THE SCOTTISH OFFICE

**NHS
MEL(1994)92**

National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

CODING CLINICAL DATA ON CENTRAL RETURNS IN 1996

01 November 1994

Summary

1. This letter informs you that by 1 April 1996, Scottish hospitals must, as a minimum, be able to provide central returns with diagnosis coded to the 10th Revision of the International Classification of Diseases (ICD-10) and operations and procedures. coded to the 4th Revision of the Office of Population Censuses and Surveys (OPCS4).
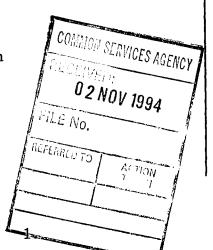
Action

2. Where possible the ICD-10 and OPCS4 codes should be accompanied by READ codes. Hospitals may use either version 2 or version 3 READ codes, though version 3 codes are preferred because they offer maximum detail and the associated terms are more clinically meaningful.

3. As of 1 April 1996 hospitals must be able to provide on central returns **one** of the following types of coding:

either (a) READ3 codes with on-site mapping to ICD-10 and OPCS4 codes;

or   (b) READ2 codes with on-site mapping to ICD-10 and OPCS4 codes;

or   (c) ICD-10 and OPCS4 codes alone.

Yours sincerely

DAVID ADAMS JONES
Director
Information and Statistics Division

Addressees

For Action:

Chief Executives, NHS Trust

General Manager, State Hospital

For information:

General Managers, Health Boards

General Manager, Common Services Agency

General Manager, Health Education Board for Scotland

Directors of Public Health

Information Managers

Computer Centre Managers

SMR contacts

To be copied to Unit General Managers for action

Enquiries to:

Telephone:
John Clark
 031-551 8185
Kate Harley
 031-551 8112
Andrew Dodd
 031-529 2200

or write to them at:
ISD
Trinity Park House
South Trinity Road
EDINBURGH
EH5 3SQ
Fax no: 031-551 1392

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Background Information

1. This coding requirement is in line with the previously declared policy of encouraging READ coding, particularly READ3 coding, on your central returns but ensuring that users also have access to standard classifications - ICD-10 and OPCS4. There is now a clear understanding in the NHS that the READ thesaurus and the standard classifications are not competitors but serve complementary functions. A data set which has both will have enhanced value since it will provide more detailed clinical information to support audit and management and still retain its potential for national and international comparisons. It is, however, recognised that full and successful implementation of READ coding, particularly READ3 coding, will require careful planning to ensure that its implications for the widening range of clinical and management systems are fully understood and catered for. READ3 codes are not simple replacements for ICD-10 and OPCS4.

2. READ3 embodies the work of numerous clinical experts who took part in the Clinical Terms Project (CTP) and will ultimately encompass terms and codes created by nurses and the professions allied to medicine. READ3 terms will not, however, always have a unique equivalent in ICD-10 or OPCS4. In some areas the CTP clinicians have developed and structured sets of terms in a way which reflects the concerns of current clinical practice and which does not always match exactly the needs of a standard classification for a formal and comprehensive arrangement of diseases and operations. For this reason, particularly in the initial stages of implementation, it is essential to have READ codes mapped on site to ICD-10/OPCS4 to ensure that the necessary information for the accurate mapping is available.

3. READ coding requires access to computer programs, or 'encoders', which help users to find the terms and codes to match their own clinical descriptions prior to entry into clinical, management or statistical information systems. Information and Statistics Division (ISD) and Health Systems Division (HSD) will assist with the development of these READ encoding facilities and will provide advice and help in implementation. The extent of the detailed work needed at each site to ensure a successful transition should not, however, be underestimated.

4. Training in the use of READ codes and ICD-10 will be supported centrally by the Scottish Clinical Code Centre. A full range of courses will be available during 1995/96 with expert tutors to provide 'training for the trainers' and support locally arranged training.

5. Queries relating to this document should be addressed to one of the following:

John Clarke ISD	031-551 8185
Kate Harley ISD	031-551 8112
Andrew Dodd HSD	031-529 2200