

Reasonable Adjustment Digital Flag: DAPB4019

Change Specification



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

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 change to an existing information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Those subject to this information standard **must comply** within the required timeframes or they may be subject to enforcement action.

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 Governance, Assurance and Testing (DGAT) team and endorsed by the Data Assurance Board (DAB).

This information standard comprises the following documents:

Change Specification (this document)

Implementation Guidance

Requirements Specification

An Information Standards Notice (DAPB4019 Amd 41/2025) 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.

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Glossary of Terms

A full glossary of terms is available in the [Requirements Specification](#) that accompanies this Standard.

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1. Glossary of terms

A full glossary of terms is available in the [Requirements Specification](#) that accompanies this standard. The following table details the changes in terminology for this update:

Terminology in DAB4019 September 2023 release	Terminology In updated Specification	What it stands for
NHS Spine	National Repository	Both the NHS Spine and the National Repository are a means of storing digital information. The former stored data on physical servers in a datacentre, the latter stores data using 'Cloud' (virtual) hosting technology.

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. Purpose of this Document

The purpose of this document is to inform those who have already commenced implementation of the Standard what the changes are and how to implement those changes.

4. Background

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 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 available via the [National Care Records Service \(NCRS\)](#) or direct integration with the National Repository 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.

5. Related and Supporting Documentation

5.1 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:

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

5.2 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
DCB1596	Secure email

Further details regarding the above standards can be found on the [Standards and Collections webpage](#) which contains a list of all current information 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. Overview of Changes

6.1 Change to lawful basis for data sharing

The lawful basis for data sharing on the Reasonable Adjustments Digital Flag (RADF) has been changed from that of **explicit consent** to that of **implied consent**.

6.2 Change to terminology relating to the NHS Spine

Both the NHS Spine and the National Repository are a means of storing digital information. The former (NHS Spine) stored data on physical servers in a datacentre, the latter stores data using 'Cloud' (virtual) hosting technology. This terminology change better reflects the recent technological changes and more accurately represents the updated location of the RADF in the national repository (AWS DynamoDB – Cloud hosted).

7. Change to lawful basis for data sharing (change from explicit consent to implied consent)

The lawful basis for data sharing for the RADF is now implied consent; as a result, organisations must no longer formally record consent and will use the same principles for data sharing as for the majority of data sharing currently used for direct patient care. There will remain the option to “opt out” (dissent) to sharing information as required by the lawful basis for data sharing.

7.1 Background to the Change

The RADF was originally built on the Summary Care Record application (SCRa) with explicit consent as the lawful basis for data sharing and processing of information.

Since the RADF was first created, there has been a significant increase in volume and frequency of data sharing; for example, Electronic Prescription Service (EPS), Shared Care Records and e-Referral Service (e-RS). As the volume of data sharing has increased and become commonplace in many aspects of everyday health and social care provision, public and professional confidence in data processing and sharing has increased.

As a result, at the point of the transition of the RADF into the Patient Flags API (Application Programming Interface), review of the current lawful basis was felt necessary; not only with the aim of alignment of all assets, but also to recognise that the previous lawful basis may no longer be the most appropriate basis for the information held on the RADF.

In many sectors, particularly healthcare, consent forms the foundation of interactions between individuals and organisations. Historically, explicit consent, where individuals provide clear, unambiguous agreement, often in written or verbal form, had been the standard. However, the lawful basis for much of the data shared for the purposes of direct patient care is now implied consent under Common Law.

Data protection legislation requires that personal data is processed lawfully, fairly and transparently. Article 6 of the UK GDPR (General Data Protection Regulation) sets out the lawful bases for processing personal data. For individual care, the accepted lawful basis for information shared for the purposes of direct care is described in condition 6(1)(e) "...for the performance of a task carried out in the public interest or in the exercise of official authority..."

Health data is classed as a 'special category' of personal data which also requires a condition under Article 9 of the UK GDPR. For information shared between professional bodies providing individual care, condition 9(2)(h) applies and can be relied upon for the purposes of data sharing for direct patient care "...medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems..."

The lawful basis for data sharing on the RADF is now that of implied consent and the requirements to obtain and record explicit consent have been removed. As required by this lawful basis, the person may choose to object to this information being shared outside of the organisation; the ability to object must be available as per the conditions for data sharing as described above.

7.2. Key Requirements following change

There are no changes to the process and requirements in the Requirements Specification, with the exception of the removal of the requirement to obtain and record explicit consent.

Key requirement	Change
7.3.1: Identify and Record Disability or impairment	No requirement to record consent to record disability or impairment
7.3.2: Identify, Record, Flag, Share, Meet and Review Reasonable Adjustments at Local Level	No requirement to record consent to record reasonable adjustment information

7.3 Coding Changes following Change

Consent given to upload data to Reasonable Adjustment Digital Flag	No longer required
Refused Consent to upload data to Reasonable Adjustment Digital Flag	To be used if person objects to sharing of RADF information.

Note about recording dissent to share

If a person chooses to dissent, the code “Refused consent to upload data to Reasonable Adjustment Digital Flag” **MUST** be used. Organisations **MAY** wish to create and use a form to record this objection and should follow their local policy regarding data sharing objections. If such a form is used, the terminology should reflect the appropriate terminology (“opt-out” and should not use the term consent).

Further information regarding this is found in the Requirements Specification and at [A guide to confidentiality in health and social care: Treating confidential information with respect - NHS England Digital](#)

7.4 Specific Changes relating to change in lawful basis for data sharing

Section	Section heading	Change	Reasoning
5.1	Explanatory note about Best Interests Decisions	Changed from “consult and consent” approach to consultation approach	Explicit consent is no longer required, consultation approach reflects the implied consent model
7.2	Overview of Requirements	Removal of statement “with patient consent”	Explicit consent no longer required

7.2.2	Phase 2	Removal of statement “with patient consent”	Explicit consent no longer required
7.2.3	Note on Lawful Basis for Data Sharing	Changed from description of process using explicit consent requirements, to process for sharing data under implied consent. Specifically, requirement that consent MUST be recorded removed	Change to lawful basis for data sharing
7.3.1.	Recording of disability or impairment	Removal of statement “with patient consent”	Explicit consent no longer required
7.3.2.	Sharing of reasonable adjustments	Removal of statement “with patient consent”	Explicit consent no longer required
Appendix C	Resources	Addition of link to NHSE webpage regarding data sharing: https://www.england.nhs.uk/long-read/consent-to-using-and-sharing-patient-information/	Provision of resource for further information

8. Resources

<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/a-guide-to-confidentiality-in-health-and-social-care/a-guide-to-confidentiality>