	Care plan content using SNOMED CT editorial guidance			
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	Author	Zac Whitewood-Moores Linda Mussell	**Version Date**	24/03/2011

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Reviewers:

This document must be reviewed by the following:

Name	Title / Responsibility	Date
Gill Stonham	Head of Lorenzo Development	09/03/2011
Su Wilkinson	Strategic Alignment Lead	09/03/2011

Approvals:

This document must be approved by the following:

Name	Title / Responsibility	Date
Ian Arrowsmith	Chief Terminologist	
Nicholas Oughtibridge	Acting Director - Data Standards and Products	

Distribution:

On request via TRUD as part of NHS Care Planning Pack

Document Status:

This is a controlled document.

Whilst this document may be printed, the electronic version maintained in FileCM is the controlled copy. Any printed copies of the document are not controlled.

Related Documents:

These documents will provide additional information.

Ref no	Doc Reference Number	Title	Version
1.	NPFIT-FNT-TO-TOSCI-007	SNOMED CT representations to support care planning functionality	1.0
2.	NPFIT-FNT-TO-TOSCI-0045	Care plan content publication on Technology Reference Data Update Distribution Service (TRUD)	1.0
3.	External Audiences: http://www.connectingforhealth.nhs.uk/about/acronyms	Glossary of Terms Consolidated	
4.	13940-1:2007	Health informatics - System of concepts to support continuity of care - Part 1: Basic concepts	Final Draft
5.	PRO-GOV-OOO-OOO-100012	Authoring Principles Development of Care Frameworks	2.1

Glossary of Terms:

Term	Acronym	Definition
Technology Reference Data Update Distribution Service	TRUD	Technology Reference Data Update Distribution Service
NPfIT Local Ownership Programme	NLOP	Accountability for the delivery of National Programme for IT transferred to strategic health authorities strategic health authorities on 1 April 2007, as part of the National Programme for IT Local Ownership Programme
London Programme for Information Technology	LPfIT	Part of NHS London, LPfIT has overall responsibility for upgrading NHS information technology to make it possible for hospitals, community services, mental health trusts and GPs to share electronic patient records across the capital.
North, Midlands and East Programme for Information Technology	NMEPfIT	The six strategic health authorities (SHAs) overseeing the geographic area covered by the former East, North East, and North West and West Midlands Clusters are: East of England SHA East Midlands SHA North East SHA North West SHA West Midlands SHA Yorkshire and the Humber SHA
Southern Programme for Information Technology	SPfIT	The three SHAs overseeing the Southern Programme for IT are: South Central SHA South East Coast SHA South West SHA
x Programme for Information Technology	xPfIT	Under the NLOP NPfIT Local Ownership Programme to describe any of the three regional programmes, LPfIT, NMEPfIT or SPfIT

Contents

1 About this Document

1.1 Introduction

This document principally supports the implementation of national care planning content using SNOMED CT. However, it will also provide guidance for those creating content for care planning functionality either a local or an international level.

1.2 Background

Currently there is no standardisation of the content of care plans across the NHS; each organisation follows internal processes for the development of care plans. Development may be Trust-wide or for use by a single professional group or clinical speciality.

Electronic care planning can enable multi-professional care plans used by teams across organisational boundaries (primary, secondary and social care). National care plan content (Templates, Bundles and Frameworks[1]) will give a broad base to inform care plans and this approach should reduce the variation in care planning to support consistent, high quality, evidence based delivery of care.

The intention is to develop care frameworks which professional staff can follow as a base for patient centric care plans, which are system agnostic, developed by the NHS for use by any service in any electronic clinical systems that support care planning functionality for NHS patients. To ensure care plan content is fit for purpose they should undergo a peer review process with the NHS using a range of expertise and including specialist input where appropriate.

The conventional SNOMED CT subset format does not support the complexities of associated concepts in the context of care planning elements. Technical specifications and guidance for implementers in an associated more technically focussed document[2].

A good working knowledge of SNOMED CT is required to make full use of this guidance, and it is suggested that specialist advice and training should be sought from the UK Terminology Centre for any content developers.

1.3 Purpose

This document gives guidance to support the clinical implementation of care planning content in clinical informatics systems.

Reference to other documentation regarding SNOMED CT, care planning functionality and content will be required. Specifically:

- SNOMED CT representations to support care planning functionality
- Care plan content publication on Technology Reference Data Update Distribution Service (TRUD)

[1] Care Plan Templates, Bundles and Frameworks are defined later in this document
[2] Care plan content publication on Technology Reference Data Update Distribution Service (TRUD)

1.4 Audience

This guidance is for NHS Connecting for Health (NHS CFH) teams, xPfITs and clinical leaders or health informatics staff involved in electronic care planning content development and configuration. A good general understanding of SNOMED CT and its use in clinical systems is required alongside this document.

1.5 Scope

The care planning content guidance is intended for use in electronic care planning applications planned for use within the scope of the United Kingdom Terminology Centre.

1.6 Not in Scope

At this point care pathways; resource scheduling and frequencies are not included within this guidance.

2 Considerations for content

2.1.1 Who are the intended users?

All care professionals and clinical support staff within health and social care

2.1.2 What is the intended use of the care frameworks?

Patient centric care plans are used increasingly under the self-care agenda for carers, for a variety of purposes and this must be considered when developing of the care frameworks. These include but are not exclusive to:

- Care Professionals – to inform the intended care delivery, the proposed outcomes and evaluation period
- Care Support Staff – who are involved in the delivery of patient care
- Strategic use – national reporting requirements demonstrating achievement of quality standards using a consistent approach

2.1.3 Intended scope of content

All health and social care settings planning electronic care plan systems are in scope. Delivery of content is planned according to deployment priorities; please contact the Knowledge and Strategic Alignment team at NHS Connecting for Health for assistance knowledgeandstrategicallignment@nhs.net and for addition areas to be considered.

2.1.4 Key national priorities

The care framework content may be the provider of source material to other systems that hold or message clinical data.

2.2 Evidence Base

The care frameworks should be underpinned by clinical evidence[3] and further guidance can be found in Appraisal of Guidelines for Research and Evaluation

[3] http://www.nks.nhs.uk/bestcurrentknowledge.asp

(AGREE) Instrument[4], where there is no evidence a consensus of best practice will be sought through the peer review process. Care plan content should enable/support national policy and secondary clinical reporting requirements. The NHS maintains editorial control for the content associations and the UKTC manage the editorial principles for SNOMED CT descriptions within the UK.

3 Content description

The current content is based entirely on pre-coordinated preferred term descriptions; however, post-coordination with status values and appropriate linkage concepts would be required for any messaging outside the hosted system to ensure

3.1 User interface guidance

Where available, Common User Interface (CUI) guidance takes precedence. Some basic principles regarding the display of SNOMED CT content are:

- The **Concept ID** is from the International Edition or relevant Member State Extension of SNOMED CT. End users SHOULD NOT see or need access to concept identifiers; they are for machine processing only, people configuring content or reports SHOULD have access to them.
- The **preferred term** SHOULD be displayed by default to end users
- The **fully specified name** MUST be displayed to system configuration and SHOULD be available to end users, e.g. by hover over tool tip. This enables the configure to confirm the concept type and is particularly important where the person assembling the content has access to the whole of SNOMED CT, rather than a subset constrained to the specific applicable parts of the terminology.

3.2 Major groupings of care plan structures:

- Care Plan Templates
- Care Plan Bundles
- Care Plan Frameworks
- Care Plan Elements

3.2.1 Care Plan Templates

The template provides the elements required for the service user's overall care needs. Typically this might be based around a combination of speciality, acuity level, and setting, e.g. 774071000000109 | Gynaecology major surgery inpatient care plan|. Normally a single care plan template would be ACTIVE in the electronic care record at any point in time. For example, a care plan for a long-term condition may be suspended, whilst a patient was in hospital; although some of those care needs may need to be incorporated into the acute care plan.

A single template title ("(record artifact)", a subtype of 325661000000106 | care plan |, or an international replacement concept)

At least one of the following (both are not required, but can coexist)

- Care Plan Bundles

[4] http://www.agreecollaboration.org/instrument

- Care Plan Frameworks

3.2.2 Care Plan Bundles[5]

A logical association of care plan content based on frameworks or bundles to address a given care plan need. These are likely to include the elements of care from multiple care needs, e.g. to facilitate the care resulting from a co-morbidity e.g. 385806006 | diabetic care management |. Many could be incorporated in the overall care plan template.

A single need ("(procedure)" or "(regime/therapy)", normally incorporating "management" or sometimes "care" or in the term) and should generally be subtypes of 392134007 | care regimes management | or 243120004 | regimes and therapies |[6]. There MUST NOT be ambiguous content and therefore an active Bundle and Framework cannot both have the same "Need" identified at a given release level (see 3.4).

At least two Care Plan Frameworks, containing their need, goal(s) and activities

3.2.3 Care Plan Frameworks[7]

A logical association of care plan content based on frameworks to address a given care plan need. This is a low-level association of content that can be expected to be reused many times, in different combinations.

A single need ("(procedure)" or "(regime/therapy)", normally incorporating "management" or in the term) and should generally be subtypes of 392134007 | care regimes management | or 243120004 | regimes and therapies | [8] There MUST NOT be ambiguous content and therefore an active Bundle and Framework cannot both have the same "Need" identified at a given release level (see 3.4).

At least one goal ("finding"), must support multiples

At least one activity ("procedure" and/or "regime/therapy"), must support multiples

3.2.4 Problems

Potentially "Problem(s)" can also be associated with care plan templates, bundles or needs to enable content to be prioritised in searches by defined problems identified in the care record. It is not suggested that this should be a manually selected feature.

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[5] Please note that in searchable lists Bundles and Frameworks can be searched together as "Needs" with the relevant associated content. Both are conceptual constructs relevant to informatics, not clinical models.

[6] International work to improve the consistency of these hierarchies is underway. Historically many areas of SNOMED CT relating to nursing and allied health professionals are separate from the more medically orientated content. However it today's multidisciplinary healthcare environment this is a less helpful separation.

[7] Please note that in searchable lists Bundles and Frameworks can be searched together as "Needs" with the relevant associated content. Both are conceptual constructs relevant to informatics, not clinical models.

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3.2.5 Treatment function codes

Care plan content can also be associated with NHS Data Dictionary codes where content relates to specific treatment function(s) to enable content to be prioritised in searches based on a given treatment function. It is not suggested that this should be a manually selected feature.

3.2.6 Care Plan Elements

A repository of elements for care planning, which may, or may not, exist in existing templates, bundles or frameworks which can be used to provide searchable content for system configuration or end users.

This includes the recommended context values for actions and goals for “status” fields in applications. These elements SHOULD NOT be associated outside the context of a care framework, bundle or template as this can lead to unintended content presented to end users and the associated clinical risk of this reaching the instantiated care plan for the service user.

The activities table includes values for linked functionality within clinical systems. Any suggestions for additional groups of functionality should be forwarded to the Knowledge and Strategic Alignment team at NHS Connecting for Health knowledgeandstrategicallignment@nhs.net

3.3 Essential criteria

The development process SHOULD consider the scope of the care plan content under consideration.
All should:

- Be specific to the given care “need”, only templates should cover the total care needs for the service user, bundles MAY cover those total care needs. A framework should contain specific content for a given need only.
- Incorporate relevant evidence and/or current best practice.
- Meet key national initiatives, e.g. High Impact Actions for Nursing and Midwifery, World class commissioning.
- Incorporate Naming Convention criteria where applicable.
- Aim to reduce the cognitive load for users.

3.4 Owning organisations of content

The principle on which all content is published is a top down policy that if more than one of the same content exists, it is the lowest level one relevant to your organisation that applies. ONLY one given template/bundle/framework at each organisational level is permitted; thus, each is unique at an organisational level. Where not stated, this is UK Terminology Centre / National.

A good example of content that may benefit from more local development is very specialist areas where single or small numbers of centres manage the care of a given condition. Generic content is likely to cover the entire scope and additional content may be required. Another example may be for content that refers to legislation, which may differ in different countries within the United Kingdom, e.g. the Mental Health Act

This SHOULD be automated and invisible to end users and will be decided at configuration by each organisation whether they will accept the higher authority

template unmodified, any modification means the assurance then becomes entirely the responsibility of the owning organisation. This principle is illustrated overleaf and applies to all content:

Example organisations	Template A	Template B	Template C	Template D
IHTSDO (International)	*			
UKTC (National)		*	*	*
Clinical Network			Your network	Another network
Trust				
Site		*		
Template to be used	**International**	**Site**	**Clinical network**	**National**

The consideration of localisation of content SHOULD NOT be taken lightly and SHOULD incorporate a full risk assessment including.

- Management of content history mechanism to manage retirements/change of concepts used in care plan content
- Interoperability standards with other systems, now and in the future
- Secondary reporting requirements
- Adherence to clinical standards
- Output specifications for messages, e.g. discharge notifications

In most cases, it is likely that contributing to national development of content will result in more efficient and successful project delivery.

3.5 SNOMED CT care planning content

The relevant care plan subsets of content SHOULD be used in configuration tools to avoid accidently using inappropriate concept types.

The content of care planning in electronic systems SHOULD be based on SNOMED CT concepts and preferred term descriptions. In most systems, and certainly those expecting to communicate care plan messages within the NHS, an underlying terminology infrastructure of SNOMED CT should be present. For example, it is unlikely that system architecture designed for Read Version 2 or Clinical Terms Version 3 would readily support the demands of the national content. The clinical content can be used in less sophisticated systems (even paper), but expert advice should be sought to ensure the expected benefits can be delivered by these alternatives. Contact the Knowledge and Strategic Alignment team at NHS Connecting for Health for assistance knowledgeandstrategicallignment@nhs.net.

The latest release of SNOMED CT, including the International Edition and United Kingdom Extension SHOULD normally be loaded ahead of any content referencing it. The main SNOMED CT tables and care plan content are dynamic to meet current clinical standards; localised content development SHOULD also reflect these updates and retired content SHOULD NOT continue to be used. Processes SHOULD be in place to update instantiated care plan content that contain retired concepts.

In time content may be developed referencing the UK Drug Extension too, at this time loading of drug data for care planning specifically is not compulsory; however, if may be required for other areas of functionality. If content directly references medications, this SHOULD be loaded.

3.5.1 SNOMED CT expressions

Most SNOMED CT concepts used in the care plan require context modification to be correctly understood outside the system in which they are held. For more guidance, please reference associated documentation.

4 Content schema