OPCS-4.6, Chapter Z.

Unmapped CTV 3 concepts

A set of text files is included, which includes all terms for which a cross-map has not been assigned for this release. These files are a temporary measure intended only to provide a basic explanation of why a released term has no cross-map assigned. For each classification, these 'explanation' files group together terms which are within specific hierarchies, further subdivided by the general reasons e.g. *outside the scope of that particular classification*, that no map has been given. An explanation of the reasons for a 'null' map (i.e. no map), the respective file names and the number of unmapped concepts within each file are given in the table below.

These reasons can not be regarded as fixed definitions at the present time as they have primarily served the purpose of facilitating the cross-mapping process within the UK Terminology Center. It is likely that these files will not be produced in later releases and that we will review this method of conveying information on null maps to users in the future. In the short term, users may note significant changes in the content and size of the text files between releases.

File Description	File Name	Number of Concepts in the file
Concepts in the Disorders, Tumour Morphology and Causes of accidents hierarchies with no map to ICD-10 because they are high level terms.	10d_hl.txt	1642
Concepts in the Disorders, Tumour Morphology and Causes of accidents hierarchies with no map to ICD-10 because they are partial terms.	10d_pt.txt	248
Concepts in the Disorders, Tumour Morphology and Causes of accidents hierarchies with no map to ICD-10 because they are outside the scope of ICD-10.	10d_os.txt	953
Concepts in the History & Observations hierarchy with no map to ICD-10 because they are high level terms.	10h_hl.txt	149

File Description	File Name	Number of Concepts in the file
Concepts in the History & Observations with no map to ICD-10 because they are partial terms.	10h_pt.txt	844
Concepts in the History & Observations hierarchy with no map to ICD-10 because they are outside the scope of ICD-10.	10h_os.txt	14256
Concepts in the Disorders, Tumour Morphology and Causes of Accidents hierarchies with no map to ICD-9 because they are high level terms.	9d_hl.txt	896
Concepts in the Disorders, Tumour Morphology and Causes of accidents hierarchies with no map to ICD-9 because they are outside the scope of ICD-9.	9d_os.txt	321
Concepts in the History & Observations hierarchy with no map to ICD-9 because they are high level terms.	9h_hl.txt	11
Concepts in the History & Observations hierarchy with no map to ICD-9 because they are outside the scope of ICD-9.	9h_os.txt	25
Concepts in the Procedures hierarchy with no map to OPCS-4.6 because they are high level terms.	4_hl.txt	1049
Concepts in the Procedures hierarchy with no map to OPCS-4.6 because they are partial terms.	4_pt.txt	321
Concepts in the Procedures hierarchy with no map to OPCS-4.6 because they are outside the scope of OPCS-4.6.	4_os.txt	694

CTV3 to the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, 4th Edition (ICD-10 4th Edition)

New concepts within the disorders, clinical history and observations hierarchies have been cross-mapped to the mandated ICD-10 4th Edition classification.

Clinical Terms Version 3 to OPCS-4.6

New procedure concepts are cross-mapped to the mandated OPCS-4.6 classification.

Annual map bonus files

We are aware that changes to mapping tables can have implications for users. Following consultation, it is intended that users wishing to implement all the changes to maps at each release will use the standard release files. Cross-maps from new concepts will be added to the bonus files as well as the standard release files.

1) Purpose

To provide the following options for users:

- Allow the loading of maps to newly added concepts, while keeping the existing cross-maps fixed in their system until the next release.

- Allow users who wish to load changes and additions into their system each release to continue to do so.

2)   Continued mechanism

The mechanism introduced in the March 1998 release will continue to operate. It provides stability of maps throughout any one financial year, plus the ability to continue with the mechanism of intermediate changes if desired. Bonus files will have the same format as current standard files, allowing users to load them in place of the standard files if they so wished.

Annual Map Bonus File Mechanism

	Release date		
	October 2011 Release	**April 2012 Release**	**October 2012 Release**
Standard files	*Full changes and additions since previous April 2011 Release*	***Full changes and additions since previous October 2011 Release***	*Full changes and additions since previous April 2012 Release*
Bonus files	**April 2011 maps plus maps for new concepts only**	No files released	**April 2012 maps plus maps for new concepts only.**

Users who wish to implement all changes to maps at each release would use the files in *italics* in the table above.

Users who wish to implement map changes annually would use the files in **bold** in the above table.

Supersetting V2 concepts containing classification derived text

The UKTC has identified some types of content addition to V2 that need to be present in V2 to satisfy classification cross-mapping rules but do not need to be active beyond the V2 terminology into the CTV3 and SNOMED CT® supersets.

- Some concepts which are added to V2 contain text references that are specific to the classifications.

  For example:

  - Other cataract
  - Procedure on eye not elsewhere classified (NEC)
  - Other eye disorders not otherwise specified (NOS).

  This is in support of the mandated collection of data in the NHS Information Standards ICD-10 and OPCS-4. However, these types of descriptions are outside the logical scope of a terminology.

- Some concepts have been added to V2 to represent those found in the subsidiary chapters of the classifications. Whilst a link to these classification codes is required beyond V2, the concepts are unsuitable for inclusion in CTV3 and SNOMED CT.

- Other concepts have been added that are not required by or representative of the classifications. These combine high level descriptions with an exhaustive combination

of subtypes (of site or agent, for example). These carry exactly the same classification cross-map as the supertype/parent concept.

In response to these challenging issues, specific editorial principles have been developed to ensure both the integrity of CTV3 and SNOMED CT content, and provision of valid classification cross-maps to the service.

For example: a concept of this type when added to V2 has also been added to CTV3, but the CTV3 concept has been set to an inactive status 'Redundant' and given a redundancy link to an appropriate existing or new concept. In some cases, this is a concept meaning almost or exactly the same thing (on removal of any classification text). In other cases, the redundancy is to a higher level code. In all cases, the ability to find an appropriate map for a classification code has been maintained. The SNOMED CT concept receives similar treatment.

These principles have been applied to a number of concepts during preparation of the October 2012 release.