

Frequently Asked Questions about Clinical Terms (The Read Codes)

This page contains answers to questions commonly encountered by our support staff which, along with other useful information, are presented here in question form.

- [What are Clinical Terms?](#)
- [What do Clinical Terms cover?](#)
- [How do Clinical Terms Work?](#)
- [Are Clinical Terms endorsed?](#)
- [How widely are Clinical Terms used?](#)
- [Who owns and distributes Clinical Terms?](#)
- [Who maintains and develops Clinical Terms?](#)
- [Can users influence change in Clinical Terms ?](#)
- [When is the last date for submission of Change Requests?](#)
- [What are the future Release Dates for Clinical Terms \(The Read Codes\)?](#)
- [Are all versions of the Read Codes being maintained?](#)
- [What is the 4 Byte set?](#)
- [What do the letters in square brackets in some terms mean?](#)
- [Are the 2001 census categories included in Clinical Terms?](#)
- [Why has a new Ethnic categories hierarchy been added to the January 2004 release of Clinical Terms \(the Read codes\)?](#)
- [Why are Read Codes being discontinued?](#)
- [How many people has the "Discontinuation of the Read Codes" notice been sent to? Has it been sent to everybody?](#)
- [What sort of issues are anticipated in transferring from Read Codes to SNOMED CT?](#)
- [How often are updates for Read codes sent out at the moment?](#)
- [How would you respond to the argument that discontinuing Read Codes is treading on GP's choice of technology?](#)

What are Clinical Terms?

The Clinical Terms are intended for use by healthcare professionals. A comprehensive list of terms to describe the care and treatment of patients, they enable computer systems to firstly capture and then retrieve on demand patient information in natural clinical language.

The Codes are supplied on CD-ROM as flat ASCII (text) files for incorporation into the user or developer's software.

[Back to top](#)

What do Clinical Terms cover?

The Read Codes cover a wide range of topics in categories such as signs and symptoms, treatments and therapies, investigations, occupations, diagnoses and drugs and appliances. This permits the detailed annotation of treatment whether as a single episode of care or a full electronic patient record.

[Back to top](#)

How do Clinical Terms work?

Each clinical term has a unique Read Code which in total comprise a 'thesaurus' stored within the computer memory. This allows recorded material to be stored as data which can be retrieved and analysed to provide information across a number of disciplines such as audit and statistics, in addition to the clinical application. When called up on screen, the information is presented not as a code sequence, but translated back into the original clinical language.

[Back to top](#)

Are Clinical Terms endorsed?

The Clinical Terms have been approved by the Conference of Royal Medical Colleges. The Joint Computer Group of the RCGP and the General Medical Services Committee of the BMA recommended in 1988 that general practice clinical information systems standardise on the use of Read Codes. Following the publication of the Evaluation report in April 1999 the NHS will mandate the use of a coded clinical terminology currently Clinical Terms Version 3 . Further guidance will be published by NHS Connecting For Health.

[Back to top](#)

How widely are Clinical Terms used?

Recent surveys suggest that 87% of medical practices are computerised. Of these, almost 80% currently use Clinical Terms , and this is expected to rise above 90% within the next 3 years. More than 150 trusts and units implement the Clinical Terms in some or all of their departments, with increasing use within pharmacies, dental surgeries and the social services.

[Back to top](#)

Who owns and distributes Clinical Terms?

The Read Codes are Crown Copyright. The NHS Connecting for Health distributes the Read Codes on behalf of the Department of Health at monthly intervals for the Read Code Drug and Appliance Dictionary and six-monthly for Clinical Terms .

[Back to top](#)

Who maintains and develops Clinical Terms?

The NHS Connecting for Health has undertaken to develop the Clinical Terms for use by all healthcare professionals. This work is carried out by, and in consultation with, members of the Royal Colleges and Medical Associations, including Nursing and the Professions Allied to Medicine. More than 2,000 individual clinicians have contributed to date.

[Back to top](#)

Can users influence change in Clinical Terms?

Host Licence holders can submit Change Request forms directly to the Help Desk. These are available from this website or by post from the Help Desk. Most organisations using software systems based on Clinical Terms will be issued with an End-User Licence through their software supplier. For End Users Change Requests should be made to the [Help Desk](#) through their suppliers.

When is the last date for submission of Change Requests?

The production of each new release of Clinical Terms (The Read Codes) is preceded by an intensive period of quality assurance and other activity leading up to the 'cutting' of the CD. Therefore, the content of the releases is frozen well in advance of the distribution date to customers.

To facilitate the release process, the NHS Connecting for Health has compiled a list of dates for receipt of change requests to enable users of the Clinical Terms (The Read Codes) to submit their requests early allowing their inclusion to be considered within the current release cycle.

Whilst early submission of requests is encouraged we are not in a position to guarantee that every request submitted will be released. Please note that multiple requests (10 or more) should be submitted three weeks in advance of the closing date, to allow sufficient time for processing.

Further details about the [Change Request process](#)

Clinical Terms (The Read Codes) release

Release month 2007 Last date for receipt of change requests

| | Single | Batch |
|-------|--------------------|--------------------|
| April | 29th December 2006 | 15th December 2006 |

The Read Codes Drug and Appliance Dictionary

| Release month | Last date for receipt of change requests* |
|----------------|---|
| August 2006 | 11.07.06 |
| September 2006 | 08.08.06 |
| October 2006 | 12.09.06 |
| November 2006 | 10.10.06 |
| December 2006 | 13.11.06 |
| January 2007 | 12.12.06 |
| February 2007 | 09.01.07 |
| March 2007 | 13.02.07 |

* The above dates may be subject to change. Any changes will be notified via this web page.

What are the future Release Dates for Clinical Terms (The Read Codes)?

October 2006

The October 2006 release of the Clinical Terms (The Read Codes) will be dispatched on 5th September 2006 and then bi-annually in April and October thereafter.

Are all versions of the Read Codes being maintained?

The NHS Connecting for Health is responsible for maintaining the 4-byte, Version 2 and Version 3 Clinical Terms (The Read Codes). All versions continue to be updated, on a 6-monthly basis, until further notice. For the October 2003 Release, 295 new concepts were added to the 4-byte set, 300 new concepts were added to version 2 and 1804 concepts were added to Version 3 in response to requests from external users.

Prior to the implementation of SNOMED Clinical Terms, the NHS Connecting for Health will facilitate the migration of existing users of all versions of the Read Codes to the new preferred Clinical Terminology. Work to facilitate migration to SNOMED Clinical Terms is already underway.

What is the 4 Byte set?

The 4-Byte set is a clinical terminology, developed in the mid-1980s to enable GPs to capture, record and retrieve summary clinical data within computerised clinical information systems. Although newer versions of the Clinical Terms (Read Codes) exist, the 4-Byte Set continues to be used successfully by GPs in two of the major primary care clinical systems. The NHS Connecting for Health's Clinical Terminology Service issues updates every six months. The data set may be viewed via the 4 Byte browser.

[Back to top](#)

What do the letters in square brackets in some terms mean?

A square bracket in a term usually indicates a relationship to either The International Statistical Classification of Diseases and Related Health Problems (ICD-10) or The Office of Population Censuses and Surveys Classification of Surgical Operations and Procedures Fourth Revision (OPCS-4)

[Back to top](#)

Are the 2001 census categories included in Clinical Terms?

The 16 categories for responding to the ethnic group question in the England and Wales census forms are represented in all versions of the March 2001 release of Clinical Terms (The Read codes) onwards, along with a code for "Ethnic group not recorded" to conform to the 16+1 framework as described in Annex 1 of DSCN 02/2001. The DSCN ([Data Set Change Notice](#)) is a document from the NHSIA Data and Information Standards Programme which describes a framework for coding ethnic groups for both patient and workforce-related aggregation.

For the actual Read Codes please contact the Help Desk on Tel: 01392 206 248 or email: datastandards@cfh.nhs.uk for one of our Clinical Terminology Browsers

[Back to top](#)

Why has a new Ethnic categories hierarchy been added to the January 2004 release of Clinical Terms (the Read codes)?

An Ethnic Monitoring in Primary Care Conference held in May 2003, organised by the London (NHS) Race Equality Group, identified a need to establish a definitive and discrete set of Read Codes to support ethnicity monitoring. The conference was attended by about 80 people representing primary care trusts, general practitioners, and community health practitioners.

Consequent to the conference the London Health Observatory (<http://www.lho.org.uk>), which has a national lead role for health inequalities, regeneration and social exclusion, and the NHSIA have worked together to satisfy the requirements of current legislation such as the Race Relations (Amendment) Act 2000 and to address the issues raised by the Conference.

In the Fourbyte and Version 2 Read codes a new hierarchy of ethnic categories headed by 9i... Ethnic category – 2001 census, based on the 2001 Census Output Classifications and Glossary, has been created. The codes at third character level in this hierarchy correspond to the 16+1 framework in Annex 1 of DSCN 02/2001. There have been deletions to keys in the hierarchy headed by 9S... Ethnic groups (census). In Clinical Terms Version 3, the new hierarchy is headed by XaJQu Ethnic category – 2001 census and the concepts within the hierarchy headed by 9S... Ethnic groups (census) have been changed from Current to Optional status. The additions will be carried forward into SNOMED Clinical Terms in the UK extensions of the January 2004 SNOMED CT UK release.

The relevant section of the 2001 Census Output Classifications and Glossary may be viewed at http://www.statistics.gov.uk/census2001/pdfs/class_section4_part1.pdf pages 10–12.

[Back to top](#)

Why are Read Codes being discontinued?

SNOMED CT is being used by NHS Connecting For Health as the standard terminology for the NHS Care Records Service, it incorporates all the concepts covered by the Read Codes. In response, preparations are now being put in place to migrate from the current Read Codes to SNOMED CT.

[Back to top](#)

How many people has the "Discontinuation of the Read Codes" notice been sent to? Has it been sent to everybody?

As an initial step in the migration process we are canvassing the views of all our users at the earliest opportunity to ensure that we can make informed decisions and put in place a migration plan date that will enable suppliers and users of Read Codes to move across to SNOMED CT easily and efficiently in a planned and controlled way.

All Read Codes Host Licensees and End User Licensees have been sent a letter from the NHSIA. Host Licensees use their own communication mechanisms to inform their End User Licensees of changes to the Read Codes. The notice is also available on the NHS CFH websites www.connectingforhealth.nhs.uk and www.connectingforhealth.nhs.uk

In addition, we have had a number of meetings with LSP representatives about the use of clinical terminology in their systems.

[Back to top](#)

What sort of issues are anticipated in transferring from Read Codes to SNOMED CT?

Moving to the new terminology is a vital component in a larger exercise that deals with migration of existing systems and data to new systems. However in answer to the specific question about changing from one coding system to another, no major issues are anticipated as Read Codes have a corresponding SNOMED CT code that will enable implementers to migrate coded data. Mapping information is released with the Read Codes and SNOMED CT UK Edition.

How often are updates for Read codes sent out at the moment?

The Read Codes are released bi-annually in April and October.

How would you respond to the argument that discontinuing Read Codes is treading on GP's choice of technology?

SNOMED CT is at the cutting edge of clinical vocabularies and will offer choice and flexibility to all users. Although 4 Byte and Version 2 of the Read Codes were innovative in their time, they no longer meet the demands placed on clinical terminologies by modern medicine supported by integrated electronic environment.

Note: Building the information core: implementing the NHS Plan, January 2001 [Section 4.8] advised users/suppliers not to develop new Read Code based systems from April 2003.

See <http://www.dh.gov.uk/assetRoot/04/06/69/46/04066946.pdf>