

Cancer clinical coding minimum dataset specification for primary care

Background and context

This recommendation is based on findings from the report and outlines coding areas across the entire cancer pathway. Each area includes a specific recommendation and a rationale, supported by:

1. **Current practice** – where there is high usage of specified codes (see Appendix 1)
2. **Alignment with local and national contractual codes**, such as QOF and LCSs
3. **Contextual and operational factors**

Further coding areas (highlighted in **blue** text in the table) were identified through wider stakeholder engagement and in response to evolving national Cancer Alliance priorities. The **comments column** notes any relevant SNOMED codes that exist but are not currently available in EMIS Web (**red** text).

The minimum dataset is not intended to capture all activity across every stage of the cancer pathway. Rather, it provides guidance where there are known gaps or variation in practice. It excludes well-established, contractually agreed codes—such as those for cervical screening—which are already embedded in systems and linked to remuneration.

At the time of the workshops, GP registration was conducted using GMS1 forms, which collected basic information (e.g., name, address, ethnicity). On 1 November 2024, the **PRF1 form** replaced GMS1 as the online registration method. PRF1 introduced an expanded minimum data requirement, including demographic and behavioural fields covered in this specification. Codes in the minimum dataset that align with PRF1 registration fields are highlighted in **green**.

Note: The minimum dataset is not intended to cover all activity across every stage of the cancer pathway. Instead, it provides guidance where there are known gaps or variation in coding practice. It does not include codes that are already standardised and contractually agreed within systems—for example, cervical screening codes, which are already in place and linked to remuneration, are excluded.

See **Appendix 1** for further detail on coding usage and granularity from the dataset review.

¹ <https://www.gov.uk/government/publications/gms1>

² <https://digital.nhs.uk/services/register-with-a-gp-surgery-service/get-help-using-the-service/questions-asked>

MINIMUM DATASET

Cancer coding recommendations for primary care developed by North Central London Cancer Alliance and partners.

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Table 1: Demographics and Social Context

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise. • Blue Text - not included in analysis but identified in subsequent stakeholder discussions. • Red Text - SNOMED codes exist but are not available in EMIS web 			
Demographics and Social Context	Ethnicity	Ethnic category - 2011 census England and Wales (finding) SCTID: 976571000000100	Coding was aligned to the recommended SOMED code and this aligns with QOF. Included in the new GP registration forms (PRF1)
Demographics and Social Context	Main Language Spoken	Main spoken language (finding) SCTID: 370157003	The parent code is the majority usage
Demographics and Social Context	Employment Status	Finding of employment status (finding) SCTID: 365525008	This parent code is most comprehensive.
Demographics and Social Context	Occupation	Occupation (occupation) SCTID: 14679004	Important demographic context to support equalities data analysis
Demographics and Social Context	Highest Education Level	Finding of educational achievement (finding) SCTID: 365461001	
Demographics and Social Context	Main Religion/Belief	Spiritual or religious belief (religion/philosophy) SCTID: 1400009	Important demographic context to support equalities data analysis
Demographics and Social Context	Digital Exclusion	Unable to perform information and communication technology activities (finding) SCTID: 1597941000000100	Important demographic context to support equalities data analysis. Child codes include - Unable to perform information and communication technology activities - Unable to perform ICT (information and communication technology) activities
Demographics and Social Context	Reasonable Adjustments	impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act (2010) SCTID: 1326341000000105 Requires reasonable adjustment for health and care access (Equality Act 2010) (finding) SCTID: 1108111000000107 Consent given to upload data to Reasonable Adjustment Digital Flag (finding) SCTID: 1853771000000105	In September 2023, the NHS published a Reasonable Adjustment Digital Flag Information Standard that sets out what all NHS and publicly funded social care organisations in England are required to do to implement the Reasonable Adjustment Digital Flag in their services. The Information Standard Notice says that organisations must have processes in place to be able to identify, record, flag, share, meet and review and update people's reasonable adjustment needs on their systems.

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise. • Blue Text - not included in analysis but identified in subsequent stakeholder discussions. • Red Text - SNOMED codes exist but are not available in EMIS web 			
		Declined consent to upload data to Reasonable Adjustment Digital Flag (finding) SCTID: 1853781000000107	
Demographics and Social Context	Accessible Format Need	Accessible information - requires specific information format simple reference set (foundation metadata concept) SCTID: 999002141000000102	Included in the new GP registration forms (PRF1)
Demographics and Social Context	Interpreter Support	Need for interpreter (finding) SCTID: 315593009	Included in the new GP registration forms (PRF1)
Demographics and Social Context	History Taking Declined	History taking declined by patient (situation) SCTID: 426544006	Important demographic context to support equalities data analysis. Supports 'missingness' analysis when patient does not share data
Demographics and Social Context	Has a Carer	Has a caregiver (finding) SCTID 184156005	Supports better care identification for patient. Included in the new GP registration forms (PRF1)
Demographics and Social Context	Is a Carer	Patient themselves providing care (finding) SCTID 224484003	Supports better care identification for patient Included in the new GP registration forms (PRF1)
Demographics and Social Context	Next of Kin Details	Patient's next of kin (observable entity) SCTID 184142008	Supports better care identification for patient

Table 2: Physical Characteristics

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
Physical characteristics	Body Weight	Body weight (observable entity) SCTID 27113001	Align with QOF codes Included in the new GP registration forms (PRF1)
Physical characteristics	Height	Standing height (observable entity) SCTID 248333004	Align with QOF codes Included in the new GP registration forms (PRF1)
Physical characteristics	BMI	Body mass index (observable entity) SCTID 60621009	Align with QOF codes Included in the new GP registration forms (PRF1)

Table 3: Predisposing factors to cancer

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
Predisposing factors to cancer	Smoking	Finding of tobacco smoking behaviour (finding) SCTID 365981007	Align with QOF codes Included in the new GP registration forms (PRF1)
Predisposing factors to cancer	Alcohol	Alcohol units consumed per week (observable entity) SCTID 1082641000000106	Align with QOF codes Included in the new GP registration forms (PRF1)
Predisposing factors to cancer	Family History	Family history of neoplasm (situation) SCTID 266883004	Comprehensive existing code in SMOMED CT and currently no other databases are capturing this information.
Predisposing factors to cancer	Environmental Exposure	Exposure to potentially harmful entity (event) SCTID: 418715001 Exposure to radon (event) SCTID: 16090491000119106 Exposure to arsenic (event) SCTID: 16090531000119106 Exposure to asbestos (event) SCTID: 699373005 Exposure to chemical pollution (event) SCTID: 102435003 Exposure to man-made ultraviolet light (event) SCTID: 242537009 Overexposure to sun rays (event) SCTID: 218201004	Information is not consistently collected in any medical records. Systematic collection will support risk stratification and initiative-taking care
Predisposing factors to cancer	Hereditary Mutations	Hereditary cancer-predisposing syndrome (disorder) SCTID: 699346009 Lynch syndrome (disorder) SCTID: 716318002 Familial multiple polyposis syndrome (disorder) SCTID: 72900001 BRCA1 associated protein 1 tumour predisposition syndrome (disorder)	Relevant for cancer pathway/services. Data on hereditary information is not captured consistently.

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
		SCTID: 765057007 Inherited cancer-predisposing syndrome due to biallelic BRCA2 mutation (disorder) SCTID: 766707003 Peutz-Jeghers syndrome (disorder) SCTID: 54411001 Hereditary pancreatitis (disorder) SCTID: 68072000	

Table 4: Screening

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
Screening	Cervical Screening	Did not attend cervical smear (finding) SCTID: 201761000000101 Cervical cancer Papanicolaou smear screening declined (situation) SCTID: 112241000119107 Cervical smear recall (procedure) SCTID: 308417000 Cervical smear - First recall (procedure) SCTID: 185603003 Cervical smear - Second recall (procedure) SCTID: 185604009 Cervical smear - third recall (procedure) SCTID: 185605005	GPs have advised us that this pathway works very well. Codes to capture activity is heterogenous but as the national team will search for all the varieties of codes GP uses – it does not have an impact. Prioritise DNA data and the recall data: There should be an agreement on cervical smear reminders, actions taken to recall.
Screening	HPV Self-Sampling	Human papillomavirus self-sample screening offered (situation) SCTID: 1091941000000105 Human papillomavirus self-sample screening declined (situation) SCTID: 1091931000000101 Human papillomavirus self-sample test positive (finding) SCTID: 1091911000000109 Human papillomavirus self-sample test negative (finding) SCTID: 1091741000000108	Emerging pathway in the NHS, Future proofing coding
Screening	Bowel Screening	No response to bowel cancer screening programme invitation (finding) SCTID: 373251000000108 Bowel cancer screening declined (situation) SCTID: 294201000000109 Advice given about bowel cancer screening programme (situation) SCTID: 382161000000102	GPs have advised us that this pathway works very well. Code heterogeneity is enabled as national team will search for all the varieties of codes GP uses. Prioritise DNA data and the recall data. There should be an agreement on bowel cancer screening

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
		Bowel cancer screening programme telephone invitation (procedure) SCTID: 862011000000104 Not eligible for bowel cancer screening programme (finding) SCTID: 758851000000101	reminders, actions taken to recall.
Screening	Breast Screening	Breast screening offered (finding) SCTID: 512501000000109 Breast cancer screening declined (situation) SCTID: 12275351000119103 Breast neoplasm screening normal (finding) SCTID: 171175005 Breast cancer detected by national screening programme (disorder) SCTID: 94361000000105 Did not attend breast screening clinic (finding) SCTID: 275981000000102	Breast screen has most variability and absence of high-quality data on its activity. Codes are pragmatic matches to the Breast screening programme outcome codes
Screening	Lung Screening	Lung health check invitation (procedure) SCTID: 1771771000000105 Lung cancer screening declined (situation) SCTID: 13015001000119105 Did not attend lung cancer screening (finding) SCTID: 1771781000000107 Signposting to Lung Health Check (procedure) SCTID: 1104521000000104 Lung cancer detected by lung screening No SNOMED code	National would like Primary care to code - 231003_TLHC SNOMED CT Codes - guidance for sites.pptx There are codes here across activities in this pathway. There are no incentives for primary care to use these codes/capture these.
Screening	Multi-site cancer blood test screen	No SNOMED code	Future proofing No existing SNOMED code. To submit code requests to SNOMED CT.
Screening	Case Finding through healthcare record data	No SNOMED code	Future proofing No existing SNOMED code. To submit code requests to SNOMED CT.

Table 5: Suspected Cancer Referrals

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
Suspected Cancer Referrals	Suspected Cancer Referral	Fast track cancer referral (procedure) SCTID: 199251000000107	This is the preferred code and terminology. Fast track cancer referral is the parent code, and all the specific referrals sit under this. In London, all forms are centrally quality controlled. SNOMED codes are pre attached to the referral forms. Include Non-Site-Specific Symptoms pathway
Suspected Cancer Referrals	Suspected Cancer Referral - Teledermatology	Fast-track Teledermatology cancer referral No SNOMED code	This new pathway is used widely across the NHS. No existing SNOMED code. To submit code requests to SNOMED CT.
Suspected Cancer Referrals	Direct Access Test	General direct access test requested directly by GP. No SNOMED code	Ability to capture direct access tests as per NG12 is not available. No existing SNOMED code. To submit code requests to SNOMED CT.
Suspected Cancer Referrals	Direct Access CT	CT scan requested directly by GP No SNOMED code	Ability to capture direct access tests as per NG12 is not available. No existing SNOMED code. To submit code requests to SNOMED CT.
Suspected Cancer Referrals	Direct Access Ultrasound (US)	Ultrasound requested directly by GP No SNOMED code	Ability to capture direct access tests as per NG12 is not available. No existing SNOMED code. To submit code requests to SNOMED CT.
Suspected Cancer Referrals	Direct Access MRI	MRI scan requested directly by GP No SNOMED code	Ability to capture direct access tests as per NG12 is not available.

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
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			No existing SNOMED code. To submit code requests to SNOMED CT.
Suspected Cancer Referrals	Direct Access UGI Endoscopy	Upper Gastrointestinal endoscopy scan requested directly by GP. No SNOMED code	Ability to capture direct access tests as per NG12 is not available. No existing SNOMED code. To submit code requests to SNOMED CT.

Table 6: Cancer Diagnosis

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
Cancer Diagnosis	Cancer Stage	Tumour stage finding (finding) SCTID: 385356007	Parent code aligns well with COSD.
	Metastases	Metastatic malignant neoplasm (disorder) SCTID: 128462008	SNOMED code matched
	MDT Discussion	Flag for multidisciplinary team discussion. No SNOMED code	No existing SNOMED code. To submit code requests to SNOMED CT

Table 7: Cancer Treatment Received

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
Cancer Treatment	Surgery	Surgical procedure (procedure) SCTID: 387713003	Maps to COSD Cancer Treatment Modality Code 01
Cancer Treatment	Chemotherapy	Chemotherapy for malignant neoplastic disease using targeted agent (procedure) SCTID: 1255831008	Maps to COSD Cancer Treatment Modality Code 02
Cancer Treatment	Hormone Therapy	Hormone therapy (procedure) SCTID: 169413002 Hormone manipulation (procedure) SCTID: 309448001 Subcutaneous injection of gonadorelin analogue (procedure) SCTID: 89265100000109 Administration of estrogen receptor antagonist therapy (procedure) SCTID: 1217003001 Tamoxifen therapy (procedure) SCTID: 724161009	Maps to COSD Cancer Treatment Modality Code 03
Cancer Treatment	Chemoradiotherapy	Combined chemotherapy and radiation therapy (procedure) SCTID: 703423002	Maps to COSD Cancer Treatment Modality Code 04
Cancer Treatment	External Beam Radiotherapy (excluding Proton Therapy)	External beam radiation therapy procedure (procedure) SCTID: 33195004	Maps to COSD Cancer Treatment Modality Code 05
Cancer Treatment	Brachytherapy	Brachytherapy (procedure) SCTID: 152198000	Maps to COSD Cancer Treatment Modality Code 06
Cancer Treatment	Specialist Palliative Care	Specialist palliative care treatment (regime/therapy) SCTID: 395669003	Maps to COSD Cancer Treatment Modality Code 07
Cancer Treatment	Active Monitoring	Active monitoring (regime/therapy) SCTID: 413433006	Maps to COSD Cancer Treatment Modality Code 08
Cancer Treatment	Radiofrequency Ablation	Radiofrequency ablation (procedure) SCTID: 879916008	Maps to COSD Cancer Treatment Modality Code 10
Cancer Treatment	High Intensity Focused Ultrasound	High intensity focused ultrasound ablation (procedure)	Maps to COSD Cancer Treatment Modality Code 11

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
		SCTID: 774001008	
Cancer Treatment	Proton Therapy	External beam radiation therapy using protons (procedure) SCTID: 10611004	Maps to COSD Cancer Treatment Modality Code 13
Cancer Treatment	Immunotherapy	Immunotherapy (procedure) SCTID: 76334006	Maps to COSD Cancer Treatment Modality Code 15
Cancer Treatment	Light Therapy	Light therapy (procedure) SCTID: 31394004	Maps to COSD Cancer Treatment Modality Code 16
Cancer Treatment	Radioisotope Therapy	Radionuclide therapy (procedure) SCTID: 399315003	Maps to COSD Cancer Treatment Modality Code 19
Cancer Treatment	Laser Treatment	Laser surgery (procedure) SCTID: 35631009	Maps to COSD Cancer Treatment Modality Code 20
Cancer Treatment	Radiosurgery	Stereotactic radiosurgery (procedure) SCTID: 115959002	Maps to COSD Cancer Treatment Modality Code 22
Cancer Treatment	Stem Cell Transplant	Transplantation of stem cell (procedure) SCTID: 1269349006 Hemopoietic stem cell transplant (procedure) SCTID: 234336002	Maps to COSD Cancer Treatment Modality Code 97

Table 8: Cancer Treatment Monitoring

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
Cancer Treatment Monitoring	Cancer Treatment Monitoring	Monitoring following treatment for cancer (regime/therapy) SCTID: 719864002	In COSD these data fields are captured and more. These 3 would be most relevant to primary care.
Cancer Treatment Monitoring	Genomic Testing	Polymerase chain reaction analysis for genomic fingerprinting (procedure) SCTID: 252370006	In COSD these data fields are captured and more. These 3 would be most relevant to primary care.
Cancer Treatment Monitoring	Cancer Clinical Trials	Entered into drug clinical trial (finding) SCTID: 713670002 Clinical drug trial follow up visit (finding) SCTID: 24171000000106 Drug treatment stopped at end of clinical trial (situation) SCTID: 430279008	In COSD these data fields are captured and more. These three would be most relevant to primary care.

Table 9: Personalised cancer care in community

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
Personalised cancer care in community	Cancer Care Reviews	Provision of information about cancer support services available in primary care (procedure) SCTID: 1239881000000109 Cancer care review (procedure) SCTID: 720006006 Cancer care plan discussed with patient (situation) SCTID: 395673000 Cancer care plan given (finding) SCTID: 25031000000106	Part of QOF
Personalised cancer care in community	Cancer Treatment Summary	Cancer End of Treatment Summary Plan (record artifact) SCTID: 1324891000000103	QI of care
Personalised cancer care in community	Holistic Needs Assessment	Holistic needs assessment (procedure) SCTID: 787261000000106	QI of care
Personalised cancer care in community	Stratified Follow-Up	Patient on a risk-based follow-up pathway. No SNOMED code	No existing SNOMED code. To submit code requests to SNOMED CT
Personalised cancer care in community	Stratified Follow-Up - Prostate cancer	Patient on a risk-based follow-up pathway for Prostate cancer. No SNOMED code	No existing SNOMED code. To submit code requests to SNOMED CT
Personalised cancer care in community	PIFU (Patient-Initiated Follow-Up)	Self-initiated follow-up by the patient No SNOMED code	No existing SNOMED code. To submit code requests to SNOMED CT

Table 10: Surveillance

Cancer pathway stage	CODING AREA	Recommendation	Rationale/comments
Key: <ul style="list-style-type: none"> • Black Text - included in quantitative analysis exercise • Blue Text - not included in analysis but identified in subsequent stakeholder discussions • Red Text - SNOMED codes exist but are not available in EMIS web 			
Surveillance	Barrett's Oesophagus Surveillance	Surveillance for Barrett's Oesophagus No SNOMED code	No existing SNOMED code. To submit code requests to SNOMED CT.
Surveillance	Lung Nodule Surveillance	Monitoring for detected lung nodules No SNOMED code	No existing SNOMED code. To submit code requests to SNOMED CT.
Surveillance	Bowel Polyp Surveillance	Bowel screening polyp surveillance (regime/therapy) SCTID: 293251000000107	Picked up in colonoscopies – often fall out of surveillance follow ups. Code exists in SNOMED.

Table 91: Appendix 1: Granularity of the coded data and the qualitative data to form an overall specification document.

Report reference	Report Name	No of unique SNOMED/EMIS codes in search	Code prevalence - TOP 5	% or total no. of all codes captured in NCL	SNOMED Parent	SNO MED child	Non-SNOMED	Recommendations (SNOMED code)	Rationale: 1: Majority usage 2: Aligns with existing QOF or another dataset 3: Other - we need be explicit	NOTES
1	Ethnic Origin (Coding)	375	Other White background - ethnic category 2001 census	18.6%		x		Ethnic category - 2001 census (finding) - SCTID: 9238100000010	1,2	
			British or mixed British - ethnic category 2001 census	13.7%			x			
			White British - ethnic category 2001 census	9.0%		x				
			African - ethnic category 2001 census	5.8%		x				
			Chinese - ethnic category 2001 census	3.7%		x				
1a	Ethnic Origin (Patient details)	151	Other White background - ethnic category 2001 census	19.1%		x		Ethnic category - 2001 census (finding) - SCTID: 9238100000010	1	
			British or mixed British - ethnic category 2001 census	13.8%			x			
			White British - ethnic category 2001 census	9.1%		x				
			African - ethnic category 2001 census	5.8%		x				
			Chinese - ethnic category 2001 census	5.9%		x				
2		34	2-week rule referral - breast	7,722			x	Fast track cancer referral (procedure)	2,3Re	

Report reference	Report Name	No of unique SNOMED/EMIS codes in search	Code prevalence - TOP 5	% or total no. of all codes captured in NCL	SNOMED Parent	SNO MED child	Non-SNOMED	Recommendations (SNOMED code)	Rationale: 1: Majority usage 2: Aligns with existing QOF or another dataset 3: Other - we need be explicit	NOTES
	Fast Track Referral Coding		2-week rule referral - skin	6,817			x	SCTID: 199251000000107		
			Fast track referral for suspected breast cancer	5,240		x				
			2-week rule referral - colorectal	4,320			x			
			Fast track referral for suspected skin cancer	4,154		x				
3	Malignant Neoplastic Disease	677	Basal cell carcinoma of skin	831		x		Malignant neoplastic disease (disorder) SCTID: 363346000	2	
			Malignant tumour of prostate	675		x				
			Malignant neoplasm of female breast	422		x				
			Adenocarcinoma of prostate	270		x				
			Squamous cell carcinoma of skin	230		x				
3a	Treatment regime (if coded)	35	Chemotherapy	81		x		1255831008 Chemotherapy for malignant neoplastic disease using targeted agent (procedure)	3	Prominent coding gaps c/w with COSD. These codes are the most aligned to COSD
			Radiotherapy completed	59		x		Not appropriate parent code		
			Chemotherapy cycle	28		x				
			Radiation oncology AND/OR radiotherapy	17			x			
			Excision of basal cell carcinoma	17						
3a2	Cancer Care Review	1	Cancer care review (procedure) SCTID: 720006006 Cancer care review (procedure)	3,953		x		Cancer care review (procedure) SCTID: 720006006 Cancer care review (procedure)	1	Only one code, QOF incentivised. Other codes for personalised care were not

Report reference	Report Name	No of unique SNOMED/EMIS codes in search	Code prevalence - TOP 5	% or total no. of all codes captured in NCL	SNOMED Parent	SNO MED child	Non-SNOMED	Recommendations (SNOMED code)	Rationale: 1: Majority usage 2: Aligns with existing QOF or another dataset 3: Other - we need be explicit	NOTES
										looked at across NCL.
3b	Malignancy Stage Coding	4	Infiltrating ductal carcinoma of breast, stage 1	2		x		Tumour stage finding (finding) SCTID: 385356007	2,3	Insignificant codes/coding - use other sources for guidance
			Infiltrating ductal carcinoma of breast, stage 2	2		x				
			Malignant melanoma stage IA	1		x				
			Lymphoma stage IV	1		x				
			NIL	x						
4a	Alcohol consumption record	39	AUDIT-C (Alcohol Use Disorders Identification Test - Consumption) score	43.4%		x		1082641000000106 Alcohol units consumed per week (observable entity)	1	Maj code AUDIT is a screen for alcohol misuse behaviour
			Alcohol units consumed per week	35.1%		x				
			Alcohol use disorders identification test score	35.1%		x				
			AUDIT-C score-freq drunk 6+units (fem)/8+units (male) last yr	35.1%			x			
			Alcohol units consumed per day	35.1%		x				
4b	Current smoker (recorded in last 24m)	47	Cigarette smoker	45.8%		x		365981007 Finding of tobacco smoking behaviour (finding)	1	Parent code for majority codes that practices are using
			Current smoker	18.7%		x				
			Smoker	12.3%		x				
			Light cigarette smoker (1-9 cigs/day)	7.9%		x				
			Moderate cigarette smoker (10-19 cigs/day)	4.1%		x				

Report reference	Report Name	No of unique SNOMED/EMIS codes in search	Code prevalence - TOP 5	% or total no. of all codes captured in NCL	SNOMED Parent	SNO MED child	Non-SNOMED	Recommendations (SNOMED code)	Rationale: 1: Majority usage 2: Aligns with existing QOF or another dataset 3: Other - we need be explicit	NOTES
4c	Electronic cigarette user	6	Electronic cigarette user	88.9%		x		To be considered as part of recording smoking behaviour	n/a	
			User of electronic cigarette	5.7%		x				
			Nicotine-filled electronic cigarette user	4.2%		x				
			Non-nicotine-filled electronic cigarette user	0.7%		x				
			Vaper with nicotine	0.5%		x				
4d	Any smoking status (recorded in last 24m)	117	Never smoked tobacco	53.7%		x		365981007 Finding of tobacco smoking behaviour (finding)	1	This parent code - as previous - is comprehensive with child codes inc non-smoking/never smoked
			Ex-smoker	15.6%		x				
			Cigarette smoker	7.4%		x				
			Non-smoker	5.9%		x				
			Current smoker	3.0%		x				
4e	Family history of neoplasm	479	FH: Cancer - *	17.4%			x	266883004 Family history of neoplasm (situation)	2	Codes used - are old - EMIS Web will automatically assign them to newer codes.
			FH: Neoplasm - *	17.3%			x			
			FH: * - breast	8.9%			x			
			Family history of cancer	6.7%		x				
			FH: Breast cancer	6.2%		x				
4f	Main language spoken	338	Main spoken language English	58.7%		x		Main spoken language (finding) SCTID: 370157003	1	
			Main spoken language NOS	5.4%			x			
			Main spoken language Turkish	3.1%		x				
			Main spoken language Spanish	2.4%		x				
			Main spoken language Polish	1.8%		x				
4g		34	Body mass index	88.7%		x		1		

Report reference	Report Name	No of unique SNOMED/EMIS codes in search	Code prevalence - TOP 5	% or total no. of all codes captured in NCL	SNOMED Parent	SNO MED child	Non-SNOMED	Recommendations (SNOMED code)	Rationale: 1: Majority usage 2: Aligns with existing QOF or another dataset 3: Other - we need be explicit	NOTES
	Weight and-or BMI recorded		Body weight	10.3%		x		27113001 Body weight (observable entity) (
			O/E - weight	40.0%		x				
			BMI	0.4%		x				
			Birth weight	0.30%		x				
4h	Employment status	87	Unemployed	39.50%		x		Finding of employment status (finding) SCTID: 365525008	1, 3	This would be better reflected in as two separate codes-employment status and if positive for occupation recording.
			Stress at work	17.00%		x				
			Retired		9.10%	x		14679004 Occupation (occupation)		
			Employed	8.60%		x				
			Full-time employment	7.20%		x				
4i	Environmental pollutants	45	Exposure to confirmed case of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) infection	17.80%		x		418715001 Exposure to potentially harmful entity (event)	3	The searches were not aligned to the exposure risk we understood as relevant. We reviewed and found relevant codes on SMOMED CT
			Exposure to Chlamydia trachomatis	10.90%		x				
			Exposure to tuberculosis	9.00%		x				
			Exposure to Mycobacterium tuberculosis	6.10%		x				
			Close exposure to SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) infection	6.1		x				
4j	Has a carer	17	Has a carer	80.1		x		Has a caregiver (finding) SCTID: 184156005 -	1	note - we did not look at is a carer which is also important
			Has an informal carer	6.8		x				
			Has a paid carer	6.3		x				
			Has a parent carer	3.1		x				
			Has voluntary carer	1.1		x				

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5a	Cancer-Bowel - 60-74yrs did not return screening kit	4	No response to BCSP invitation	89.1			x	No response to bowel cancer screening programme liquid faecal immunochemical testing invitation (finding) SCTID: 1101401000000107	2	Most prevalent code is not a SNOMED code
			No response to bowel cancer screening programme invitation	9.4%		x				
			Did not attend bowel cancer screening	1.4%		x				
			Unlinked Report: No response to BCSP invitation	0.0%		x				
5b	Cancer-Bowel - 60-74yrs screened	10	BCSP FOB test normal	90.4%			x	Bowel cancer screening programme liquid faecal immunochemical test normal (finding) SCTID: 1101361000000103	2	FOB test code uses very prevalent.
			Bowel cancer screening programme faecal occult blood test normal	4.7%		x				
			Bowel cancer screening - negative FOBs	2.4%		x				
			BCSP FOB test abnormal	1.6%		x				
5b1	Cancer-Bowel abnormal result	5	BCSP FOB test abnormal	84.7%			x	Bowel cancer screening programme liquid faecal immunochemical test abnormal (finding) SCTID: 1101371000000105	2	FOB test code uses very prevalent
			Bowel cancer screening programme faecal occult blood test abnormal	7.7%		x				
			Bowel cancer screening - positive FOBs	6.1%		x				
			Bowel cancer screening programme liquid faecal immunochemical test abnormal	0.9%		x				

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6a	Cancer-Breast - 50-70yrs screened	30	Mammography normal	39.2		x		Breast neoplasm screening normal (finding) SCTID: 171175005	1,2	This code reflects activity most accurately
			Breast neoplasm screening normal	38.2		x				
			Attended breast screening clinic	10.9		x				
			Mammography	3.7		x				
6a1	Cancer-Breast - 50-70yrs abnormal result	7	Mammography abnormal	64.6		x		Breast neoplasm screening abnormal (finding) SCTID: 171176006	2	This code reflects activity most accurately.
			Breast neoplasm screening abnormal	30.6		x				
			Breast neoplasm screen abnormal	1.9		x				
			Breast screen abnormal -told pat	1.5			x			
6a2	Cancer-Breast - 50-70yrs normal result	3	Mammography normal	52		x		Breast neoplasm screening normal (finding) SCTID: 171175005	2	
			Breast neoplasm screening normal	42.3		x				
			Breast neoplasm screen normal	5.7		x				
			no other codes							
6a3	Cancer-Breast cancer detected	35	Malignant neoplasm of female breast	62.2%		x		Breast neoplasm screening abnormal (finding) SCTID: 171176006	2	Best fits the activity. Used in 0.8% of cases.
			Malignant tumour of breast	13.9%		x				
			Carcinoma of breast	6.5%		x				
			Carcinoma in situ of breast	3.9%		x				
7a1	Cancer-Cervical - 25-49y adequate smear	103	Cervical screening - human papillomavirus negative	27.8		x		As per QOF	2	Code diversity high. For QOF the national team recognise these codes.
			HPV - Human papillomavirus test negative	22.8		x				

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			Liquid based cervical cytology screening	14		x				
			Cervical screening - negative	12.9		x				
7b1	Cancer- Cervical - 50-64y adequate smear	98	HPV - Human papillomavirus test negative	24.2%		x		As per QOF		coding diversity huge - which ones are in QOF?
			Cervical screening - human papillomavirus negative	22.1%		x				
			Liquid based cervical cytology screening	12.7%		x				
			Cervical screening - negative	10.0%		x				