| | Commercial in Confidence |
| | GP2GP Supplementary Specification: |
| | Coding Scheme Translation |

| | Programme | Programme & Service Delivery | DOCUMENT RECORD ID KEY | |
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| | Sub-Prog / Project | GP2GP | *NPFIT-PC-BLD-0178.02* | |
| | Prog. Director | Kemi Adenubi | | |
| | Owner | Jill Hepworth | Version | 1.1 |
| | Author | John Williams | | |
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# GP2GP Supplementary Specification

| Subject | GP2GP: Coding Scheme Translation |
|---|---|
| Reference | GP2GP Interoperability |
| Supplier(s) | All |
| Summary | This supplementary specification provides the detailed requirements for GP2GP compliant products to translate between different clinical coding schemes. |
| Justification | Without the implementation of this specification, full interoperability will not be possible as clinicians will need to spend an ever increasing amount of time to re-code received Electronic Health Record entries between the various supported clinical coding schemes. |
| Rollout Dependencies | Conformance with GP2GP Compliance Specification R1.1a |

## Amendment History:

| Issue | Version | Date | Amendment History |
|-------|---------|------|-------------------|
| 01 | 01 | 27-01-2011 | This requirement was originally identified in R1.1a and has been formalised in this living document. |
| 01 | 02 | Feb 2011 | Internal review |
| 01 | 03 | 15-Feb-2011 | Reviewed and approved |
| 01 | 1.0 | 15-Feb-2011 | Approved |
| 02 | 1.1 | 13-Feb-2014 | Pending approval |

## Forecast Changes:

| Anticipated Change | When |
|--------------------|------|
| Before every occasion that a new supplier system enters the GP2GP estate or at the scoping stage of the GP2GP Common Assurance Process. | Approx Quarterly |

## Reviewers:

The document must be reviewed by NHS CfH / DoH parties listed below before sign off. If named individuals are not qualified to review the document, they should act as representatives of the interested party and delegate the review to others within the organisation.

The document is also circulated to GPSoC system suppliers and is an opportunity for them to comment before the specification is approved.

| Name | Title / Responsibility | Date | Version |
|------|------------------------|------|---------|
| Jill Hepworth | GP2GP Program Manager | 13-Feb-2014 | 1.1 |
| Pete Turnbull | GP2GP Integration and Clinical Validation Manager | 13-Feb-2014 | 1.1 |
| Dave McAvenue | GP2GP Integration and Clinical Validation Lead | 14-Jan-2011 | 0.3 |
| Dave Bagnall | GP2GP Compliance Test Manager | 13-Feb-2014 | 1.1 |
| | | | |

## Approvals:

This document requires the following approvals:

| Name | Signature | Title / Responsibility | Date | Version |
|------|-----------|------------------------|------|---------|
| John Williams | | GP2GP Clinical Lead | 13-Feb-2014 | 1.1 |
| | | | | |

## Distribution:

Reviewers and approvers plus:

| Name | Title / Responsibility | Date | Version |
|------|------------------------|------|---------|

| Alasdair Thompson | GPSoC | 0.1 | Feb-2011 |
| --- | --- | --- | --- |
| Alan Hassey | GP2GP Project Board Member | 1.1 | Feb-2014 |
| Paul Cundy | GP2GP Project Board Member | 1.1 | Feb-2014 |
| | GPSoC Release Managers | 0.1 | Feb-2011 |
| | | | |

**Document Status:**

This is a controlled document. This document version is only valid at the time it is retrieved from controlled file-store, after which a new approved version will replace it.

On receipt of a new issue, please destroy all previous issues (unless a specified earlier issue is base-lined for use throughout the programme).

**Related Documents:**

These documents will provide additional information.

| Ref no | Doc Reference Number | Title |
| --- | --- | --- |
| 1 | NPFIT-PC-BLD-0068 | GP2GP R2.2 Requirements Specification (Container for this document) |
| 24 | | UK Terminology Centre code translation tables |

## Important Note – Structure of specification documents

Figure 1 of document reference #2 shows the documents that comprise the GP2GP R2.2 Requirements Specification

**Glossary of Terms:**

List any new terms created in this document. Mail the NPO Quality Manager to have these included in the master glossary above [1].

| Term | Acronym | Definition |
| --- | --- | --- |
| Electronic Healthcare Record | EHR | A record of a patient's primary care transferred between primary care organisations using the GP2GP solution. |
| EHR Extract | - | The extracted information from a patient's old GP practice electronic patient record that is to be sent to the patient's new GP practice. |
| EHR Request | - | The message sent by the Requesting system to the Sending system requesting the EHR Extract |
| EHR Response | | Used synonymously with 'EHR Extract' |
| Electronic Patient Record | EPR | A patient's primary care record held electronically within a primary care system. |

| Requesting System | | The system that requests an EHR Extract, i.e. the system of the patient's new practice. |
|---|---|---|
| Sending System | | The system that sends an EHR Extract, i.e. the system of the patient's old practice. |

The keywords MUST, SHOULD and MAY are to be interpreted as described in RFC2119:

- MUST: This word, or the terms "REQUIRED" or "SHALL", means that the definition is an absolute requirement of the specification.
- SHOULD: This word, or the adjective "RECOMMENDED", means that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications MUST be understood and carefully weighed before choosing a different course.
- MAY: This word, or the adjective "OPTIONAL", means that an item is truly optional. One implementer may choose to include the item because a particular implementation requires it or because the implementer feels that it enhances the implementation while another implementer may omit the same item.  An implementation which does not include a particular option MUST be prepared to interoperate with another implementation which does include the option, though perhaps with reduced functionality. In the same vein an implementation which does include a particular option MUST be prepared to interoperate with another implementation which does not include the option (except, of course, for the feature the option provides).

# Contents

# 1.     Living Document

Due to the nature of the GP2GP live estate, the interoperability and Coding Scheme Translation requirements will evolve every time a new product enters the estate or a significant update is made. This specification documents the current requirements on suppliers' GP products and is expected to evolve. When this document changes it will be re-issued to all suppliers.

# 2.     Background

Across the GP domain, systems currently use a mixture of Read2, CTV3 and SNOMED CT coding schemes natively in their products. The stated long term strategy of the Authority is for systems to migrate to SNOMED CT but in the meantime, in order for GP2GP to operate in a 'mixed economy', it will clearly be necessary to use Coding Scheme Cross Mapping tables to enable systems to translate from one coding scheme to another.

# 3.     Coding Scheme Translations

On a case by case basis, the Authority will request individual suppliers to use the relevant Coding Scheme Cross Mapping tables from the set provided on TRUD by the UK Terminology Centre (UKTC).  Rules prescribed by the Authority will apply to the use of these Coding Scheme Translation tables and the supplier's system will comply with these.

The following Coding Scheme Cross Mapping tables have been developed by the UK Terminology Centre (UKTC) and assured by the UKTC and JGPITC working group to support translations in GP2GP or migration of GP systems to SNOMED CT:

Valid for GP2GP:

- Read2 →CTV3
- CTV3 → Read2

Valid for Migration of GP systems:

- Read2 → SNOMED CT
- CTV3 → SNOMED CT

There are no plans for these reverse translation tables to be clinical safety assured at the time of writing:

- SNOMED CT → Read2
- SNOMED CT → CTV3

# 4.     Clinical Assurance of Coding Scheme Cross mapping Tables

The clinical assurance process is specific to the usage, domain and code sets being used. Further detail is provided below.

## 4.1.   CTV3 and Read2

This assurance process for the cross mapping tables between these two coding schemes is designed to meet the specific use case for GP2GP Electronic Health Record transfer in both directions between TPP SystmOne and Read2 based systems. It is based on the assumption that the Coding Scheme Cross Mapping tables will be used as outlined in this document and subject to all usual GP2GP rules and guidelines being followed

For each source Coding Scheme code there can only be one, or no, cross map to a target Coding Scheme code. In other words for any single source code the Cross Mapping Tables must either yield an assured single target code or nothing.

# 5.    Assurance of Cross Mapping Tables

The CTV3 to Read2 and Read2 to CTV3 Cross Mapping tables have completed clinical safety assurance for the top 20,000 most commonly used terms specifically to support TPP's SystmOne product in the live estate of GP2GP Release 1.1a compliant systems.

## 5.1.   How these CTV3 and Read2 Cross Mapping tables will be used within the GP2GP estate

CTV3 implementation on TPP SystmOne is subject to an important constraint. Only CTV3 preferred terms are permitted for any CTV3 code. This has important implications for the clinical assurance of the cross mapping tables.

### 5.1.1.   Existing Read2 systems

Existing Read2 systems will not employ these cross maps. They will be expected to be able to make sense of translation sets that contain CTV3 and Read2 codes

### 5.1.2.   TPP SystmOne processing incoming EHR Extracts

TPP SystmOne will employ the Read2 to CTV3 cross mapping table for records received that do not contain either CTV3 as main code or in translation set but do carry Read2 either as main code or as part of translation set.

For any given Read2 code + termID the cross mapping table will either return a single assured map or nothing.

Where there is an assured map the coded entry will be translated to the target CTV3 code plus its preferred term and where the CTV3 preferred term differs lexically from the original Read2 term the original term text will be preserved in addition to the new CTV3 term.

Where there is no assured map the Read2 coded entry will be handled on import according to established GP2GP record transfer degrade rules.

### 5.1.3.   TPP SystmOne sending EHR Extracts

When extracting / sending records TPP SystmOne will always send the CTV3 code as main code obeying GP2GP rules. It will also employ the CTV3 to Read2 cross mapping table.

For any given CTV3 code the cross mapping table will either return a single assured map or nothing.

Where there is an assured map the target Read2 code plus termID plus term text will be taken and added to a translation set with the CTV3 code as main code

Where there is no assured map no translation will be attempted and the CTV3 code will be sent alone as the main code.

# 6.    Working in a 'mixed economy'

As GP systems begin to move towards SNOMED CT we increasingly expect to see SNOMED CT included in translation sets.   To date there has been no opportunity to perform clinical safety testing of GP2GP interoperability mediated by SNOMED CT.  Some systems may send SNOMED CT translations even though they are not yet natively SNOMED CT systems. Because the processing of incoming SNOMED CT coding has not been subjected to clinical safety testing, until further notice, no receiving system, whether natively SNOMED CT coded or not, should attempt to process incoming SNOMED CT translations.