THE CLINICAL TERMS PROJECT

Within every medical records department lie buried the answers to a thousand research questions on the aetiology, prognosis and natural history of common diseases. Health care planners wanting to know the prevalence and incidence of common conditions are obliged to set up expensive surveys—yet the information they seek would be available if all hospital and General Practitioner diagnoses could be collated. Vast amounts of information are constantly being recorded by medical practitioners, nurses and other support staff, for instance medical secretaries spend hours every day typing and retyping the same information about the same patients and sending it to one another. None of these problems would exist if the entire medical record were coded and computerized, and the information technology now exists to make this not just a pipe dream but a real possibility within the next decade.

The Information Management Group (IMG) of the NHS Management Executive (ME) has a collective responsibility for identifying and implementing the information technology consequences for the NHS of all Government legislation and central initiatives such as The Health of the Nation. The IMG is endeavouring to develop a national strategic approach so that information collected and utilized throughout the NHS will be compatible and transferable. The first step towards this aim is to develop an agreed dictionary of clinical terms.

In the summer of 1991 a working party was set up to strengthen the medical profession’s contribution to the project. The working group was chaired by the NHS Chief Executive and included representatives from the Conference of Royal Medical Colleges and their Faculties in the UK, the Joint Consultants Committee, the General Medical Services Committee of the British Medical Association, and the ME. From this working group emerged the Clinical Terms Project, the remit of which is to develop a thesaurus of clinical terms which will be used throughout the NHS to store and transfer data. The coded terms will thus be used not only for recording patient encounters but also for care plans, treatment protocols, decision support, research and audit. Collation of coded terms will enable epidemiological analysis, planning for health care needs and the provision of central returns. There are equivalent projects involving nurses and the professions allied to medicine.

Read Codes are to be the starting point of the project. The Read Codes were purchased by the Secretary of State for Health in 1990 and became Crown Copyright [1]. James Read, then a general practitioner in Loughborough, decided about 10 years ago to develop a system which would enable him to code the entire medical record. His codes cover diagnoses, history, examination, drugs, appliances, occupation, investigations, administration and more. The Read Codes thesaurus comprises a list of preferred health care terms and their synonyms, eponyms and abbreviations. Each preferred term has a unique five character alphanumeric code—there are 656 356 768 possible codes. The codes are hierarchical—that is they have the structure of a branching tree, each level giving more detail than the one above. A hypothetical example illustrates this point.

<table>
<thead>
<tr>
<th>Level</th>
<th>Read Code Term</th>
<th>Read Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Musculoskeletal diseases</td>
<td>N. . .</td>
</tr>
<tr>
<td>2</td>
<td>Inflammatory arthritis</td>
<td>N0 . .</td>
</tr>
<tr>
<td>3</td>
<td>Rheumatoid arthritis</td>
<td>N01 . .</td>
</tr>
<tr>
<td>4</td>
<td>Felty’s syndrome</td>
<td>N01b .</td>
</tr>
<tr>
<td>5</td>
<td>With portal hypertension</td>
<td>N01bc</td>
</tr>
</tbody>
</table>

While the structure of a Read Code will reflect a particular system of nomenclature, the codes can be grouped into whatever display tree may be required by use of appropriate software. Thus the labelling function of the Read Codes and their structure function are separate properties.

One major asset of the Read Codes is that they map back to all currently used national classifications including ICD9[2], OPCS4[3] and the British National Formulary. They can be made to map to other classifications such as ICD10 providing all the terms used in the classification have codes. Users with appropriate software can browse, find, use and group terms at any level of detail for clinical, statistical and administrative purposes.

A grant of £2.7 million has been made available to fund the Clinical Terms Project which is to be completed by 1 April 1994. Approximately 40 Speciality Working Groups (SWGs) have been established. The British Society for Rheumatology had the foresight to set up an advisory group on Read Codes 2 years ago and that has now metamorphosed into the Rheumatology SWG. Each SWG requires the support of its specialty association and its College. With the help of a research worker the SWG is required to produce a list of all the clinical terms including synonyms and abbreviations which will need coding. The lists prepared by the different SWGs must be compatible.

For rheumatology the list will need to cover diagnoses, rheumatic disease history and joint examination, drug monitoring, patient education, outcome measures, investigations including synovial fluid analysis and procedures such as joint injection. Thought has to be given to the complexity or simplicity of the preferred terms and how they should be grouped, to the way that anatomy (both abnormal and normal) should be handled and to the assembly of important items from the history. There will be much piloting and refining to be done. This major project will require the support and involvement of the whole UK rheumatological community if the end result is to be acceptable and appropriate as the NHS ME hope.
REFERENCES

ANNOUNCEMENTS AND CALENDAR FOR 1992–93

1992
December 4 Closing dates for Abstracts for the BSR Xth AGM.

1993
February 11–12 Synovial Fluid. MANCHESTER (Dr A. Freemont).
February 12–13 Core Course. NOTTINGHAM (Dr M. Doherty).
March 24–26 BSR Xth AGM. HARROGATE.
March 24 Update Vascular Endothelium. HARROGATE (Dr D. Haskard).
May 13–14 Advanced Course. GLASGOW (Prof. R. Sturrock).
June 24–25 Rehabilitation Course. DERBY (Dr C. F. Murray-Leslie).
September 23–24 Heberden Round. CAMBRIDGE (Dr B. Hazleman).
October/November 31–5 SR Travelling Fellowship. LEEDS (Prof. V. Wright).
November 19–20 BSR Paediatric Rheumatology Course. NEWCASTLE UPON TYNE (Dr I. D. Griffiths).

CLOSING DATES FOR EDUCATION PRIZES FOR 1993

Further information about these events from Ms. H. Verraest, British Society for Rheumatology, 3 St Andrew’s Place, Regent’s Park, London NW1 4LE.