

Reasonable Adjustment Digital Flag

Requirements Specification



Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a new information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and endorsed by the Data Alliance Partnership Sub Board (DAPSB).

This information standard comprises the following documents:

- Implementation Guidance
- Requirements Specification (this document)

An Information Standards Notice (DAPB4019 Amd 77/2020) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS England website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 12 September 2023

Update 6 March 2024: Following discussion and feedback, the RADF team have reviewed & adjusted time frames as set out below:

Phase 1: By March 31 2024, organisations will have a process in place to record reasonable adjustments.

Phase 2: By 30 June 2024, suppliers are asked to register with NHS England for connection to the national asset. Full conformance to be achieved by 31 December 2025.

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Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- had due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- had regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Please contact 0300 311 22 33 or email

england.contactus@nhs.net.

Document management

Revision History

Version	Date	Summary of Changes
0.1		Draft documentation produced for review
0.2		DSAS assurance comments incorporated
0.3	21/07/2023	Transferred to updated templates and reformatted
1.0	12/09/2023	Publication ready



Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Dr Hannah Brown	General Practitioner and Subject Matter Expert for the Reasonable Adjustment Digital Flag	10/09/2023	0.3
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Approved by

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1. Glossary of Terms

Term / Abbreviation	What it stands for
Accessible information	Information which can be read or received and understood by the individual or group for which it is intended.
Autism	Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterised by challenges with social skills, repetitive behaviours, speech, and nonverbal communication.
API	An API is a set of definitions and protocols for building and integrating application software. API stands for application programming interface.
Braille	A tactile reading format used by some people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.
Communication support	Support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.
Data dictionary	The NHS Data Dictionary for care – which holds details of the Impairment Harmonised Standard (datadictionary.nhs.uk) ; a standard grouping of disability definitions, as defined by the Government Statistical Service (GSS) . Harmonised standards and guidance are tools for improving the comparability and coherence of statistics.
Disability	The Equality Act (2010) describes disability as follows, “A person (P) has a disability if — (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P’s ability to carry out normal day-to-day activities.” This term has a SNOMED CT code - Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act (2010))
Disabled people	Article 1 of the United Nations Convention on the Rights of Persons with Disabilities has the following description, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

Term / Abbreviation	What it stands for
FHIR API	FHIR® API (Index - FHIR v4.3.0 (hl7.org)) is an electronic messaging specification, it stands for Fast Healthcare Interoperability Resources (FHIR) Application Programme Interface (API). It is the global industry standard for passing healthcare data between systems. It is free, open, and designed to be quick to learn and implement.
Harmonised Impairment Standard	Harmonised standards are created by the Government Statistical Service (GSS), they set out how to collect and report statistics to ensure comparability across different data collections. This harmonised standard is about impairment, not medical condition. This means it looks at the functions that a person either cannot perform or has difficulty performing because of their health condition.
Impairment	The disability charity Scope defines impairment as, “long-term limitation of a person’s physical, mental or sensory function.” The Disability: Equality Act (2010) - Guidance on matters to be taken into account in determining questions relating to the definition of disability further describes impairment in terms of physical or mental health impairments which may be stable, fluctuating or progressive.
Learning disability	This term is defined by the Department of Health in Valuing People: A new Strategy for Learning Disability for the 21st Century . People with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals. Societal barriers continue to hinder the full and effective participation of people with learning disabilities on an equal basis with others.
NCRS	NCRS is the National Care Records Service ; a service that allows health and care professionals to access and update a range of patient and safeguarding information across regional Integrated Care Services (ICS) boundaries. The service provides a summary of health and care information for care settings where the full patient record is not required to support their direct care. The service is a web-based application and can be accessed regardless of what IT system an organisation is using and is the improved successor to the Summary Care Record application (SCRa) .

Term / Abbreviation	What it stands for
Reasonable Adjustment	<p>The Equality Act (2010) obligation to make Reasonable Adjustments is to prevent disabled people being disadvantaged compared to non-disabled people. Adjustment types are split into three individual areas:</p> <ul style="list-style-type: none"> • changes to policies and procedures • changes to buildings to make them physically accessible, for example provision of ramps, stair-lifts, doors of a suitable width • provision of equipment and human support
Summary Care Record	<p>Summary Care Records (SCR) Summary Care Records (SCR) are an electronic record of important patient information, created from GP medical records. They can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.</p>
SNOMED CT (Systematised Nomenclature of Medicine Clinical Terms)	<p>Classification of medical terms and phrases, providing codes, terms, synonyms, and definitions. SNOMED CT is managed and maintained internationally by SNOMED International and in the UK by the UK Terminology Centre (UKTC). SNOMED CT has been adopted as the standard clinical terminology for the NHS in England.</p>
this Standard	<p>Unless explicitly stated otherwise in this document, the use of “this Standard” in this document refers explicitly to the standard defined in this document – for the Flagging of Reasonable Adjustment, and no other standard.</p>

2. Contacts

Information and documentation about this Standard, including resources to support implementation are available on the [NHS England website](#).

All enquiries regarding implementation of this Standard should be entitled ‘Reasonable Adjustment Digital Flag’ and emailed to NHS England at: england.nhs.participation@nhs.net.

3. Background

3.1. Definition

Digital Flagging of Reasonable Adjustments will allow the local, and subsequently the inter-organisational, highlighting and sharing of Reasonable Adjustments so that these can be recognised and met as required under the Equality Act (2010).

NHS England has built the Reasonable Adjustment Digital Flag in the NHS Spine to enable health and care professionals to record, share and view details of Reasonable Adjustments across the NHS, wherever the person is treated.

The Reasonable Adjustment Digital Flag is a visible digital marker on the [National Care Records Service \(NCRS\)](#) which indicates that Reasonable Adjustments are required for an individual and optionally includes details of their significant impairments, underlying conditions and key adjustments that should be considered.

The flag aims to enable:

1. Clear identification of all patients for whom Reasonable Adjustments may be required.
2. Identification of patients with impairments including learning disability or autism (and all other relevant key impairments).
3. Identification and sharing of key adjustments that will help a care episode go well or happen at all.
4. Ubiquitous, consistent visibility and structure of the information – wherever a patient is treated in health and care.
5. Identification and maintenance of the information recorded and shared through the Reasonable Adjustment Digital Flag in conjunction with the wishes of patients and carers - leading to tailored, personalised care.

3.2. Legal, strategic and policy context

The [Equality Act \(2010\)](#) places a legal duty on all health and care services to make changes to their approach or provision to ensure that services are as accessible to people with disabilities as they are for everyone else. This duty aims to address the recognition that people with disabilities may have equal access to care and services, but without specific adjustments being made, that access may not be equitable.

The changes required are called Reasonable Adjustments. These will be individual to the person involved and might mean changes to physical environments such as providing wide doors, ramps, and tactile signage, but also may include changes to provision of care services such as changes to the length of appointments, provision of quiet waiting rooms, provision of information in an Easy Read format or communications with carers or advocates.

The legal duty for Reasonable Adjustments is anticipatory which means that adjustments should be made before a person presents for care at any service. Therefore, adjustments needed must be identified and shared effectively across the NHS, and this information must be highly visible to all service providers involved in a person's care. To achieve this, a Digital Flag has been created, visible on the National Care Records Service, which will enable the recording and subsequent recognition of identified Reasonable Adjustments.

Organisations are individually responsible and accountable for fulfilling their legal obligations under the [Equality Act \(2010\)](#), along with a range of further contractual and policy requirements covering equality, accessibility, and responsiveness, including:

- [Health and Social Care Act \(2012\)](#)
- [Accessible Information Standard \(DAPB1605\)](#)
- [NHS Standard Contract](#)
- [CQC Guidance for Providers.](#)

This Standard builds on the guidance provided by the [Accessible Information Standard](#). The requirements set out in DAPB1605 provide a useful framework for the application of this Standard (DAPB4019). Whilst specific Reasonable Adjustment (communication and information) elements of [DAPB1605](#) are not duplicated within this Standard; reference is included where appropriate.

Implementation of this standard will support health and care services to comply with their legal duty to provide Reasonable Adjustment for disabled people - as defined by the [Equality Act \(2010\)](#).

3.3. Evidence of need

The [NHS constitution](#) states that:

“You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences”.

However, it has been recognised that having a disability or impairment may negatively affect a person’s ability to equitably access health or social care.

[The Confidential Inquiry into premature deaths of people with learning disabilities](#) (CIPOLD), published in December 2015, identified three associated factors that enhanced the vulnerability of people with learning disabilities, one of which was *“a lack of Reasonable Adjustments to help people to access health services”*. The report identified the need for identification and sharing of Reasonable Adjustments:

“The lack of Reasonable Adjustments to facilitate healthcare of people with learning disabilities, particularly attendance at clinic appointments and investigations, was a contributory factor in a number of deaths. GP referrals commonly did not mention learning disabilities, and hospital ‘flagging’ systems to identify people with learning disabilities who needed Reasonable Adjustments were limited.

The CIPOLD study has shown the continuing need to identify people with learning disabilities in healthcare settings, and to record, implement and audit the provision of ‘Reasonable Adjustments’ to avoid their serious disadvantage”.

The Independent Inquiry into [Access to Healthcare for People with Learning Disabilities in 2008](#), led by Sir Jonathan Michael, and referred to in [Six Lives](#) stressed that:

“What matters is that people with learning disabilities are included as equal citizens, with equal rights of access to equally effective treatment. I have learned that ‘equal’ does not mean ‘the same’ and that ‘Reasonable Adjustments’ that are needed to make services equally accessible to people with learning disabilities are not particularly difficult to make”.

The requirement under the Equality Act (2010) to recognise and meet these Reasonable Adjustments requires a systematic and consistent approach for all organisations to identify, record, and share Reasonable Adjustments.

The [NHS Long Term Plan \(2019\)](#) includes a commitment to:

“ensure that Reasonable Adjustments are made so that wider NHS services can support, listen to, and help improve the health and wellbeing of people with learning disabilities and autism, and their families.”

Specifically, it is stated that:

“By 2023/24, a ‘digital flag’ in the patient record will ensure staff know a patient has a learning disability or autism”.

To ensure equity of access for all, anticipatory recognition of any Reasonable Adjustments needed to remove barriers to care is also needed. The Reasonable Adjustment Digital Flag has been created to achieve this, allowing the sharing of identified adjustments needed, with the primary aim of ensuring equity of access to services for all.

Correct implementation of this Standard will require organisations to create a culture in which meeting of Reasonable Adjustments is everyone’s responsibility. Ultimately, this should be seen as “just good practice”; achievement of this is likely to need a combined approach with equal importance being given to both embedding of digital systems and provision of sufficient training.

4. Objectives and benefits for this standard

The Reasonable Adjustments Digital Flag Standard defines and directs a clear, consistent, and standardised approach to the digital recording, flagging (using the Reasonable Adjustment Digital Flag) and sharing of Reasonable Adjustments needed by persons with a disability or impairment which may reduce their equitable access to health and social care services.

This standard sets out what services must do, with regards to the enablement and use of the Digital Flag, to meet the legal duties of organisations under the [Equality Act \(2010\)](#) and the expectations under the [NHS Long Term Plan](#).

4.1. Creation of digital recording and flagging of Reasonable Adjustments

Successfully meeting the expectations under the Equality Act (2010) requires a six-step process by which Reasonable Adjustments should be identified and ultimately shared across all areas of health and social care:

1. **Identify** Reasonable Adjustments
2. **Record** Reasonable Adjustments
3. **Flag** Reasonable Adjustments
4. **Share** Reasonable Adjustments
5. **Meet** Reasonable Adjustments wherever possible
6. **Reviewing and updating** Reasonable Adjustment information where needed.

The purpose of this standard is to set out what services will be required to do in respect of using the Digital Flag. Whilst it remains an expectation that organisations will make every effort to meet (Stage 5) the Reasonable Adjustments identified, this is outside the scope of this document.

4.2. Training

Of equal importance is a consistent approach to training in the use of the Reasonable Adjustment Digital Flag, with the purpose of ensuring:

1. Clear understanding of the legal and ethical background (including the definitions within those documents) to the [Equality Act \(2010\)](#), [Accessible Information Standard](#), and this Standard.
2. Training that embeds a culture for all that use of the Digital Flag and the resultant actions relating to Reasonable Adjustments is everyone's responsibility.
3. Specific targeted training, dependent on role, on the use of the Digital Flag to maintain and improve the approach of all those involved with the care of people for whom Reasonable Adjustments may be needed.

4.3. Expected benefits

This standard describes the steps necessary to ensure successful use of the Digital Flag, with the resultant benefits:

- **Clear identification of** people for whom specific Reasonable Adjustments may be required, using a patient centred approach to accurately define their key impairments and what Reasonable Adjustments may be required. The standard supports meeting the [NHS Long Term Plan](#) objective of a Digital Flag in patient's records to identify those with autism or a learning disability.
- **Consistent recording of** these Reasonable Adjustments in a standardised and systematic way, using defined coding.
- **Flagging of** the identified and recorded Reasonable Adjustment in a highly visible, consistent, and standardised way on local systems and, subsequently, inter-organisationally so that these needs can be met in an anticipatory manner, in any health or care setting.
- **Sharing of** quality information across health and care so that needs can be met in an anticipatory manner, wherever and whenever a person accesses care.
- **Improved quality of** care by virtue of impairment, disability and Reasonable Adjustment information being visible and accessible.

- **Improved outcomes** through more person-centred service responses: the information related to the flagging of Reasonable Adjustment being available to services and systems for triage and adjustments to care (including automatic and systematic adjustments).

5. Scope

5.1. Persons in scope

5.1.1. The scope of this Standard encompasses activities which relate to:

- Disabled people (of all ages from birth to death) who use publicly funded health or social care, including that received as an inpatient or outpatient, as part of urgent or emergency care, routine or elective care, acute care, day-care, and long-term and residential care.
- All relevant patients who require adjustments to care, in line with the disability (protected characteristic) requirements of the Equality Act (2010).

5.1.2. Explanatory note about best interest decisions

The Digital Flagging of Reasonable Adjustment requires a consult and consent approach; communication and engagement with disabled people is essential. Consideration should be given to appropriately applied best interest decisions, in line with the Mental Capacity Act (2005).

5.2. Applicable organisations

The Standard applies to service providers across the NHS and social care system. Effective implementation will require such organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems. Commissioners of NHS care and publicly funded social care must also have regard to this standard, ensuring that contracts, frameworks, and performance-management arrangements with provider bodies enable and promote the Standard's requirements.

The list of organisations which must have regard to Information Standards is set out within the [Health and Social Care Act 2012](#). This Standard applies to – and therefore must be implemented and adhered to by – all providers of NHS and publicly-funded social care. This includes the following organisations:

- All providers of NHS care or treatment
- All providers of publicly funded social care
- Social care or services bodies (in their role as service providers)
- Independent contractors providing NHS services including primary medical services (GP practices), dental services, optometric services, and pharmacy services

- Independent Healthcare Provider Network Organisations
- NHS Foundation Trusts and NHS Trusts
- Providers of NHS and / or social care from the voluntary and community or private sectors
- Providers of public health services, including advice and information.

Implementation of this Standard impacts all system providers supplying systems to the above providers. Applicable organisations should work with their system providers to determine and establish appropriate system structures and responses.

Note that because the Standard is concerned with enabling individuals to have equitable access to health and care, organisations who make contact with individuals (for example to invite them to attend screening or vaccination) and / or provide direct care are included within the scope of the Standard. The outcome of their correspondence / the information they provide (and an individual's ability to access and understand this information) and subsequently access the service, may have a direct impact on their health or wellbeing.

Commissioners must ensure that their actions, especially through contracting and performance arrangements (including incentivisation and penalties), enable and support provider organisations from which they commission services to implement and comply with the requirements of the Standard.

5.3. Specific exclusions

Key aspects determined to be out of the scope of this Standard

The following aspects, which may be considered relevant to improving the accessibility of health and social care, are explicitly out of scope of this Standard:

- The needs or preferences of staff, employees, or contractors of the organisation (except where they are also patients or service users, or the carer or parent of a patient or service user).
- Recording of demographic data / protected characteristic as determined in the [Equality Act \(2010\)](#)
- Recording of Reasonable Adjustment requirements for statistical analysis or central reporting.
- Expected standards of general health and social care provision and 'effective care' (i.e., that provided to individuals without Reasonable Adjustment requirements).
- Individuals' preferences for being treated or communicated within a particular way, which do not relate to disability, and as such would not be considered a Reasonable Adjustment 'requirement' (for example a preference for communication via email, but an ability to read and understand a standard print letter).

- Individuals who may have difficulty accessing services who do not fulfil the criteria of a disability, as defined by the Equality Act (2010), i.e., their impairment is not long term or not substantial.
- Implementation of the Equality Act (2010) more widely, i.e., those sections that do not relate to the provision of Reasonable Adjustment in relation to disability.
- Foreign language needs / provision of information in foreign languages – i.e., people who require information in a non-English language for reasons other than disability.
- Matters of consent and capacity, including support for decision-making, which are not related to Reasonable Adjustment support.
- Standards for, and design of, signage.

6. Related and supporting documentation

6.1. Alignment with relevant existing standards

This Standard details the process by which Reasonable Adjustments should be identified and recorded with specific reference to the Digital Flag for recording and sharing Reasonable Adjustments. Other standards have further information on the recognition of impairments, recording and sharing Reasonable Adjustments and this standard should be read and considered in conjunction with the Accessible Information Standard DAPB1605 and the Government Statistical Services (GSS) agreed grouping of disability definitions with which it is directly aligned:

- [Accessible Information Standard \(DAPB1605\)](#)
- [NHS Data Model and Dictionary Impairment Harmonised Standard \(standard grouping of disability definitions, Government Statistical Services\)](#)

6.2. Related standards

The following Information Standards should be referred to by organisations to ensure safe and effective implementation of the Standard:

Reference	Title
DAPB1605	Accessible Information Standard
DAPB0011	Mental Health Services Data Set
DCB0129	Clinical Risk Management: its Application in the Manufacture of Health IT Systems
DCB0160	Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems

Reference	Title
DCB1596	Secure email

Further details regarding the above standards can be found on the DAPB Standards and Collections webpage. This webpage also contains a list of all current DAPB (Data Alliance Partnership Board), previously known as both DCB (Data Coordination Board), SCCI (Standardisation Committee for Care Information) and Information Standards Board (ISB), standards and collections.

As and when required, this Standard will be referred to, or aligned with, other Information Standards during their scheduled review processes, in accordance with established information standard assurance arrangements and governance processes.

6.3. Supporting documentation

Communication teams have been supporting the engagement and consultation with, and communication of the approach to the Digital Flagging of Reasonable Adjustment contained within the Standard. The websites below provide key documents, reports, summaries, and resources such as training materials, implementation guidance, checklists, and further resources to support services, organisations, and local areas.

- [NHS England Guidance on Reasonable Adjustments](#)
- [NHS England Guidance on the Reasonable Adjustment Flag](#)

6.3.1. Further documentation supporting this Standard

- [Link to Equality Act \(2010\) \(Chapter 15, Section 20\) \(chapter 15, section 20\)](#)
- [Definition of Disability as defined in the Equality Act \(2010\)](#)
- [UN Convention on the Rights of Persons with Disabilities: Article 25 - Health](#)
- [NHS Long Term Plan](#)
- [Core Information Standard Implementation Guidance](#)
- [SNOMED CT: structured clinical vocabulary for use in an electronic health record](#)

7. Requirements

7.1. Definitions

The definitions of the key words **MUST**, **SHOULD** and **MAY** are taken from the [Internet Engineering Task Force Best Current Practice Document](#). Other terms used below and elsewhere in this Specification are defined as follows:

Term	What it stands for
Organisations	Organisations required to implement and comply with this Standard (see section 5.2. above)
Professionals	Employees or contractors of organisations to which this Standard applies, i.e., people providing services in a professional capacity for, or on behalf of organisations.
Relevant staff	Employees of organisations to which this Standard applies who have a patient or service user contact role and / or responsibility for accessing or utilising patient / service user records, whether this is in a clinical or non-clinical capacity.
Highly visible	<p>A recording of an individual's Reasonable Adjustment requirements must be 'highly visible' to relevant staff and professionals. In the context of this Standard 'highly visible' means:</p> <ul style="list-style-type: none"> • Obvious and overtly apparent; and • Visible on the cover, title and / or 'front page' of a document, file, or electronic record; and / or • Visible on every page of an electronic record (for example as an alert, flag, or banner); and / or <p>Highlighted in some way on a paper record to draw attention to the information as being of particular importance, for example in a larger or bold font, and / or a different colour.</p>

Note that, in implementing the Standard, all professionals and organisations should take care to ensure that they follow relevant existing legal duties, including those set out in the [GDPR \(2018\)](#) and [Mental Capacity Act 2005](#) around the handling and processing of data.

7.2. Overview of requirements

The following Requirements detail how organisations can successfully meet the expectations required under the [Equality Act \(2010\)](#) by defining a six-step process by which Reasonable Adjustments should be identified and ultimately shared across all areas of health and social care, for those that meet the definition of disability, under the [Equality Act \(2010\)](#);

1. **Identify** Reasonable Adjustments
2. **Record** Reasonable Adjustments
3. **Flag** Reasonable Adjustments
4. **Share** Reasonable Adjustments
5. **Meet** Reasonable Adjustments wherever possible
6. **Reviewing and updating** Reasonable Adjustment information where needed.

This Standard defines a two-phase process of implementation requiring individual organisations to implement the Standard and the steps above using their current Health IT systems (Phase 1) and, subsequently, integration with the NHS Spine Digital Flag (Phase 2) to create a Digital Reasonable Adjustment Flag that holds and shares information regarding Reasonable Adjustments, with patient consent, across NHS and NHS funded social care systems. By doing so, organisations will be supported to meet their legal requirements under the [Equality Act \(2010\)](#).

Phase	Expectation	Integration
One	Identify patients with disability and complete the 6-step process for Reasonable Adjustments within the organisation	Local implementation of the Standard and sharing of information via currently available routes
Two	Integration with the Reasonable Adjustment Digital Flag to allow sharing of locally recorded information to and from different organisations	Integration with the central Digital Flag via a FHIR® API (or the NCRS Portal)

7.2.1. Phase 1

Phase 1 requires organisations to complete the 6-step process above including recording information in a coded format, using a defined set of specified codes, within their own setting. Identification of the need for Reasonable Adjustments requires assessment that the patient meets the [Equality Act \(2010\)](#) definition of disability or impairment and then proceeding through the 6-step process for Reasonable Adjustment information. As above, this is the identification, recording, flagging (locally on local records), sharing (with external organisations using current processes and systems, such as referrals letters and forms), meeting and reviewing of Reasonable Adjustments. The scope of the Standard specifically excludes expectations on how the organisation will meet any identified Reasonable Adjustments, as it relates directly to the Reasonable Adjustment Digital Flag, but the expectation is that the organisation will continue to meet this requirement as defined under the [Equality Act \(2010\)](#).

7.2.2. Phase 2

Integration across the wider system will enable organisations to meet their obligations under the [Equality Act \(2010\)](#) by meeting Reasonable Adjustments in an anticipatory manner. This

requires digitally coded data to be shared, with patient consent, via the Reasonable Adjustment Digital Flag, which has been built on the Spine either by directly entering the information onto the [National Care Record System portal](#) or using an [Application Programming Interface \(API\)](#).

7.2.3. Note on consent

The process of identifying, recording, and sharing information regarding Reasonable Adjustments requires a consult and consent approach, in line with normal consent procedures; and consideration should be given to appropriately applied best interest decisions, in line with the Mental Capacity Act (2005), as and when required.

A key requirement of the Standard is the sharing of flagged Reasonable Adjustment information. The [Equality Act \(2010\)](#) duty to provide Reasonable Adjustment is anticipatory, therefore necessary information in relation to reasonable adjustment **MUST** be flagged and made available for other services to respond to, according to the wishes of the disabled person.

Wherever it is possible to do so, consent to the sharing of personal data including flagged Reasonable Adjustment information **SHOULD** be obtained from the individual and clearly recorded, as should any limitations on that consent. Those seeking consent to share should be clear about what information will be shared, with whom, in what circumstances and for what purpose.

Consent to share Reasonable Adjustment information can be refused or specific details withheld according to individual wishes. If consent to share is not obtained, because the individual involved lacks the capacity to make the decision, and because nobody has been formally appointed to make it for them, a decision to share information can be made in the person's best interests in accordance with the [Mental Capacity Act 2005](#).

If consent to share Reasonable Adjustment information with organisations outside the local setting is declined, it may be obtained to record this information locally. In such cases, all relevant information must be recorded and flagged locally. Sharing information on the Reasonable Adjustment Digital Flag requires consent. It **MUST** be recorded where consent has been obtained, or a decision to share has been made under the best decision guidelines detailed above.

Note that, in implementing the Standard, all professionals and organisations should take care to ensure that they follow relevant existing legal duties, including those set out in the [GDPR \(2018\)](#) and [Mental Capacity Act \(2005\)](#) around the handling and processing of data.

7.3. Key requirements – health and social care providers

	Key requirement	Phase
1	Identify and record disability or impairment	One
2	Identify, Record, Flag, Share, Meet and Review Reasonable Adjustments at Local Level	One
3	Flag, Share and Review Reasonable Adjustments using the Reasonable Adjustment Flag on the NHS Spine	Two

7.3.1. Key requirement 1– Identify and record disability or impairment

This is the first step in the process of using the Reasonable Adjustment Digital Flag.

Reasonable Adjustments may be required wherever a patient is recognised to have a disability or impairment, as recognised under the [Equality Act \(2010\)](#). Identification of those persons with a disability or impairment should then act as a trigger for organisations to review the need for any Reasonable Adjustment.

The [Equality Act 2010](#) duty is to provide Reasonable Adjustments for people where the impact of their impairments is significant and long-term. This is an existing business-as-usual requirement and detailed guidance is beyond the scope of this Standard. The provision of Reasonable Adjustment is dependent on the presence of disability due to a defined degree of impact from impairment (significant and long-term) which may or may not be associated with a recognised underlying clinical condition.

Key information related to the definition of disability and the criteria for reasonable adjustment can be found in [Equality Act 2010 Guidance \(publishing.service.gov.uk\)](#).

7.3.1.1. Identification of disability

Use of the [Equality Act \(2010\)](#) definition of disability to identify disabled people using services **MUST** be properly understood and applied. The definition is:

“A physical or mental impairment that has a substantial and long-term negative effect on ability to do normal daily activities”

- ‘substantial’ is more than minor or trivial, e.g., it takes much longer than it usually would to complete a daily task like getting dressed.
- ‘long-term’ means 12 months or more, e.g., a learning disability, autism, persistent physical condition that impairs or is likely to impair mobility for more than 12 months.

Organisations:	
1	MUST ensure identification of disability or impairment where this would be recognised under the Equality Act (2010)
2	MUST have a clear and consistent system to proactively ask all persons, at the first contact with the organisation, if they have a disability or impairment
3	SHOULD have a clear and consistent system to review and/or update information at intervals appropriate to the patient and condition
4	<p>SHOULD have a clear and consistent system to allow patients to submit, at any time, information pertaining to their disability or impairment</p> <ul style="list-style-type: none"> a. This SHOULD be available in a format suitable for the individual (as laid out in the Accessible Information Standard). b. This SHOULD allow information to be submitted by proxy (such as a carer or relative) if the person is over 16. This will always be by proxy for those under 16.
5	SHOULD consider any other opportunities for identification of disability or impairment

A defined degree of impairment is required for the [Equality Act \(2010\)](#) definition of disability (substantial and long term) but a formal diagnosis or even an identifiable condition or cause of impairment are not a requirement. A person being identified in just one of the three aspects is enough to act as a prompt or indicator to consider and appropriately record all aspects as appropriate. One or more diagnoses, specific conditions and/or impairments may already be recorded within a local record and such information can be drawn on to prompt and inform the accurate identification of disability, impairment, and reasonable adjustment requirement. However, **the identification of disability and subsequent flagging of reasonable adjustment is not dependent on a diagnosis or key condition information already being present or recorded.**

It is recommended that this is also the point at which Reasonable Adjustments information be sought. As the two points are intrinsically linked, it is likely to be more efficient and more person-centred to ask about impairments and the Reasonable Adjustments related to this at the same point. If impairments are identified, Reasonable Adjustments information **MUST** be sought. It is essential not to assume or presume anything in this regard as Reasonable Adjustments will be specific to the person, situation and in time and NOT to any defined diagnosis or impairment.

7.3.1.2. Recording of disability or impairment

Organisations:	
1	<p>MUST record when the person has met the threshold for disability or impairment under the Equality Act (2010), using local systems and, where possible, using the SNOMED code:</p> <p>Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act 2010) (finding) SCTID 1326341000000105</p>
2	<p>SHOULD consider recording identified disabilities or impairments onto the person's health or social care record using the defined SNOMED CT code; this SHOULD be entered only after discussion with the patient or carer, or after making a best interest decision.</p>

It is NOT necessary to record presence of specific disabilities or impairments to progress to the identification, recording, flagging, and sharing of Reasonable Adjustments, but it may be beneficial by highlighting to all accessing the health or social care record of the person concerned, that Reasonable Adjustments may be needed. However, the patient **MUST** have been determined to meet the [Equality Act \(2010\)](#) definition of disability.

The specific disability or impairment **MAY** be coded, but this is not required. Key underlying clinical conditions can be the cause of impairments leading to disability; these may be clinically diagnosed (new or existing) conditions or syndromes; they may be the result of trauma or injury, or other functional loss. Any such key underlying conditions, contained in the person's record that relate to the identified impairments, can provide useful insight into the person's needs and the Reasonable Adjustment required and therefore **MAY** be recorded as part of the Reasonable Adjustment Digital Flag, if available and with the appropriate consent.

The [Equality Act \(2010\)](#) defines disability through the impact of impairment. A patient is **disabled** if they have a physical or mental **impairment** that has a **substantial and long-term** negative effect on their ability to do normal daily activities. The (substantial and long term) impairment required to determine disability **SHOULD** be recorded in the person's record utilising the [Government Statistical Services Impairment harmonised standard](#) codes and available in the [NHS Data Dictionary](#) and Reasonable Adjustment Digital Flag Information Standard [Appendix A](#).

Government Statistical Services harmonised impairment codes

1. Vision (for example blindness or partial sight)
2. Hearing (for example deafness or partial hearing)
3. Mobility (for example walking short distances or climbing stairs)
4. Dexterity (for example lifting and carrying objects, using a keyboard)

5. Learning or understanding or concentrating
6. Memory
7. Mental health
8. Stamina or breathing or fatigue
9. Social or behavioural (for example associated with autism spectrum disorder (ASD) which includes Asperger's, or attention deficit hyperactivity disorder (ADHD))
10. Other (please specify)
11. None of the above
12. Prefer not to say

Further granular or individualised description of impairment MAY be added and can be provided through supporting free text. It is important to note that there is an option for person to 'Prefer not to say'.

In addition, there is an option on the [Government Statistical Services Impairment harmonised standard](#) list to state "None of the above", but this would not be relevant in the context of this Standard, as this would then place the person out with the scope of the Reasonable Adjustment Digital Flag Standard and Implementation Guidance.

7.3.2. Key requirement 2 – Identify, record, flag, share, meet and review Reasonable Adjustments at a local level (phase 1)

Local records may be regarded as the master patient record of the Reasonable Adjustments provided by an organisation and as such, information on disability, impairment, any key underlying conditions, and reasonable adjustment requirements MUST be consistently recorded in the local record.

It should be noted that it is not expected that the Flag will hold the same level of detail as will be held on the local record; it should also be noted that this detail may vary dependent on the setting. The use of standardised coding in the local record will, however, enable recognition (*Digital Flagging*) of the need for adjustments across care settings.

7.3.2.1. Identification of Reasonable Adjustment

Identification of Reasonable Adjustments may be done in a variety of ways, including, but not restricted to the following actions:

Organisations:	
1	MUST make all reasonable efforts to identify Reasonable Adjustments where appropriate.
2	SHOULD consider how to maximise the acquisition of this information.

Organisations:	
3	MUST promote awareness of Reasonable Adjustment rights and responsibilities with staff using standardised training.
4	MUST promote awareness for patients and persons with disabilities and/or impairments advising them of their rights and how to notify organisations of Reasonable Adjustments required.
5	SHOULD consider the use of a standardised forms, such as registration forms, to maximise capture of Reasonable Adjustment information.

7.3.2.2. Recording of Reasonable Adjustment information

Organisations:	
1	MUST ensure that Reasonable adjustment requirements are consistently recorded in the local record.
2	MUST , ensure a system and process to directly enter key information onto the NCRS portal in cases where their digital maturity does not yet allow for the recording of such information in a digital format on local systems that can be shared via an API.
3	<p>MUST use defined codes to facilitate the consistent, high profile and routine recording of reasonable adjustment requirements. The codes for a range of more commonly applied Reasonable Adjustments, in line with the Equality Act (2010) definition, are provided as a set by this Standard (Appendix B). The available adjustment codes do not represent every possible adjustment that a person may need but consistent coding in the categories below will enable standardisation across care settings.</p> <p>The codes are organised by the following categories:</p> <ul style="list-style-type: none"> • Communications support (DAPB1605) • Requires communications professional (DAPB1605) • Requires specific contact method (DAPB1605) • Requires specific information format (DAPB1605) • Additional communication needs and support • Community Language Support • Additional Support Need • Individual Care Requirements • Adjustments in relation to the environment of care • Adjustments to support additional needs • Bespoke Reasonable Adjustments.

7.3.2.3. Flagging of Reasonable Adjustment information (local)

Organisations:

1	<p>MUST ensure a system and process is in place to allow the creation of a Reasonable Adjustment Digital Flag which:</p> <ul style="list-style-type: none"> 13. Contains consistently structured and coded disability and adjustment information as described in Key Requirements 1 and 2 above (additional information may be available in the local record). 14. Utilises specific codes (including code for bespoke adjustment) e.g., DAPB1605 braille, large print, longer appointment (see Appendix B). 15. Includes supporting free text as required for context and personalisation. 16. Provides information that is clear and helpful for a viewer who may not know the person.
2	<p>MUST create a process or system, either digitally (or by alternative means, for non-digitally enable organisations) by which a highly visible Reasonable Adjustment Flag can be applied to records</p>

A Reasonable Adjustment Flag is a **Record** which:

- is **immediately available** and **highly visible** in the recording system
- indicates the person **requires adjustments to their care** because of disability
- provides details of the person's **disability** (impairments and conditions) – e.g., Learning Disability, Autism, Dementia etc. - this is optional, and the patient may prefer not to say
- identifies **key adjustments**: e.g., easy-read information, longer appointments or that a carer should be present (other existing resources such as **care passports** or **crisis care plans** can be signposted).
- can be **created or viewed** by **any relevant health and care staff** providing direct care.

EXAMPLE - Reasonable Adjustment Digital Flag Content

<u>Disability</u> -	Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act 2010)
<u>Consent</u> -	Consent to upload data to Reasonable Adjustment Digital Flag
<u>Impairment</u> -	Learning or understanding or concentrating - Mild Social or behavioural – needle and blood phobic
<u>Key conditions</u> -	Williams Syndrome Specific Phobias
<u>Reasonable Adjustment</u> -	Requires approach to care to be discussed with carer Requires carer to be present at encounters

7.3.2.4. Sharing of Reasonable Adjustments**Organisations:**

1	MUST ensure a <i>locally visible</i> Reasonable Adjustment Digital Flag and associated information is available in the administrative and clinical information systems used by staff across an organisation.
2	MUST ensure systems are in place by which disability and Reasonable Adjustment information is consistently shared by any necessary new and existing local processes within the local organisation.

Organisations:

3

MUST ensure there is standardised inclusion of disability and Reasonable Adjustment information as part of existing data-sharing processes (in clinical communications and detailed record sharing) including, but not limited to:

- Appropriately coded and recorded information on disability, impairment, any underlying key conditions.
- Appropriately coded Reasonable Adjustment requirement and additional context as available.

This **MUST** occur as a routine part of referral, discharge, and handover processes, and in any future digital integration (see [section 7.3.3., Phase 2](#))

Specifically, the following requirements **MUST** be met:

- a. The specific and individualised content of all Reasonable Adjustment Digital Flag information **MUST** be agreed and completed with the disabled person, their representative or in their best interest and consent obtained for sharing.
- b. Additional information on the person's Summary Care Record **MUST** be offered and consent obtained for sharing.
- c. Disability and Reasonable Adjustment flagged information **MUST** be incorporated into everyday communications such as referrals, discharge information etc.
- d. Disability and reasonable adjustment information **SHOULD** be shared using local record sharing structures, where available.
- e. Existing or new information flow processes between services **MUST** include disability and Reasonable Adjustment information for inclusion in both local records and the Reasonable Adjustment Digital Flag – e.g., assessments from specialist services such as learning disability, autism, audiology, physiotherapy, dementia, and mental health services.

Existing key information flows, such as those from specialist units back to GP practices which are used to populate GP registers and the GP record are of particular importance. Examples include the process supporting the Certificate of Vision Impairment which is used by consultant ophthalmologists and clinical staff to indicate a patient is to be registered blind by the GP Practice and Local Authority.

7.3.2.5. Meeting of Reasonable Adjustments

As stated above in [section 7.2.1.](#), the meeting of Reasonable Adjustments is outside the scope of this Standard, but it is expected that organisations continue to meet their legal obligations in this regard, as defined in the [Equality Act \(2010\)](#).

7.3.2.6. Reviewing of Reasonable Adjustments

Organisations:

1	MUST ensure a robust, consistent, and auditable process for reviewing all identified and coded Reasonable Adjustments to ensure that the information remains accurate and relevant to the person.
2	SHOULD ensure that every contact with a person is an opportunity to ensure that the Reasonable Adjustment information recorded remains accurate and still best describes the adjustments needed.
3	<p>SHOULD consider all options to ensure that review takes place. Opportunities, both systematic and reactive, to maintain and review recorded information on disability and reasonable adjustment requirements MUST be identified and established as business as usual.</p> <p>These MAY include, but are not restricted to:</p> <ul style="list-style-type: none"> 17. Annual reviews or health checks 18. As part of routine appointments 19. As new impairments, conditions or adjustments are identified 20. Other changes of individual circumstance 21. Changes to service delivery 22. Rolling programme of review 23. Upon request.

It is highly probable that some Reasonable Adjustments will vary in setting and with time. A person may require some of the same adjustments, more or fewer, or entirely different adjustments, dependent on setting, age and on the development or change of the disability or impairment that the person has. It is important that all opportunities are taken to ensure that the information held on the person still best reflects the Reasonable Adjustments required for the person and that the person and/or their carer or representative is given every opportunity to review, update or change the information held about their Reasonable Adjustment requirements.

7.3.3. Key requirement 3 – Flag and share Reasonable Adjustments using the Reasonable Adjustment Flag on the NHS Spine (phase 2)

Phase 2 relates to the digital integration of disability, impairment and Reasonable Adjustment information using the Reasonable Adjustment Flag on the NHS Spine. Transfer of information between local, individual care settings and the Flag enables information to be shared and obtained in an anticipatory manner, which supports organisations to meet their obligations under the [Equality Act \(2010\)](#).

The Reasonable Adjustment Digital Flag is a visible digital marker on the [National Care Records Service \(NCRS\)](#) which indicates that Reasonable Adjustments are required for an individual and optionally includes details of their significant impairments, underlying conditions and key adjustments that should be considered.

Organisations:

1	MUST ensure systems and processes are in place to share Reasonable Adjustment information to and from the Reasonable Adjustment Digital Flag, using either FHIR® API messaging specification when available or by direct use of the Flag using the National Care Records Service (NCRS) portal.
2	MUST , where digital maturity does not yet allow key information to be recorded in a digital format on local systems that can be shared via an API to the NCRS, ensure a system and process to directly enter this information onto the NCRS portal.
3	MUST support interfaces developed for future digital integration of Reasonable Adjustment Digital Flag information, through system providers utilising the messaging specification associated with this Standard (see Appendix D)
4	SHOULD ensure capability to share through other local record sharing structures, where available
5	MUST have a robust system for checking information shared from the Reasonable Adjustment Digital Flag is visible to local users. Information MUST be checked to ensure that is correct and MUST be updated as required.

7.3.3.1. Flag, share and review Reasonable Adjustments using an Application Platform Interface (API)

A messaging specification has been developed to support this Standard - a FHIR® API – a Fast Healthcare Interoperability Resource Application Programming Interface ([FHIR®](#) information). Local record systems **MUST** support interfaces developed for future digital integration of Reasonable Adjustment Digital Flag information, through system providers utilising the messaging specification associated with this Standard (see [Appendix D](#)).

Use of the Application Programme Interface (API) enables organisations to share recorded in their local settings direct to the Reasonable Adjustment Digital Flag, and to receive information stored in the Flag in the same manner. The six-step process as detailed in [section 7.3.2](#) does not need to be repeated, with the exception of the ongoing requirement for review.

Further information is available in the Implementation Guidance.

7.3.3.2. Flag, share and review Reasonable Adjustments by direct entry on the National Care Records Summary portal

Organisations **MAY** consider adding information to the NCRS to provide a centrally held record of Reasonable Adjustments for access by all other organisations that might require information anticipatorily but **MUST** support future digital integration interfaces as detailed in the above section.

Creating a Reasonable Adjustment Flag directly is possible by using the NCRS portal. Use of this option will require direct data entry onto the NCRS in addition to local data entry. Guidance on the use of the NCRS portal, and direct data entry into the Reasonable Adjustment Flag on the NCRS is in the Implementation Guidance.

Organisations **MUST**, if entering or reviewing information via the NCRS portal, ensure that the information is reviewed regularly to ensure it remains accurate and correctly reflects the Reasonable Adjustments of the person.

7.4. Key requirements – IT systems

Detailed guidance on the specific integration requirements for IT systems is provided in a separate Integration Requirements Specification.

7.5. Requirements and conformance by key stakeholder

7.5.1. Requirements and conformance – health and social care providers

7.5.1.1. Requirements – health and social care providers

#	Requirement
Implementing the standard: Procedures, systems and governance	
1	Services, organisations, and professionals MUST ensure compliance with all aspects of the Accessible Information Standard DCB1605
2	Organisations MUST effectively prepare for implementation of the Digital Reasonable Adjustment Digital Flag of Reasonable Adjustment Standard, including assessing their current systems and processes, and developing and rolling out a local implementation plan.
3	Organisations SHOULD refer to and use the Implementation Guidance accompanying this Standard to steer decisions.

#	Requirement
4	Organisations MUST review their current patient or service user administration and record systems, platforms, processes, and documentation and, where necessary, update, change or replace those systems so that they conform to the Standard.
5	Organisations developing, implementing and / or contracting for new electronic patient or service user record or administration systems MUST specify compliance with this information standard in IT systems and software supplier contracts.
6	Information governance leads MUST review the information governance implications of implementation of the Standard within their organisation(s), and if necessary, plan for and implement mitigating actions to address any identified risks such that they are as low as reasonably possible.
7	Clinical governance, social care governance and IT safety leads MUST consider and take mitigating action to address the identified hazards as outlined in the NHSE Clinical Safety Report and any other locally identified risks or hazards associated with implementation of the Standard such that they are as low as reasonably possible.
8	Clinical leads and social services team leaders / service managers SHOULD review the Implementation Guidance accompanying this Standard and consider whether changes are required to current professional practice, business practices, training, and local policies / pathways.
9	Organisations MUST establish a clear, stepwise approach (or procedure) which all professionals and relevant staff are supported to follow to enable consistent, effective compliance with the Standard as part of 'business as usual'. This MUST include a clear procedure for the accurate and consistent identification, recording, entry of information onto the system for Digital Flagging, and sharing and reviewing of the data items or categories defined by the Standard. It MUST also include a clear and locally well-known procedure for ensuring that such requirements are met.

Implementing the standard: Workforce, human resources and training

10	Organisations MUST review the ability of their workforce to implement the Standard and, if necessary, plan for and implement a training and / or awareness programme so that compliance with the Standard is achieved.
11	Organisations MUST provide, arrange for and / or support relevant staff to receive any training which is identified as locally necessary to enable effective implementation of the Standard.
12	Organisations SHOULD support their staff to access training and resources offered by NHS England to support implementation of the Standard.

#	Requirement
Ongoing compliance with the standard: Identification and recording of disability and Reasonable Adjustment requirements	
13	<p>Professionals MUST identify and record disability information and Reasonable Adjustment requirements of their patients and service users where such requirements relate to or are caused by a disability, as defined by the Equality Act (2010); Professionals and relevant staff SHOULD proactively prompt individuals to identify if they have a disability and any Reasonable Adjustment requirements, with support for them to describe the type of impairment and Adjustment that they require.</p> <ul style="list-style-type: none"> • Such information relating to Impairment or Disability SHOULD be entered if agreed with the patient, carer or following a Best Interests decision • Such information relating to Reasonable Adjustments MUST be recorded in the individual’s record as part of their first or next interaction with the service. • In electronic systems which use SNOMED CT, such information MUST be recorded using the categorised codes defined by this Standard. <p>In electronic systems which use other coding systems or terminologies, or where paper records are used, such information MUST be recorded in line with the human readable definitions / categories associated with the data items.</p>
14	<p>Organisations MUST ensure that disability information and Reasonable Adjustment requirement for patients and service users, where such needs relate to or are caused by a disability, as defined by the Equality Act (2010), are identified, and recorded:</p> <ul style="list-style-type: none"> • Upon registration with the service. • As part of the initial contact or interaction with the service. • In an emergency or urgent care scenario, as soon as is practical after initial interaction with the service. • At first appointment. • Upon receipt of a ‘certificate of vision impairment’ from an ophthalmologist or other clinical communication. • Upon receipt of notification that a person has a sensory loss or learning disability or any other impairment or disability meeting the Equality Act (2010) criteria. • When a diagnosis or symptoms indicate a new or revised level of long-term impact of an impairment at a significant level, as defined by the Equality Act (2010), equating to a disability. • As part of a health check. • As part of care or support planning.

#	Requirement
	This MAY require changes to existing electronic and paper recording systems and / or documentation. Electronic recording and administration systems MUST enable recording of disability and any Reasonable Adjustment requirements in line with the categorised codes defined by the Standard. Paper-based systems and documentation MUST enable recording in line with the human readable definitions of the data items associated with the categories defined by the Standard. Systems and documentation MUST be formatted to make any record of Reasonable Adjustment requirement highly visible.

Ongoing compliance with the standard: Identification and recording of disability and Reasonable Adjustment requirements

15	Organisations MUST ensure that recorded disability and Reasonable Adjustment information is accurate. Systems for edit checking / quality assurance of data MUST be put in place, including establishment of alerts or mechanisms to prevent or discourage the recording of mutually incompatible data in related fields.
16	Organisations MUST ensure that data recorded about individuals' disability and any Reasonable Adjustment requirement is current. Systems MUST enable records made about individuals' disability, impairment, and any requirement for Reasonable Adjustment to be revised and SHOULD include prompts for review at appropriate points such as each new contact with services.
17	The disabled person SHOULD be aware of the exact information recorded about their disability and requirement for Reasonable Adjustment. They SHOULD be afforded the opportunity to verify accuracy.
18	Where online systems enable patients or service users to access their own records, and subject to GDPR safeguards, such systems MUST enable an individual to see the data recorded about their disability and Reasonable Adjustment requirement and request changes if necessary.
19	Professionals SHOULD review, and if necessary, update, data recorded about individuals' disability and Reasonable Adjustment requirement alongside verification and revision of data held in other demographic fields.

Ongoing compliance with the standard: Supporting documents

20	Where an individual has a Care Plan (such as a Hospital Passport or Personalised Care Plan), the organisation responsible for developing or holding the plan SHOULD ensure that it includes information about the individual's disability and/ or impairment and MUST include information about the Reasonable Adjustment requirement, recorded in line with the Standard.
21	Where used, local documents used to support professionals in understanding the individual's disability and any requirement for Reasonable Adjustments, SHOULD include information about disability or impairment, and MUST include information about any Reasonable Adjustment requirement, in agreement with the patient,

#	Requirement
	carer or following a Best Interests Decision. These include, but are not limited to health passports, communication passports, “About me” records, ‘my health need’ cards and ‘NHS help cards’

Ongoing compliance with the standard: Flagging and prompts to action

22	Organisations MUST ensure that electronic patient or service user administration and record systems include electronic flags to indicate that an individual has a recorded disability and requirement for Reasonable Adjustment. Such flags MUST be highly visible and MUST prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met – such as prompting for longer appointments/ first or last appointment in session when appointment booking etc.
23	Organisations MUST ensure that paper-based administration and record systems include flags to indicate that an individual has a recorded disability and any Reasonable Adjustment requirement. Such flags MUST be highly visible and MUST prompt staff to take appropriate action.

Ongoing compliance with the standard: Sharing of needs

24	Organisations MUST ensure that information about individuals’ disability and any Reasonable Adjustment requirement is included as part of existing data-sharing processes, and as a routine part of admission, referral, discharge, and handover. All information sharing MUST follow existing processes and information governance protocols.
25	Organisations MUST ensure that they use relevant interfaces to support sharing of disability and Reasonable Adjustment information through future digital integration (when available in their system). This SHOULD include the ability to receive or share relevant information from or with other organisations. All information sharing MUST follow existing processes and information governance protocols.

Assessment and assurance of compliance with the standard

26	Organisations MUST prepare and publish or display a Digital Flagging of Reasonable Adjustment policy which outlines how they will identify record, flag and share disability and Reasonable Adjustment information with reference to integration of this information with the Digital Reasonable Adjustment Digital Flag.
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7.5.1.2. Conformance - health and social care providers

- All **MUST** requirements must be met.
- All **SHOULD** requirements must be met or there must be a credible, legitimate reason documented for why they have not been.

- **MAY** requirements are optional.

The following specific conformance criteria should be used to demonstrate conformance. Conformance criteria arising from DAPB1605 **MUST** be considered alongside:

Conformance criteria

Implementing the standard: Procedures, systems and governance

Organisations have prepared effectively for implementation of the Standard, including assessing their current systems and processes, and developing and rolling out a local implementation plan.

Implementation Guidance accompanying the Standard has been read and used to inform local decision-making.

Patient / service user has ensured administration and record systems, platforms, processes, and documentation adhere to the Standard.

Contracts for patient / service user record and administration systems include the requirement for the system to adhere to the Reasonable Adjustment Digital Flag Standard and the related DAPB1605 Accessible Information Standard.

Information governance risks associated with implementation of the Standard have been identified and mitigating actions completed such that residual risks are as low as reasonably possible.

Clinical and other safety risks associated with implementation of the Standard have been identified and mitigating actions completed such that residual risks are as low as reasonably possible.

Following assessment, all actions required to change current professional practice, business practices, training and / or local policies / pathways to enable implementation of and compliance with the Standard have been completed.

A clear, stepwise approach (or procedure) to ensure compliance with the Standard as part of 'business as usual' is in place and being followed by professionals and relevant staff. There is a high level of awareness of the approach / procedure amongst the workforce.

Organisations have prepared effectively for implementation of the Standard, including assessing their current systems and processes, and developing and rolling out a local implementation plan.

Implementing the standard: Workforce, human resources and training

Where identified as necessary following local assessment of the workforce, a programme of staff training and / or awareness-raising has been completed.

Conformance criteria

Staff competency / training records indicate that relevant staff and professionals have received any training identified as locally necessary to enable effective implementation of the Standard, including accessing training and resources offered by NHS England to support implementation of the Standard where appropriate.

Ongoing compliance with the standard: Identification and recording of disability and Reasonable Adjustment requirements

Organisations identify and record disability and Reasonable Adjustment requirements when individuals first interact or register with their service.

Organisations identify and record disability and Reasonable Adjustment requirements as part of ongoing / routine interaction with the service by people already accessing the service.

Patient / service user records include consistent population of fields relating to disability and Reasonable Adjustment requirements.

Record systems and relevant documentation enable recording of disability and Reasonable Adjustment requirements in line with the Standard and are formatted to make any record of Reasonable Adjustment requirements highly visible.

Ongoing compliance with the standard: Identification and recording of disability and Reasonable Adjustment requirements

Quality assurance / edit checking processes are in place to verify accuracy of data recorded about individuals' disability and Reasonable Adjustment requirement.

Mechanisms are in place to alert, prevent or discourage the population of mutually incompatible disability and Reasonable Adjustment data fields.

Systems enable revision / amendment of records made about individuals' disability and Reasonable Adjustment requirement and, where possible, include prompts for review at appropriate points.

Feedback from patient surveys or other sources demonstrate that individuals are aware of the exact nature of the information which has been recorded about their disability and any Reasonable Adjustment requirement.

Where online systems enable patients or service users to access their own records, there is evidence that individuals have viewed and / or contributed to their records with regards to disability and any Reasonable Adjustment requirements.

Data recorded about individuals' disability and any requirement for Reasonable Adjustment is reviewed and refreshed alongside other data held in demographic fields.

Conformance criteria

Ongoing compliance with the standard: Supporting documents

Care plans include information about individuals' disability and any Reasonable Adjustment requirement, where applicable.

Local documents used to support professionals in understanding individual needs include any information about individuals' disability and any Reasonable Adjustment requirement.

Ongoing compliance with the standard: Flagging and prompts to action

Electronic patient or service user administration and record systems automatically identify disability and any requirement for Reasonable Adjustment, and flag, prompt or otherwise make this highly visible to staff whenever the record is accessed.

Ongoing compliance with the standard: Sharing of needs

Arrangements and protocols are in place such that information about individuals' disability and Reasonable Adjustment requirement is included as part of existing data-sharing processes, and as a routine part of admission, referral, discharge, and handover.

Organisations use an appropriate interface (when available through future digital integration) for receiving or sharing Reasonable Adjustment Digital Flag information from or with other organisations.

Assessment and assurance of compliance with the standard

A Flagging of Reasonable Adjustment policy has been published and is publicly available. This policy outlines how disability and Reasonable Adjustment requirement of information will be identified, recorded, flagged, shared (including with the Reasonable Adjustment Digital Flag).

Feedback has been received from disabled people with requirement for Reasonable Adjustment.

7.5.2. Requirements and conformance – IT systems

7.5.2.1. Requirements – IT systems

In the tables below ‘systems’ refers to “patient or service user record and / or administration systems supplied to or used by providers of NHS or publicly funded social care”.

#	Requirement
Overview	
1	Those responsible for patient or service user record and / or administration systems used by providers of NHS and / or social care MUST update, change, or replace those systems so that they conform to the Standard.
Design: Safety and accessibility	
2	Systems used for the recording of individuals’ disability and Reasonable Adjustment requirement SHOULD be designed and built with consideration for the clinical safety risks identified in the Clinical Safety Case published alongside this Specification.
3	Systems used for the recording of individuals’ disability information and any Reasonable Adjustment requirement MUST allow the patient or service user (or their carer or parent) to view their own record and Reasonable Adjustment information and SHOULD allow the patient or service user (or their carer or parent) to view their own record and Reasonable Adjustment information electronically.
Functionality: Data items	
4	Systems MUST enable recording of all the data items or categories associated with the information defined by this Standard, in their specified format (see Appendix A and Appendix B and Implementation Guidance for this Standard. Local systems MAY hold more information than is required by this Standard.
5	Systems SHOULD alert users – in line with other review reminders – when none of the data items / categories associated with this Standard has been selected.
6	Systems SHOULD support edit checking / quality assurance of data recorded about individuals’ disability and Reasonable Adjustment requirement. This MAY include generating an alert or preventing users from populating mutually incompatible data fields (in line with best practice).
7	The system MUST allow for changes to the data items associated with this Standard over time, including following release of new or amended SNOMED CT or Data Dictionary codes (where used by relevant systems), and enabling any locally defined additional information to be captured.

#	Requirement
Functionality: Notification and flagging	
8	Electronic patient or service user administration and record systems SHOULD automatically identify a disability and requirement for Reasonable Adjustment, and flag, prompt or otherwise make this highly visible to staff whenever the record is accessed.
9	Systems MUST include functionality to notify staff involved – or to be involved soon – in the administration or care of patients or service users of their Reasonable Adjustment requirement.
Functionality: Sharing of needs	
10	Systems MUST ensure that information about individuals’ disability and any Reasonable Adjustment requirement is included as part of existing data-sharing processes, and as a routine part of admission, referral, discharge, and handover. All information sharing MUST follow existing processes and information governance protocols.
11	Systems MUST ensure that they develop relevant interfaces to support sharing of disability and Reasonable Adjustment information through future digital integration. This SHOULD include the ability to receive or share relevant information from or with other organisations using FHIR® messaging specifications or for integration with the information on the NHS Spine. All information sharing MUST follow existing processes and information governance protocols.
Functionality: Review	
12	The system MUST enable records made about individuals’ disability and any requirement for Reasonable Adjustment to be revised / amended.
13	The system SHOULD prompt for a review of data recorded about individuals’ disability and any Reasonable Adjustment requirement alongside and concurrent with review of data held in other demographic fields.

7.5.2.2. Conformance – IT systems

This section describes the tests that can be applied to indicate that the Standard is being used correctly by those responsible for the implementation and maintenance of health and care IT systems.

Conformance criteria

Design: Safety and Accessibility

Systems used for the recording of individuals’ disability and any Reasonable Adjustment requirement have been designed and built with consideration for the clinical safety risks identified in the Clinical Safety Case published alongside this Specification.

Conformance criteria

Where online systems and local procedures enable patients or service users to access their own records, the system allows the patient or service user (or their carer or parent) to view the data recorded about their disability and any Reasonable Adjustment requirement.

Functionality: Data Items

Systems enable recording of all the data items or categories associated with this Standard in their specified format.

Systems alert users when none of the data items or categories in any one of the subsets associated with the Standard has been selected. This should be in line with other review reminders used on the local system.

Systems support edit checking / quality assurance of data recorded about individuals' disability and Reasonable Adjustment requirement.

Systems generate an alert or prevent or discourage users from populating mutually incompatible data fields when recording individuals' disability and Reasonable Adjustment requirement (in line with best practice).

Systems allow for changes to the data items associated with the Standard over time, including following release of new or amended SNOMED CT or Data Dictionary codes (where used by relevant systems), and enable any locally defined additional information to be captured.

Functionality: Notification or Flagging

Systems include functionality to notify staff involved – or to be involved soon – in the administration or care of patients or service users of their disability and Reasonable Adjustment requirement.

Systems automatically identify a recorded need for Reasonable Adjustment and flag, prompt or otherwise make this highly visible to staff whenever the record is accessed.

Functionality: Auto-Generation

Systems include functionality to notify staff involved – or to be involved soon – in the administration or care of patients or service users of their disability and Reasonable Adjustment requirement.

Systems automatically identify a recorded need for Reasonable Adjustment and flag, prompt or otherwise make this highly visible to staff whenever the record is accessed.

Functionality: Review

The system allows for records made about individuals' disability and requirement for Reasonable Adjustment to be revised or amended.

Conformance criteria

The system prompts for a review of data held about individuals' disability and Reasonable Adjustment requirement alongside and concurrent with review of data held in other demographic fields.

Feedback has been received from disabled people with requirement for Reasonable Adjustment.

7.5.3. Requirements and conformance – commissioners

7.5.3.1. Requirements – commissioners

In the table below, 'commissioners' refers to "organisations with responsibility for commissioning NHS and / or social care". This includes, but is not limited to, Integrated Care Systems, local authorities. and NHS England.

#	Requirement
1	Commissioners MUST ensure that their commissioning and procurement processes, including contracts, tariffs, frameworks, and performance-management arrangements (including incentivisation and penalisation), with providers of health and / or social care reflect, enable, and support implementation and compliance with this Standard.
2	Commissioners MUST seek assurance and evidence from provider organisations of their compliance with this Standard.

7.5.3.2. Conformance - health and social care providers

This section describes the tests that can be applied to indicate that a commissioning organisation is complying with the Standard.

Conformance criteria

Contracts, tariffs, frameworks, and performance-management arrangements reflect, enable and support implementation and compliance with the Standard by providers of health and social care.

Commissioners have sought and received assurance and evidence from provider organisations of their compliance with this standard.

8. Data management and quality

8.1. Data requirements of the standard

The Standard does not require organisations to submit data as part of any national collection. However, it does specify recording practices and standards with regards to individuals' disability and requirement for Reasonable Adjustment (for use to support direct patient / service user care and access to services / support).

8.2. Terminology and coding

8.2.1. Overview

Whilst not requiring submission of data as part of any national collection, the Standard is concerned with increasing the consistency and clarity of recording practices with regards to individuals' disability and requirement for Reasonable Adjustment for the purposes of care.

This standard includes:

- The use of the SNOMED CT code (or equivalent text) for the [Equality Act \(2010\)](#) definition of disability.
- The defined subsets for the existing DAPB1605 Accessible Information standard and the GSS Harmonised Impairment Standard listed within the [NHS Data Dictionary](#) with associated data items available in SNOMED CT.
- A set of additional codes logically grouped in seven new categories. For details of the categories and codes see [Appendix A](#).
- The grouping of all the above codes in fields linking Disability, Impairment and Reasonable Adjustment.
- The creation of a Flag containing the above fields and codes.

Current SNOMED CT codes / data items associated with this Standard **MUST** be used to record individuals' disability and Reasonable Adjustment requirement in line with this Standard, where electronic systems use / refer to any one of the three clinical terminologies or Data Dictionary. In addition, the relevant disability and impairment coded items must be used including the GSS Harmonised Impairment Standard codes ([Appendix A](#)) available in NHS Data Dictionary.

Additional SNOMED codes or data items may be requested and, if appropriate, released, in future. Organisations responsible for patient or service user record and / or administration systems used by providers of NHS and / or social care **MUST** ensure that the coding used in those systems is current and up to date.

Where systems do not use / refer to any of the clinical terminologies, and where paper-based systems are used, information about individuals' disability, impairment and Reasonable Adjustment requirements **MUST** be recorded using the 'fully specified name' as listed alongside SNOMED CT codes / the 'human readable definitions' of the data items or

categories, but **MUST** comply with the requirements to enter and review this data using the Digital Flag on the NCRS either by digital integration or by direct entry using the NCRS portal.

Further advice about the data requirements of the Standard is included in the Implementation Guidance for this Standard.

8.2.2. Terminology and coding requirements

#	Requirement
Terminology and coding	
1	The specified codes MUST be used where electronic systems use / refer to any one of the three clinical terminologies or Data Dictionary, and these codes MUST be up to date in line with scheduled code releases.
2	In electronic systems which do not use SNOMED CT and where paper-based systems are used, information MUST be recorded in line with the human readable definitions of the data items (also known as categories) or the ‘fully specified name’ as listed alongside SNOMED CT or Data Dictionary codes.
3	As with DAPB1605, NHS organisations and suppliers implementing the Standard MUST refer to SCCI0034 (the SNOMED CT fundamental standard). NHS organisations contracting for new patient record and administration systems must specify that suppliers use SNOMED CT, Data Dictionary for all coded information within systems that are developed, but there may also be a need to support other coding systems where required for interoperability.

8.2.3. Terminology and coding conformance criteria

Conformance criteria
Terminology and Coding
Systems implementing this Standard use the specified codes in the native code system with codes up to date in line with scheduled code releases. Where there is no native code system, information is classified and recorded using the human readable definitions (fully specified name) of the relevant code / the applicable category.
Health and social care organisations and suppliers implementing this Standard use SNOMED CT and include this in the specification in any new procurement, irrespective of any other coding systems that are also required.

8.2.4. Mandatory fields – requirements and conformance criteria

It is mandatory for IT systems to support recording of the data items associated with this Standard or their human readable definitions / categories.

#	Requirement
Mandatory fields	
1	Organisations and systems MUST comply with this Standard in recording individuals' disability and requirement for Reasonable Adjustment, including using defined data items and codes (where relevant terminologies are used in systems or human readable definitions where not).
2	Organisations implementing this Standard MAY decide on any additional content to be included as part of local data collection and recording practice.

Conformance criteria

Mandatory fields

Systems comply with this Standard through recording individuals' disability information and any requirement for Reasonable Adjustment using defined data items and codes (where relevant terminologies are used in systems) or human readable definitions (where relevant terminologies are not used in systems).

Where an individual is identified as having a disability and requirement for Reasonable Adjustment, the data item or its human readable definition cannot be left blank.

8.3. Data flows

This Standard requires that recorded data about individuals' disability and any Reasonable Adjustment requirement is included as part of existing data-sharing processes, and as a routine part of admission, referral, discharge, and handover processes. All information sharing **MUST** follow existing processes and information governance protocols.

A Reasonable Adjustment Digital Flag FHIR® [FHIR \(Fast Healthcare Interoperability Resources\)](#) API has been developed for future digital integration. This API will support local sharing of Reasonable Adjustment Digital Flag information between organisations and allow organisations to update the Reasonable Adjustment Digital Flag in the NHS Spine from local Reasonable Adjustment Flag records.

All the SNOMED codes associated with this Flagging of Reasonable Adjustment Standard are included in the 'inclusion dataset' (SCR v2.1) for [Summary Care Records with additional information](#).

8.3.1. Data flow in General Practice

In a GP practice setting, correct recording of individuals' disability and any Reasonable Adjustment requirement using the codes associated with this Standard will support effective transfer of data through the electronic '[GP2GP](#)' system when patients change practices.

8.4. Information governance – requirements and conformance

#	Requirement
Information governance	
1	All IT systems MUST comply with legal information governance requirements, including ISB 1512 Information Governance Standards Framework: <u>Information Governance Standards Framework</u> For data security and confidentiality to ensure security and protection of the data when viewed, transferred and stored. Organisations should also refer to, and ensure that they comply with, all relevant professional or sector-specific protocols with regards to information governance in implementing this Standard.
2	Implementation of this Standard MUST follow existing information governance standards and frameworks

Conformance criteria

Information governance

Systems used for the recording of individuals' disability and Reasonable Adjustment requirement comply with legal information governance requirements for data security and confidentiality ensuring security and protection of the data when viewed, transferred, and stored.

Systems implementing this Standard follow existing information governance standards and frameworks.

9. Timescales

The requirement to provide Reasonable Adjustment for disabled people is an existing legal duty and should be “business as usual”. The expectations in this standard relate to the identification, recording, flagging (using the Reasonable Adjustment Digital Flag) and sharing of Reasonable Adjustments for **all** those in need of Reasonable Adjustment Digital Flagging, and for people with a Learning Disability and Autistic people, to indicate these diagnoses, where present. It is essential that organisations ensure that they comply with the requirements for a Flag to indicate the that the person has a Learning Disability and/or is Autistic **and** the requirements for the Reasonable Adjustment Digital Flag and that it is not considered that achievement of only one of these aspects would meet conformance criteria.

Phase	Task	Date
One	Implementation date: organisations MAY begin to implement the Standard.	Immediately upon publication of the ISN.
One	Organisations MUST have begun to prepare for implementation of the Standard, including through assessing their current systems and processes, and developing and commencing roll out of a local implementation plan to achieve implementation of, and compliance with, this Standard in line with published deadlines.	By 01 Dec 2023
One	Organisations MUST have made necessary changes such that they routinely identify and record the disability, impairments, and any associated Reasonable Adjustment requirement at first registration or interaction with their service.	By 01 Feb 2024
One	Organisations MUST identify the disability and associated Reasonable Adjustment requirement of their existing registered or known patients or service users during routine appointments or interactions with the service.	By 01 Feb 2024
One	All patients with a Learning Disability and/ or patients who are Autistic MUST have a Flag on their record to indicate this, which is visible to all those who are involved in the care of the patient	By 31 Mar 2024*
One	Organisations MUST ensure that systems are in place to place a Flag on the records of all those identified as needing Reasonable Adjustments that is highly visible to all those in the Organisation who are involved in the care of the patient and that systems are in place by which disability and Reasonable Adjustment information is consistently shared by any necessary new and existing local processes	By 31 Mar 2024
Two	Organisations MUST ensure systems and processes are in place to share Reasonable Adjustments information to and from the Reasonable Adjustment Digital Flag using digital integration	By 30 June 2024
Two	Date of full conformance: full implementation of all aspects of the Standard is required.	By 30 June 2024

*These timescales align with the Long-term Plan Requirement (that by 2023/24):

a ‘digital flag’ in the patient record will ensure staff know a patient has a learning disability or autism.

10. Further developments and communications

Information on the Digital Flag and relevant publications are available on the [NHS England Reasonable Adjustment Flag website](#).

11. Testing

A Pilot Report - detailing the outcomes of the initial pilot of the Reasonable Adjustment Digital Flag on the NHS Spine is available on the [NHSE website](#). Piloting of the draft Reasonable Adjustment Digital Flag on the NHS Spine aimed to ensure that the approach was fit for purpose: including to evidence successful 'first of type' implementation and to enable evaluation of the impact of its future usage in health and social care settings. The NHS Spine Reasonable Adjustment Digital Flag offers an example or template for the creation of flagging of Reasonable Adjustment in local records and systems in line with this standard.

12. Maintenance

To raise a query or log a change request please contact NHS England by emailing: england.nhs.participation@nhs.net. Please state 'Flagging of Reasonable Adjustment Standard' in the subject.

13. Risks and issues

The Senior Responsible Officer will remain ultimately accountable for oversight of the risks and issues associated with the Standard, including their mitigation and resolution.

Appendix A - Clinical and Data Dictionary codes used to define disability and impairment in the Reasonable Adjustment Digital Flag

Flagging of Reasonable Adjustment; Disability-impairment codes

This table lists the SNOMED and Data Dictionary codes being utilised for recording disability in the flag.

Category	Code Description	CODE	Comments
Equality Act disability threshold	Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act 2010)	1326341000000105	If the patient meets the Equality Act (2010) criteria associated with this code, then any Reasonable Adjustment requirement should be identified and flagged.
Harmonised Impairment Standard	Vision (for example blindness or partial sight)	1	<ol style="list-style-type: none"> This step improves the inclusive identification of patients with a disability in relation to both diagnosed /identified conditions and undiagnosed / indicated conditions. It may not always be possible, nor is it necessary, to categorise a condition as either a physical or a mental impairment (Equality Act (2010) guidance) and there is the option for the individual to 'prefer not to say'. These are Data Dictionary codes Each impairment is associated with an optional free text field which may include supporting information in relation to the nature of the impairment. This is Optional (as None of the above or patient would prefer not to say), requiring both patient and clinician approval or Best Interest
	Hearing (for example deafness or partial hearing)	2	
	Mobility (for example walking short distances or climbing stairs)	3	
	Dexterity (for example lifting and carrying objects, using a keyboard)	4	
	Learning or understanding or concentrating	5	
	Memory	6	
	Mental health	7	
	Stamina or breathing or fatigue	8	
	Social or behavioural (for example associated with autism spectrum disorder (ASD) which includes Asperger's, or attention deficit hyperactivity disorder (ADHD))	9	
	Other (please specify)	10	
	Patient would prefer not to say	12	

Related Underlying condition	Condition	SNOMED code	Optional: Where available as recorded in the local clinical system, if helpful and the patient has consented to share or in Best Interest.

The following table shows the process of identifying a level of impairment, in line with GSS Impairment Harmonised Standard / Equality Act (2010) definitions, which may warrant potential Reasonable Adjustment in the provision of services. Such identification acts as a trigger for a local Reasonable Adjustment Digital Flag and the offer of a Reasonable Adjustment Digital Flag on the NHS Spine.

The first step is to confirm the patient's level of impairment meets the Equality Act (2010) threshold for requiring adjustment to care. The criteria for outlined in the following national guidance:

[Equality Act \(2010\) Guidance](#)

The second step is to identify the category or type of impairment as defined within the Impairment Harmonised Standard / Equality Act (2010), including the option for the person to 'prefer not to say'

The third and final step – which is optional - is to indicate any relevant key known conditions from the patient's local record that are associated with the identified impairment. It is important to note that a specific condition or diagnosis is not required for level of impairment (as defined by the Equality Act (2010)) to indicate a disability; this step can therefore be considered to be optional.

The following examples show the three steps in recording disability as defined in the Equality Act (2010)		
Patient meets the Equality Act (2010) criteria¹	Categorisation of impairment defined by Impairment Harmonised Standard²	Key Known associated conditions (optional)
Example 1: Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act 2010)	<ul style="list-style-type: none"> • Learning or understanding or concentrating 	Angelman's syndrome
Example 2: Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act 2010)	<ul style="list-style-type: none"> • Mobility (for example walking short distances or climbing stairs) • Dexterity (for example lifting and carrying objects, using a keyboard) 	Muscular Dystrophy
Example 3: Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act 2010)	<ul style="list-style-type: none"> • Learning or understanding or concentrating 	(Left blank because no specific condition has been recorded)
Example 4: Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act 2010)	<ul style="list-style-type: none"> • Prefer not to say 	

Appendix B – List of Reasonable Adjustment SNOMED codes grouped by category (including DCB1605)

Flagging of Reasonable Adjustment SNOMED adjustment codes grouped by adjustment category

This table provides the categories and SNOMED codes being utilised for the flagging of Reasonable Adjustment. These codes do not define all possible or potential Reasonable Adjustments for a patient. They are key codes associated with the flagging of Reasonable Adjustments, providing key information made available in advance to help a care episode go well or happen at all. As such, they focus on high level requirements related to effective communication, additional support that may be required, individual care requirements, the environment of care, additional support needs arising from the patient’s disability or related conditions, bespoke personalised adjustments.

The presence of one or more of these codes in a local clinical record may indicate a patient that requires Reasonable Adjustment to care, if the relevant Equality Act (2010) criteria are met.

[Equality Act \(2010\) Guidance](#)

The adjustment information will be recorded in systems using the coded items below with a supporting free text field (per coded item).

The adjustment codes are grouped into the following categories:

Reasonable Adjustment Digital Flag Category	Key purpose
Accessible Information - communications support	Communication codes as defined in the Accessible Information standard – DCB1605
Accessible Information - requires communications professional	
Accessible Information - requires specific contact method	
Accessible Information - requires specific information format	
Additional communication needs and support	Communication needs not included in DCB1605
Community Language Support	For disabled patients whose main form of communication is not English

Reasonable Adjustment Digital Flag Category	Key purpose
Additional Support	Need for additional staff, carer, supervision, or other resource to provide support including use of support animals
Individual Care Requirements	Related to anxiety, phobias, preferences, anticipatory plans including prioritisation, timing and use of procedures or aids
Adjustments in relation to the environment of care	Including needs in relation to lighting, noise, space, access, or other needs arising from the clinical environment of care.
Adjustments to support additional needs	Additional support needs to be highlighted and monitored - arising from the patients' disability or related underlying clinical conditions.
Bespoke Reasonable Adjustments	Bespoke adjustments personalised to the patients very specific and unique requirements - where not possible to be coded otherwise. The supporting free text field contains the full detail of the support context and adjustments.

Some codes below are listed twice in separate categories for graphical user interface picklist purposes as users may wish to be offered the code in response to different contexts e.g., as an individual care requirement AND/OR an environment requirement specific to a care setting. Codes should not need to be recorded twice. For details of Accessible Information communication codes see the DCB1605 reference sets in the relevant SNOMED terminology release.

Category	Code Description	CODE
Accessible Information - communications support (DCB1605)	Does lip read	
	Does use communication device	
	→Uses high technology communication device	
	→Uses low technology communication device	
	→Uses non-powered communication device	
	→Uses powered communication device	
	Does use hearing aid	
	Preferred method of communication: British Sign Language	
	Preferred method of communication written	
	Requires aphasia-friendly communication	
	Requires support for expressive communication needs	
	Requires support for receptive communication needs	
	Uses a citizen advocate	
	Uses a legal advocate	
	Uses alternative communication skill	
	Uses cued speech transliterator	
	Uses deafblind intervener	
	Uses Deafblind Manual Alphabet	
	Uses electronic note taker	
	Uses gestures for communication	
Uses hearing loop		
Uses lipspeaker		
Uses manual note taker		

	Uses objects for communication	
	Uses personal audio recording device to record information	
	Uses Personal Communication Passport	
	Uses sign language	
	→ Uses British Sign Language	
	→ Uses Makaton sign language	
	Uses speech to text reporter	
	Uses telecommunications device for the deaf	
Accessible Information - requires communications professional (DCB1605)	British Sign Language interpreter needed	
	Hands-on signing interpreter needed	
	Makaton Sign Language interpreter needed	
	Needs an advocate	
	Requires deafblind block alphabet interpreter	
	Requires deafblind communicator guide	
	Requires deafblind haptic communication interpreter	
	Requires deafblind manual alphabet interpreter	
	Requires lip speaker	
	Requires manual note taker	
	Requires sighted guide	
	Requires speech and language therapist support to communicate	
	Requires speech to text reporter	
	Sign Supported English interpreter needed	
Visual frame sign language interpreter needed		
Accessible Information - requires specific contact method (DCB1605)	Requires audible alert	
	Requires contact by email	
	Requires contact by letter	
	Requires contact by short message service text message	
	Requires contact by telephone	
	Requires contact by text relay	
	Requires contact via carer	

	Requires tactile alert	
	Requires visual alert	
Accessible Information - requires specific information format (DCB1605)	Requires healthcare information recording on personal audio recording device	
	Requires information by email	
	Requires information in aphasia-accessible format	
	Requires information in contracted (Grade 2) Braille	
	Requires information in Easy read	
	Requires information in electronic audio format	
	Requires information in electronic downloadable format	
	Requires information in Makaton	
	Requires information in Moon alphabet	
	Requires information in uncontracted (Grade 1) Braille	
	Requires information on audio cassette tape	
	Requires information on compact disc	
	Requires information on digital versatile disc	
	Requires information on universal serial bus mass storage device	
	Requires information verbally	
	Requires third party to read out written information	
	Requires written information in at least 20-point sans serif font	
Requires written information in at least 24-point sans serif font		
Requires written information in at least 28-point sans serif font		
Additional communication needs and support	Difficulty analysing information	307089001
	Difficulty processing information accurately	311540003
	Difficulty processing information at normal speed	311543001
	Emergency contact details of specialist support team	1325291000000103
	Expresses pain atypically	1108141000000108
	Has My Healthcare Passport	1108121000000101
	Needs assistance with communication	737350008
	Requires appointment reminders	1108131000000104
	Requires approach to care to be discussed with carer	1325421000000100

	Requires carer to be present at encounters	1108151000000106
	Uses a non-speech system for communication	288595009
	Uses apps on mobile device to support communication	955771000000100
	Uses functional communication skills	840290008
	Uses non-verbal communication	288583009
	Uses switches for communication	954871000000106
	Uses Tadoma method for communication	936561000000105
	Uses verbal communication	288601001
Community Language Support	Abkhazian language interpreter needed	362721000000106
	... 200+ existing language codes	
Additional Support	Dependence on seeing eye dog	105506000
	Emergency contact details of specialist support team	1325291000000103
	Has appointed person with personal welfare lasting power of attorney (Mental Capacity Act 2005)	816361000000101
	Has appointed relevant person's representative (Mental Capacity Act 2005)	988851000000103
	Needs assistance with medication regimen adherence	829101000000101
	Requires additional healthcare personnel to be present at encounter	1325861000000105
	Requires approach to care to be discussed with carer	1325421000000100
	Requires constant supervision	240451000000106
	Requires enhanced discharge planning	1109351000000102
	Unsafe to be left alone	225861007
	Uses emotional support animal	1325301000000104
	Uses guide dog for the blind	862731000000105
Individual Care Requirements	Anxiety related to clinical environment	1325321000000108
	Has anticipatory care plan	792871000000101
	Needle phobia	231501003
	Preference for female healthcare professional	314434008
	Preference for male healthcare professional	314435009
	Requires distraction technique whilst undergoing care procedure	1325411000000106
	Requires extended appointment	1108171000000102
	Requires familiarisation with care environment	1325341000000101

	Requires familiarisation with care procedure	1325331000000105
	Requires first appointment in appointment schedule	1325351000000103
	Requires home visit appointments	1325371000000107
	Requires last appointment in appointment schedule	1325361000000100
	Requires minimal waiting time between arrival and being seen in care environment	1325841000000109
	Requires single room during inpatient care	1325401000000109
	Requires priority appointment	1108161000000109
	Self-care deficit for medication management	285035003
	Uses dispensed monitored dosage system	865301000000107
Adjustments in relation to the environment of care	Anxiety related to clinical environment	1325321000000108
	Dependence on seeing eye dog	105506000
	Eyes sensitive to light	246622003
	Noise intolerance	247994001
	Photophobia	409668002
	Requires familiarisation with care environment	1325341000000101
	Requires low light environment	1325381000000109
	Requires low noise environment	1325391000000106
	Requires single room during inpatient care	1325401000000109
	Requires wheelchair access	1108191000000103
	Uses emotional support animal	1325301000000104
Uses guide dog for the blind	862731000000105	
Adjustments to support Additional Needs	Assessment of eating and drinking behaviour indicated	1325761000000101
	Constipation care indicated	1325741000000102
	Dysphagia therapy regime indicated	1325751000000104
	Screening for risk of falls indicated	1325771000000108
	Seizure management indicated	1325781000000105
	Self-harm behaviour management indicated	1325791000000107
Thyroid function test indicated	1325801000000106	
Bespoke Reasonable Adjustments	Requires Reasonable adjustment for health and care access (Equality Act 2010)	1108111000000107

Appendix C – Resources

Links used in this standard.

Related standards

- Accessible Information Standard: <https://www.england.nhs.uk/ourwork/accessibleinfo/>
- Harmonised Impairment Standard: Government Analysis Function: <https://analysisfunction.civilservice.gov.uk/policy-store/impairment/>
- Harmonised Impairment Landing Page: <https://analysisfunction.civilservice.gov.uk/about-us/glossary/#harmonised-standards-and-guidance>
- Harmonised Impairment Standard guidance: https://www.datadictionary.nhs.uk/supporting_information/impairment_harmonised_standard.html
- Mental Health Services Data Set: <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb0011-mental-health-services-data-set>
- DCB0129: Clinical Risk Management: its Application in the Manufacture of Health IT Systems: <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems>
- SNOMED CT: <https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct>
- DCB1596: Secure email: <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb1596-secure-email>

Legislation and Guidance

- Health and Social Care Act: <https://www.legislation.gov.uk/ukpga/2012/7/section/250>
- Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/contents>
- Guidance to the use of the Equality Act (2010): <https://www.gov.uk/government/publications/equality-act-guidance/disability-equality-act-2010-guidance-on-matters-to-be-taken-into-account-in-determining-questions-relating-to-the-definition-of-disability-html>

- Article 1 of the United Nations Convention on Rights of Persons with Disabilities: https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf
- Valuing People (2001): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf
- Mental Capacity Act: <https://www.legislation.gov.uk/ukpga/2005/9/contents>
- NHS Standard Contract: <https://www.england.nhs.uk/nhs-standard-contract/>
- Core Implementation standard Guidance: <https://theprsb.org/wp-content/uploads/2020/07/Core-Information-Standard-Implementation-Guidance-v1.3-.pdf>
- GDPR: <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>
- CQC Guidance for Providers: <https://www.cqc.org.uk/guidance>
- NHS Constitution: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>
- NHS Long Term Plan (2019): <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- Information Governance Standards Framework: <https://data.standards.nhs.uk/published-standards/information-governance-standards-framework>
- Reasonable Adjustment Flag (NHSE): <https://digital.nhs.uk/services/reasonable-adjustment-flag>

Background and Reference

- NHSE Reasonable Adjustments Webpage: <https://www.england.nhs.uk/learning-disabilities/improving-health/reasonable-adjustments/>
- CIPOLD: <http://www.bristol.ac.uk/cipold/>
- Six lives Report: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212292/Six_lives_2nd_Progress_Report_on_Healthcare_for_People_with_Learning_Disabilities_-_full_report.pdf
- Scope: Social Model of Disability: <https://www.scope.org.uk/about-us/social-model-of-disability/>

Digital Guidance and Information

- SNOMED Information Home Page: <https://www.snomed.org/>
- SNOMED CT: <https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct>
- SNOMED Fundamental Standard: <https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/scci0034-snomed-ct>
- NHS Spine: <https://digital.nhs.uk/services/spine>
- NCRS (National Care Records Service): <https://digital.nhs.uk/services/national-care-records-service>
- SCR (Summary Care Records): <https://digital.nhs.uk/services/summary-care-records-scr>
- SCRa: <https://digital.nhs.uk/services/summary-care-record-application>
- FIHR®: <http://hl7.org/fhir/index.html>
- GP2GP <https://digital.nhs.uk/services/gp2gp>
- NHS Care Identify Service 2: <https://digital.nhs.uk/services/identity-and-access-management/nhs-care-identity-service-2>
- NHS guide to the use of the Reasonable Adjustment Digital Flag in NCRS: <https://digital.nhs.uk/services/reasonable-adjustment-flag/guide-to-using-the-reasonable-adjustment-flag-in-ncrs>

Appendix D – Integration

First of type testing has now commenced on the use of an API for full digital integration.

The NCRS portal is now available for direct use, and it is possible to enter and retrieve information from the portal. Access to this portal is determined at organisational level depending on Role Based Access Codes (RBAC codes).

It is expected that capability for full integration via the API (determined by pilot testing to be the preferred data flow method) will be available by Summer 2024 and that organisations will be able to, by negotiation with their IT suppliers, be able to achieve full conformance with the Specification.

The Phased Approach ensures that organisations commence the business, culture, training, and organisational changes needed for the Reasonable Adjustment process in a timely manner, improving patient accessibility to equitable care immediately.