

Reasonable Adjustment Digital Flag v2.0

Implementation Guidance



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](#), as amended by the Health and Care Act 2022, and persons subject to this information standard **must comply** with the information standard where it is relevant and may be subject to enforcement action if they fail to do so within the required timeframes.

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
- Implementation Guidance (this document)
- 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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Contents

1.	Glossary of Terms	7
2.	Contacts	10
3.	Overview	10
4.	Purpose	11
5.	Audience and Scope	13
6.	Guidance for Implementation – Health and Social Care Providers	13
6.1	Note about Consent to Share Information	13
6.2	Summary of Key Requirements: Phased Approach	14
6.2.1	Phases and requirements	15
6.2.2	Implementing the Requirements: flow through the phases	16
6.2.3	Contact with disabled people and initiation of the Key Requirements.	17
6.2.4	Training	18
6.3	Key requirement One: Identification of and Recording of Disability and/or Impairment.	19
6.3.1	Identification of disability	19
6.3.2	Recording of Disability or Impairment	20
6.4	Key Requirement Two: Identify, Record, Flag, Share, Meet and Review Reasonable Adjustments at Local Level (Phase One)	21
6.4.1	Identifying Reasonable Adjustments	21
6.4.2	Recording of Reasonable Adjustments	22
6.4.3	Flagging Reasonable Adjustments (Locally)	23
6.4.4	Sharing of Reasonable Adjustments	25
6.4.5	Meeting Reasonable Adjustments	26
6.4.6	Reviewing Reasonable Adjustments	27
6.5	Flag and Share Reasonable Adjustments using the Reasonable Adjustment Flag on the NHS Spine (Phase 2)	27
6.5.1	Flag, Share and Review Reasonable Adjustments using an Application Platform Interface (API)	28
6.5.2	Directly accessing the National Care Record Service (NCRS)	29

6.5.3	Integration via locally agreed sharing protocols	30
6.6	Identification, Recording and Flagging Examples	30
<hr/>		
7.	Guidance for Implementation - IT Systems	32
8.	Guidance for Implementation – Commissioners	33
9.	Approaches to Implementation	34
<hr/>		
9.1	Implementing the Standard – High Level Approach	34
9.2	Implementing the Standard: policy and process	35
<hr/>		
10.	Checklist of Actions	36
11.	Considerations for Implementation Leads	36
12.	Implementation Timescales	37
	Appendix A – Flag content illustrative example	40
	Appendix B – Resources	41
	Appendix C – Technical Implementation Pattern	44

1. Glossary of Terms

Term / abbreviation	What it stands for
DAPB1605 Accessible Information Standard	Standard regarding the provision of information which can be read or received and understood by the individual or group for which it is intended. DAPB1605 Accessible Information Standard
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 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.
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

Term / abbreviation	What it stands for
	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.”
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 (2001) . People with learning disabilities have life-long development needs and have difficulty with certain

Term / abbreviation	What it stands for
	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	<p>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.</p> <p>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).</p>
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.
SNOMED CT (Systematised Nomenclature of Medicine Clinical Terms)	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 .
this Standard	Unless explicitly stated otherwise in this document, the use of “ <i>this Standard</i> ” in this document refers explicitly to the standard defined in this document – The Reasonable Adjustment Digital Flag, and no other standard.

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. Overview

The Standard defines the process by which healthcare organisations and IT system providers must identify, record, flag, share, meet and review Reasonable Adjustments and by which this process supports organisations in meeting their legal requirements under the [Equality Act \(2010\)](#).

The Reasonable Adjustments Digital Flag is a national record which indicates that Reasonable Adjustments are required for an individual and optionally includes details of their significant impairments, key adjustments that should be considered, and underlying conditions.

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

It defines the requirement to have a highly visible notification (flag) on the patient's records that enables:

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.

The Standard responds to the key questions of:

- 1. Does the person require adjustments to be made to the way the service is provided because they are disabled?**
- 2. What are the required adjustments?**
- 3. What needs to be done with this information?**

The Standard applies to organisations across the NHS and social care system, and it specifically aims to improve the quality and safety of care received by individuals with a disability or impairment that affects their *equitable* access to care.

Commissioners of NHS care and publicly funded social care must also have regard to this Standard, in as much as they must ensure that contracts, frameworks and performance-management arrangements with provider bodies enable and promote the Standard's requirements.

Successful implementation will ensure individual services can comply with their legal ([Equality Act 2010](#)) obligations and lead to improved outcomes and experiences through the provision of safer and more personalised services for disabled people. Implementation of the Standard will help to address the significant inequalities experienced by disabled people.

4. Purpose

The purpose of this Implementation Guidance is to support all impacted users with implementing the Reasonable Adjustment Digital Flag Standard DAPB4019 and any changes resulting from its release. It should be read in conjunction with the associated Reasonable Adjustment Digital Flag Standard DAPB4019 Requirements Specification.

This information standard is published under [section 250 of the Health and Social Care Act 2012](#), as amended by the Health and Care Act 2022, and persons subject to this information standard must comply with the information standard where it is relevant and may be subject to enforcement action if they fail to do so within the required timeframes.

This document provides detailed advice for staff with implementing and using [DAPB4019 "Reasonable Adjustment Digital Flag: Requirements Specification"](#). It specifies roles, processes and actions needed to implement the Standard from a user perspective and clarifies elements of the scope. It outlines how routine practices will be affected and signposts to resources and materials to support effective implementation.

It aims to provide clarity on the Standard and to support the embedding of new or amended processes and changes to human behaviour and systems. Ultimately its aim is to facilitate successful implementation and consistent use of the Standard in all settings and by all organisations to which it applies.

The document is broken down into specific sections including elaborating on the required processes of the Standard, and providing guidance and examples of use, to provide context and to support implementation. It includes:

- A detailed breakdown of the elements which make up the Reasonable Adjustment Standard including explanation and clarity as to specific sections or aspects.
- Explanation and examples of how the Standard should be used in practice, including notes, advice, and recommendations;
- Clarity as to the scope of the Standard, including in and out of scope elements, and **MUST, MAY and SHOULD** actions.

Many aspects of the Reasonable Adjustments Digital Flag standard build on similar requirements of the [DAPB1605 Accessible Information Standard](#).

The following information standards should also be referred to by organisations to ensure safe and effective implementation:

- [DAPB1605 Accessible Information Standard](#)
- [NHS Data Model and Dictionary Impairment Harmonised Standard \(standard grouping of disability definitions\)](#)
- [Introduction to the Mental Health Services Data Set \(MHSDS\)](#)
- [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](#)
- [SNOMED CT: structured clinical vocabulary for use in an electronic health record](#)
- [DCB1596: Secure email \(minimum non-functional requirements for a secure email service\)](#)

5. Audience and Scope

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.
- Reasonable Adjustment requirements as defined by the Equality Act (2010)

The 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.
- 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 the Standard impacts all system providers to the above organisations. Applicable organisations should work with their system providers to determine and establish appropriate system structures and responses. The Standard applies to organisations 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.

6. Guidance for Implementation – Health and Social Care Providers

6.1 Note about Consent to Share Information

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. Information on the Reasonable Adjustment Digital Flag is shared by implied consent

(for the purposes of direct patient care) and disabled persons **MUST** be made aware of the ability to object to sharing of their data in line with normal data sharing agreements.

Note with regards to change to lawful basis for data sharing

Previously, explicit consent was required for the creation of a Flag. The lawful basis is now that of implied consent, and formal recording of consent is no longer required. If consent is recorded, it does not need to be removed, but if the person subsequently objects to the data being shared outside the organisation on the Flag, the “objection” code must be used.

As outlined in the DAPB4019 Specification, all professionals and organisations must take care to ensure that they comply with relevant existing legal duties and requirements around the handling and processing of data, including [GDPR](#) (2018), (specific information with regards to the Reasonable Adjustment Digital Flag and GDPR can be found [here](#)), the DAPB1605 Accessible Information Standard and the [Mental Capacity Act 2005 \(MCA\)](#)

It is important to note that whilst the protection of confidentiality is very important, there are circumstances where the sharing of information is just as important as maintaining confidentiality.

Further guidance with respect to consent and capacity is available:

[NHS England » Consent to using and sharing patient information](#)

[GMC Guidance on Consent](#)

[NHSE Guidelines on consent and capacity](#)

[Guidance on the use of the Mental Capacity Act](#)

[Training on the Mental Capacity Act](#)

6.2 Summary of Key Requirements: Phased Approach

The Standard defines a two-phase process of implementation requiring individual organisations to implement the Standard using their current Health IT systems (Phase 1) and, subsequently, integration with the Reasonable Adjustment Digital Flag (Phase 2).

Organisations **MUST** ensure they can be compliant with the requirements of the Standard by meeting the requirements of both Phase 1 and Phase 2.

Phases and requirements

Phase	Expectation	Integration
One	<p>Identify patients with disability and complete the 6-step process for Reasonable Adjustments within the organisation:</p> <ol style="list-style-type: none"> 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 	<p>Local implementation of the Standard and sharing of information via currently available routes</p>
Two	<p>Integration with the Reasonable Adjustment Digital Flag to allow sharing of locally recorded information to and from different organisations</p>	<p>Integration with THE Reasonable Adjustment Digital Flag via a FHIR® API (or the NCRS Portal)</p>

Organisations will need to make Phase One “**business as usual**” and ensure a consistent and robust approach to meeting the Key Requirements. This requires an active approach to the business changes and training that may be needed to ensure the (1) identification of persons meeting the [Equality Act \(2010\)](#) criteria and then the (2) 6-step approach to Reasonable Adjustments.

Phase Two implementation can achieve successful information sharing between organisations only if the organisations have successfully completed Phase One and have fulfilled the integration requirements outlined below.

Successful implementation of both Phases will support organisations to meet the expectations under the [Equality Act \(2010\)](#), the [NHS Constitution](#) and the [NHS Long Term Plan](#).

Implementing the Requirements: flow through the phases

	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 National Repository	Two

Iterative process within organisations

It should be remembered that this process **MUST** be considered to be a dynamic and iterative process. Full engagement with Phase 1 is required in readiness for the implementation of Phase 2, but the 6-step process from Reasonable Adjustment identification through to review is very likely to require multiple reassessments, updates, and possible deletions of sections (or all of) any information entered onto the Reasonable Adjustment Digital Flag.

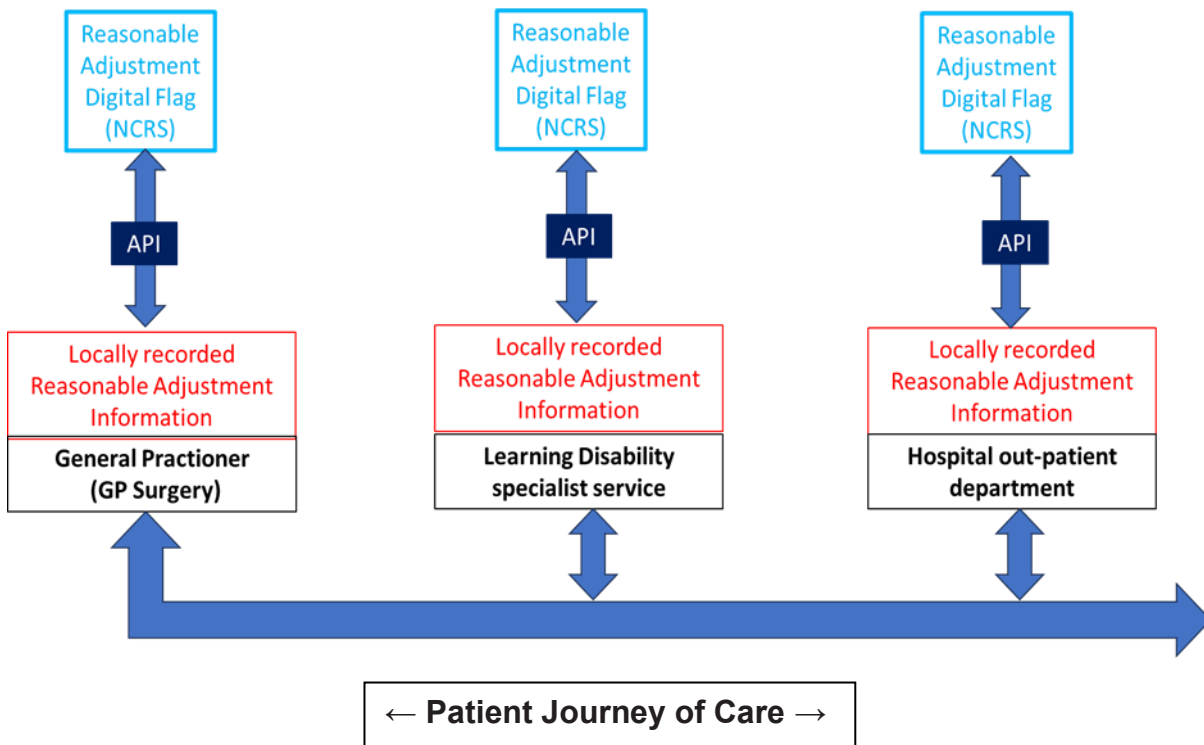
For example: it is improbable that the same Reasonable Adjustments will be required for a service user in adulthood that are needed when they are a child. They may require some of the same adjustments, more or fewer, or entirely different adjustments. This iterative approach is essential to ensure that the recorded adjustments correctly meet the current and active needs of the service user.

Therefore, the 6-step Reasonable Adjustment process should be considered at each contact or review and be a continuous process, with regular review throughout the life of the service user. It remains the responsibility of each organisation and each healthcare professional to consider this process and act as needed.

Iterative process between organisations

It is expected that as this will be a dynamic process at multiple sites, as all sites will be expected to be carrying out the 6-step process above, including the review step. As it can be reasonably presumed that a patient may enter and leave pathways at different points and

many times over the course of their lives, the below diagram serves only as an example of how this process might be considered to occur:



6.2.1 Contact with disabled people and initiation of the Key Requirements.

In addition to first contact, there are various proactive and opportunistic points at which identification of persons with impairments and Reasonable Adjustments might occur.

Many of these opportunities would require consideration of the [DAPB1605 Accessible Information Standard](#) (AIS) and particularly the [Accessible Information Standard Implementation Guidance](#). The following guidance should be read in conjunction with that Standard and implementation guidance, especially Section 7: Guidance for Stage 1 – identifying needs (particularly Section 7.3 Methods for Identifying Needs).

Suggested mechanisms for identifying those patients and service users that might meet the definition under the Equality Act (2010) include, but are not limited to:

Action needed	Additional notes
Disability and Reasonable Adjustment section on all new patient forms/ registration documents	Forms and contact methods must meet the AIS requirements

Disability and Reasonable Adjustment section on recall, review, and appointment letters	Forms and contact methods must meet the AIS requirements
Check at FIRST contact	Verbal and other patient facing communication must meet AIS requirements
Identification during standard health checks such as Annual Health Checks, Long Term Condition reviews or during programmes such as immunisations (e.g., Annual Influenza campaign)	Verbal and other patient facing communication must meet AIS requirements. If information is included in recall letters, this must also meet AIS requirements
Opportunistically : at EACH and EVERY contact with the organisation	Verbal and other patient facing communication must meet AIS requirements
Identification through information received in from outside the organisation (such as referral letters, discharge or out-patient letters, community assessments)	Examples include, but are not restricted to referral letters, discharge or out-patient letters, community assessments
Review of Registers or consideration of cohorts coded with conditions which might result in impairment, such as those with conditions resulting in vision or hearing impairment	Improving identification of those with Learning Disability to ensure correct inclusion on the Learning Disability Register has been particularly identified as good practice. Guidance on this is available: Improving Identification of People with a Learning Disability
Enable and encourage Self-identification .	Organisations MUST have systems to proactively record impairments and Reasonable Adjustments if this information is presented by the patient or a person acting on their behalf, such as a carer
Optimise awareness	An effective communications plan, which meets the AIS requirements will improve engagement and empower patients and carers to present

6.2.4 Training

It is imperative that all those involved in the care of service users in the organisation, or those required to handle data for the purposes of patient care have a level of training appropriate to their role, to ensure that they can meet the requirements under the Equality Act (2010) and to fulfil the requirements of the Requirements Specification of this Standard.

Organisations may wish to consider a training needs analysis to establish the needs of their organisation and provide appropriate training as required.

A range of resources is available:

- [NHS England: Reasonable adjustments information for staff](#)
- [Public Health England Guides on Reasonable Adjustments for people with a learning disability](#)
- [Improving healthcare access for people with learning disabilities](#)
- [CQC Mythbuster: Reasonable Adjustments for disabled people](#)
- [NHSE Learning Disabilities and Reasonable Adjustments guidance](#)
- [Equality and Human Rights Commission guidance on Reasonable Adjustments](#)
- [NHSE Education and Skills development \(Reasonable Adjustments\)](#)
- [Gov.uk legal guidance on Reasonable Adjustments](#)
- [NHSE guidance on supporting staff to make Reasonable Adjustments](#)
- [National Development Team for Inclusion guidance on Reasonable Adjustments](#)
- [GMC guidance on Reasonable Adjustments](#)
- [NHSE \(Digital\) Reasonable Adjustment Digital Flag](#)

6.3 Key requirement One: Identification of and Recording of Disability and/or Impairment.

Reasonable Adjustments may be required wherever a patient is recognised to have a disability or impairment, 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.

6.3.1 Identification of disability

There are three aspects of identifying patients with disability, which are important to understand for the purpose of identifying, recording, flagging, and sharing of Reasonable Adjustment requirement:

DISABILITY – IMPAIRMENT - KEY UNDERLYING CONDITIONS

It is important to note that whilst all three aspects are linked, they are independent.

It must be remembered that identification of an underlying **cause or diagnosis** is not necessary to determine if a person meets the criteria of disability under the Equality Act (2010).

The Equality Act (2010) definition of disability to identify disabled people 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.

A formal diagnosis is NOT required to meet the requirements and expectations under the Equality Act (2010), but a service user MUST meet the definition under the Equality Act (2010) for the flagging of Reasonable Adjustments.

Meeting the definitions of disability under the Equality Act (2010)

Key points for organisations and healthcare professionals to be aware of to ensure that they can meet this Key Requirement, and meet the requirements under the Equality Act (2010) are:

1. It is not necessary for the cause of the impairment to be established.
2. The impairment does not have to be the result of an illness.
3. Whether a person is disabled for the purposes of the Act is generally determined by reference to the effect that an impairment has on that person’s ability to carry out normal day-to-day activities
4. It may not always be possible, nor is it necessary, to categorise a condition as either a physical or a mental impairment.
5. It is not necessary to consider how an impairment is caused, what it is important to consider is the effect of an impairment, not its cause.

Key information related to the definition of disability and the criteria for Reasonable Adjustment can be found in [Equality Act 2010 Guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101422/equality-act-2010-guidance.pdf)

6.3.2 Recording of Disability or Impairment

Reaching the threshold definition of impairment or disability as detailed in the Equality Act (2010) should prompt the second (and third) Key Requirements.

It is important that when a service user meets this threshold, this is recorded in the local record and shared. This then defines the need to consider Reasonable Adjustments and assessment of this by the 6-step process.

However, details of the disability or impairment, and any associated known causes, can add context to the Reasonable Adjustment and can therefore be additional and useful

information, but sharing this should only be done with the agreement of the patient or by best interests' decision.

In summary:

- **REQUIRED:** Coding and flagging that a person has met the threshold for disability under the Equality Act (2010)
- **OPTIONAL:** coding and detailing the impairment and/ or cause

6.4 Key Requirement Two: Identify, Record, Flag, Share, Meet and Review Reasonable Adjustments at Local Level (Phase One)

Identifying Reasonable Adjustments

Every effort **MUST** be made at FIRST contact with an organisation (or as soon afterwards as is reasonably practicable) to identify disability or impairment and any associated Reasonable Adjustments. It is also important to consider the [DAPB1605 Accessible Information Standard](#) when creating local systems for these processes.

It is worth recognising that many of the processes by which these can (and should) be identified are likely to be very similar to already embedded processes. For example:

1. In most cases, identification of a patient at presentation to an organisation will involve **confirmation of demographics** such as name, address, and date of birth. Organisations may find that the addition of a question asking about any Reasonable Adjustments at this stage would require only a small change in organisational processes.
2. In many cases, it is likely that organisations may be capturing this information in other ways (such as **local knowledge** which may already be noted on local records in non-coded form) and therefore recording this in digital, coded format may only require a small change in systematic processes.
3. In addition, the use of currently available identifying systems and processes should be used and may be expanded; for example, many patients with Learning Disability will have a **Hospital Passport** which may contain important information about Reasonable Adjustments, and this should be referred to and consideration made to adding this information to the record in coded format, if this has not already been done.

Recording of Reasonable Adjustments

Reasonable Adjustment requirements **MUST** be recorded utilising established codes. For details of the full list of categories and codes supported in this Standard, see Appendix B of the DAPB4019 Requirements Specification.

Consideration of which code to use.

Each category contains several more specific codes within the grouped heading/category. It is probable that using a specific code will be more advantageous than using a more general code when it comes to providing tailored Reasonable Adjustments for individuals. The individuals entering the data should carefully consider the available options in the code sets and select the most suitable code.

Consideration of setting

Local records are the master record of the Reasonable Adjustments provided by an organisation. Consistency in coding and recording will improve the recognition of Reasonable Adjustments, but **additional information may be appropriate in different settings. Additional free text information may give context, especially in relation to care settings.**

The local record **MAY** contain further, more detailed information of relevance to the local service. This is likely to vary from setting to setting and it is important to consider what information may be useful in an individual setting, but also what is important to share with other organisations.

Consideration of number of codes to use.

Through the scoping and pilot work on the Reasonable Adjustment Flag, an optimum number of **less than ten specific adjustments** was found to be of most benefit; this can include signposting to further information such as specific care plans, or Hospital/ Patient Passport information. It is important to remember that sharing **key Reasonable Adjustments** will have the greatest impact in supporting organisations to meet Reasonable Adjustments.

Note for non-digitally enabled organisations

If this process is not yet supported by organisations as their level of IT system and digital maturity does not yet support it, organisations **MUST** ensure systems and processes are in place to enter information directly onto the Flag in the [National Care Summary Record \(NCRS\) Portal](#) so that this information can be shared with other organisations. (See section 6.5.2).

6.4.3 Flagging Reasonable Adjustments (Locally)

A requirement of the Standard is that an individual's key Reasonable Adjustment requirement information **MUST** be flagged or made highly visible to relevant staff when the individual has subsequent interaction or contact with the service (to enable appropriate actions to be taken to meet the requirement).

In the context of this Standard highly visible means:

- Obvious and overtly apparent and,
- Highly visible on the cover, title and/or front page of a document, file, or electronic record and/or,
- Highly visible on every page of an electronic record (for example as an alert, flag, or banner)

A key element of the Flagging of Reasonable Adjustment approach is that the requirement for adjustment is highly visible to all staff members of the extended care team providing direct care, even if they do not have direct access to clinical information. However, the content of the disability, impairment and adjustment information in the record would only be visible to staff with access to clinical information and in accordance with the wishes of the individual.

The recording of the SNOMED Equality Act disability code **Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act 2010)** (or human-readable definitions) is the trigger for the creation in the local system of a Reasonable Adjustment Flag. At this point, even if impairment or adjustments are not known, the organisation using the system is being alerted that this patient has a potential requirement for reasonably adjusted care as defined by the Equality Act (2010).

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.

The Reasonable Adjustment Flag in the local record **MUST**:

1. Contain consistently structured and coded disability and adjustment information as described above in the sections 6.3.2 and 6.4.2
2. Utilise specific codes (including code for bespoke adjustment) e.g., braille, large print, longer appointment
3. Include supporting free text as required for context and personalisation
4. Provide information that is clear and helpful for a viewer who may not know the person

Although not a requirement of the Standard, automatic triggering of actions to respond to needs is preferred over manual processes which rely on staff awareness. However, the potential risk of limited staff awareness may be reduced by encouraging self-presentation by patients and carers, including using documentation to alert staff that Reasonable Adjustments may have been identified. Examples include Hospital Passports, or introducing cards or letters that patients or carers could present to staff.

Local Flagging in fully Digitally Enabled Organisations

Where electronic record or patient administration systems are used, the requirement for Reasonable Adjustment **MUST** be flagged to ensure that staff are prompted to respond to individuals' Reasonable Adjustment requirements and/or automatic processes are triggered in order that requirements can be met.

Local Flagging in Organisations not yet fully digitally enabled

Where paper records are used in the care of the patient, a highly visible marker **MUST** be placed on all records to identify that Reasonable Adjustments have been identified. It is a requirement of this Standard that systems are put in place to ensure that all those who will encounter the disabled person are made aware of identified Reasonable Adjustments, even if they are not in direct contact with electronic systems at the point of care.

Systems must have the capability to notify staff who are currently or will be involved in the administration or care of patients or service users about their Reasonable Adjustment requirements. This notification process should take place whenever new information is identified or updated, as well as at the initial point of contact.

All information sharing **MUST** follow existing processes and information governance protocols.

EXAMPLE - Reasonable Adjustment Flag Content

Disability - Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act 2010)

Impairment - Learning or understanding or concentrating - Mild
Socially or behaviourally – needle and blood phobic

Key Conditions - Williams Syndrome
Specific Phobias

A further example of the flag is in [Appendix A](#)

Sharing of Reasonable Adjustments

Anticipatory meeting of Reasonable Adjustments requires sharing relevant information between health and care provision settings. Local settings often hold a high level of “local knowledge” about the disabled person and effective sharing of this means other people and settings can benefit from this knowledge.

Organisations **MUST** have a robust system for ensuring this information is shared effectively and efficiently within their own organisation, using digital flagging, but also verbal or written communication as appropriate to the setting in question. This may be, for example, particularly important on handover, transfer or sharing of care within the organisation, particularly between departments or directorates.

Current systems for information exchange between settings **MUST** also be utilised to share Reasonable Adjustment information, including (but not limited to):

- Clinical communications such as referral letters, discharge letters, investigation requests and clinical assessments
- Detailed record sharing
- Handover to external settings
- Utilisation of utilising existing information-sharing provision such as:
 - National Care Records Service (NCRS)
 - National Record Locator (NRL)
 - Locally agreed sharing platforms

Transfer of such information **MUST** be done in a timely manner to ensure Reasonable Adjustments are met anticipatorily, as per the requirements of the Equality Act (2010).

If Reasonable Adjustment information is entered onto information-sharing provision, it is important that other organisations are made aware of this to enable them to access this information effectively. Current information sharing systems should be used to clearly highlight this information. For example: a referral letter from a GP surgery to an out-patient clinic may have, under the identifying demographics section, details of identified Reasonable Adjustments and a notification that a Reasonable Adjustment Digital Flag is present in the National Repository.

Example:

Name: Miss Example Patient

Address: Anyhouse, 10 Anytown Street, Anytown

DOB 1.1.00

Reasonable Adjustments Identified: Requires reasonable adjustment for health and care access (Equality Act 2010). Uses non-verbal communication, Anxiety related to clinical environment (please allow Miss Patient to wait in a quiet environment and consider an appointment at the start of a clinical session to reduce waiting times). A Reasonable Adjustment Flag is present on the National Care Records System.

Any new or changed information **MUST** be coded as described in the above sections and organisations **MUST** have robust systems to ensure that Reasonable Adjustment information is reviewed and updated in local systems as appropriate to ensure that it remains relevant and meets the identified needs of the disabled person.

Meeting Reasonable Adjustments

It is not within the scope of this Standard to define how organisations meet Reasonable Adjustments as this Standard relates to the digital Flagging of this information. However, it is expected that organisations will meet their legal requirements as defined by the Equality Act (2010).

6.4.6 Reviewing Reasonable Adjustments

It is highly probable that the needs of the service user will change with time and as such it is imperative that a robust review system is embedded to ensure that any recorded Reasonable Adjustments are reviewed and updated to meet the needs and wishes of the service user (including full removal of the Flag if required).

Review processes and systems should be auditable to ensure compliance with this aspect of the Standard and organisations should consider what review period is appropriate for their organisation as this may vary dependent on the frequency of attendance to the setting in question. This defined review period should be regarded as the minimum expectation for review and other opportunities may arise between these review points.

There are many points in patient care for review, some examples of which are given below. In many cases, the review may simply be to determine that no changes are required.

	Examples of opportunities for review
Standardised review	<ul style="list-style-type: none"> • Annual healthcare check (LD) • Long term condition annual reviews • Regular out-patient review clinics
Proactive review	<ul style="list-style-type: none"> • Searches to identify those not reviewed in the defined review period • Invitation to review on any invitations for screening or other routine, planned care • Flu clinics
Reactive review	<ul style="list-style-type: none"> • Opportunistic review on diagnosis of a new condition or impairment • Patient/ carer self-presentation

6.5 Flag and Share Reasonable Adjustments using the Reasonable Adjustment Flag on the NHS Spine (Phase 2)

The [Reasonable Adjustment Digital Flag](#) is held in the National Repository.

Access to the Reasonable Adjustment Digital Flag will be possible in two ways:

- By the use of a [Fast Healthcare Interoperability Resource \(FHIR®\) Application Programme Interface \(API\)](#)
- Via the NCRS portal

Organisations **MUST** ensure a robust system of Reviewing of Reasonable Adjustments to ensure that locally held AND shared information is contemporaneous and accurate.

It is also essential that **if objections to share have been given, this is clearly recorded**, as described in the Requirements Specification. Information may still be visible locally but will not be shared to the National Repository.

Note with regards to change to lawful basis for data sharing

Previously, explicit consent was required for the creation of a Flag. The lawful basis is now that of implied consent, and formal recording of consent is no longer required. If consent is recorded, it does not need to be removed, but if the person subsequently objects to the data being shared outside the organisation on the Flag, the “objection” code must be used locally.

Flag, Share and Review Reasonable Adjustments using an Application Platform Interface (API)

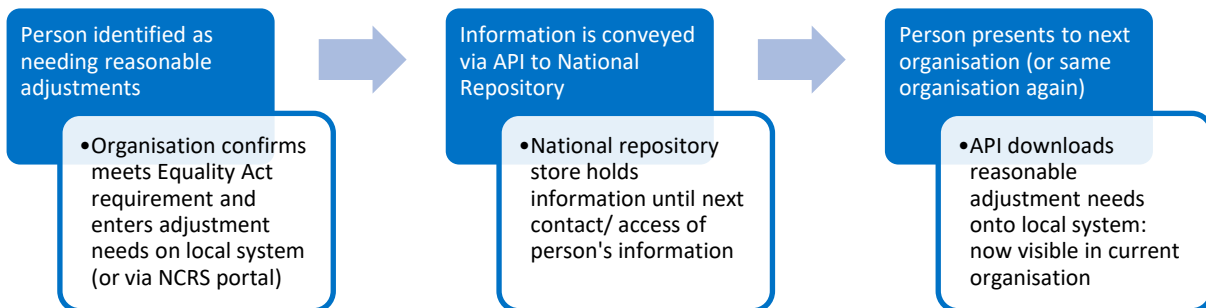
A messaging specification has been developed to support this Standard: a [Fast Healthcare Interoperability Resource](#) (FHIR®) [Application Programme Interface](#) (API). This will be the main source for future integration of Reasonable Adjustment Digital Flag information.

Local record systems must have built-in support for interfaces designed for future digital integration to enable seamless data flow between the National Repository Reasonable Adjustment Digital Flag and the local record systems.

This integration will serve to notify all individuals involved in the care of the disabled person that Reasonable Adjustments are necessary.



It will be essential to ensure that the information held locally at each setting is reviewed at the point of data flow via the API to ensure that the information remains relevant and appropriate for the service user.



Directly accessing the National Care Record Service (NCRS)

The Reasonable Adjustment Digital Flag can be directly accessed via the NCRS using both Smartcard access and the [NHS Care Identity Service 2 \(NHS CIS2\)](#) system. The [NHS Guide to Using the Reasonable Adjustment Digital Flag](#) details how to access this system.

Information recorded onto the Reasonable Adjustment Digital Flag on [NCRS](#) is visible to any viewer with the access rights to access the patient record on NCRS. Viewers with edit rights

are also able to create a Flag and update and add Reasonable Adjustments to a Flag that has already been created.

If accessing the Reasonable Adjustment Digital Flag directly via the NCRS, it is likely the healthcare professional will be doing so via a different platform to their normal healthcare IT system, and in addition to their normal healthcare IT system. Therefore, data entry directly onto the Flag will be required. It is important to ensure that the information is correctly transposed and to consider the above guidance with regards to entering key requirements that all organisations may reasonably need to be aware of.

Organisations who access the Flag using this method **MUST** ensure that they have a robust system for accessing this information for each patient and for reviewing and updating information as required.

Integration via locally agreed sharing protocols

In some areas, local sharing agreements for digital information are in place. If information is to be shared via these local sharing systems, the same expectations for consent and information viewing and reviewing exist as for sharing to and from the National Repository via the [Patient Flags API](#) or direct integration API.

6.6 Identification, Recording and Flagging Examples

1. A patient with Down's syndrome will have this diagnosis recorded in their clinical record. The presence of a disability **SHOULD** be recorded using the SNOMED disability (Equality Act) code and a local Reasonable Adjustment flag created. The impairments specific to this patient from the harmonised impairment codes - perhaps mobility, dexterity, and learning - **SHOULD** be recorded in the record and identified on the flag. The key underlying clinical condition – Downs syndrome – **SHOULD** also be recorded on the flag. Finally, any Reasonable Adjustment required should be identified, recorded in the record with key adjustments added to the Flag. Agreement **SHOULD** be obtained to share any recorded information on the Reasonable Adjustment Digital Flag (external to the current setting).
2. An underlying condition such as Parkinson's disease may be recorded in a patient record without any further identification of current impairment or disability. However, if the condition has caused impairments that are impacting at a significant degree, sufficient to meet the criteria as identified in the Equality Act, then the presence of disability should be recorded using the SNOMED code and a local flag created. The significant impairments aligned to the harmonised impairment codes would be recorded and identified on the flag, any Reasonable Adjustment requirement should be identified, recorded in the local record and flag. Agreement **SHOULD** be obtained

for sharing on the Reasonable Adjustment Digital Flag. If the criteria of impairment have been met, the sharing of the specific diagnosis and/or impairments may be recorded, with the agreement of the patient, but this is NOT necessary to add the identified Reasonable Adjustments to the Reasonable Adjustment Digital Flag.

3. A disability such as learning disability may be recorded in the patient record without further identification of any associated impairments. The presence of a disability is already indicated so the SNOMED disability code should be utilised, and a local flag created. The impairments (harmonised impairment codes) should be identified and recorded in the local record. Agreement **SHOULD** be obtained for sharing on the Reasonable Adjustment Digital Flag and, if obtained, the diagnosis of Learning Disability, associated impairments, if the person wishes this to be shared, and Reasonable Adjustments **SHOULD** be added to the Reasonable Adjustment Flag by accessing the Portal (see section 6.5.2) or via future digital integration.
4. An impairment such as a visual impairment may be recorded in the patient record without further identification of disability or any potential underlying condition; the 'disability' as defined by the Equality Act (2010) should be recorded (SNOMED) in the person's record and a flag created in the local record. Agreement **SHOULD** be obtained for sharing on the Reasonable Adjustment Digital Flag and this then **SHOULD** be recorded at the local setting and any necessary Reasonable Adjustments identified, recorded, and added, together with any impairments on the Reasonable Adjustment Flag added to the Reasonable Adjustment Flag by accessing the Portal (see section 6.5.2) or via future digital integration.
5. No disability, impairment or underlying condition may be identified or recorded, yet a patient may show difficulties related to any of the categories of impairment illustrated by the harmonised impairment codes which are impacting to a significant and long-term degree that indicate a disability requiring a Reasonable Adjustment response - e.g. the patient who regularly collects a prescription from a pharmacist where their difficulty with waiting, memory, and learning is regularly apparent over a period of time. Agreement **SHOULD** be obtained for sharing on the Reasonable Adjustment Digital Flag (or a best interests decision made) and the presence of disability/impairment (Equality Act definition (2010) – SNOMED code) **SHOULD** be added to the Reasonable Adjustment Flag by accessing the Portal (see section 6.5.2) or via future digital integration; along with noted impairments (harmonised impairment codes – memory, learning, social / behavioural) and any Reasonable Adjustment required (easy read, contact with carer, additional time required, reduced waiting time etc.).

7. Guidance for Implementation - IT Systems

Those responsible for patient or service user record and administration systems used by providers of NHS and social care **MUST** update, change, or replace those systems so that they conform to the Standard and enable recording of all the data items or categories associated with the information defined by this Standard, in their specified format. There is a requirement to develop local Reasonable Adjustment flagging capability in the master patient or client index system and main systems used for patient care management. The flag must be prominent in the system (alongside demographics) and where possible or relevant shared with other health and care organisations providing direct care with the patient. Organisations **MUST** ensure that capability for sharing of information through future digital integration solutions is also present.

Information about individuals' disability and any Reasonable Adjustment requirement is to be 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.

Whilst the presentation of the Reasonable Adjustment Flag and means of alert can be developed by system providers, the content and specific coding **MUST** conform to this Standard in line with the Reasonable Adjustment Flag available on the NCRS.

Technical specification has been developed and is available for healthcare IT system providers.

System development to conform to the Standard requires consideration to be given to the following:

- User alert (in line with other review reminders) when none of the data items or categories associated with this Standard has been selected.
- Support for edit checking and quality assurance of data recorded about individuals' disability and Reasonable Adjustment requirement.
- Generation of an alert or prevention of population of mutually incompatible data fields (in line with best practice).
- Changes to be made 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.
- Automatic identification of a disability and requirement for Reasonable Adjustment, and flag, prompt or otherwise make this highly visible to staff whenever the record is accessed.
- 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.
- Revision or amendment of records made about individuals' disability and any requirement for Reasonable Adjustment.

- 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 and to record that that review has taken place
- Functionality to record Objection to sharing outside the organisation via the Reasonable Adjustment Digital Flag
- Relationship to the DAPB1605 Accessible Information Standard – any associated flagging already in place
- Relationship to any other existing local flags e.g., hospital learning disability flags

Note with regards to change to lawful basis for data sharing

Previously, explicit consent was required for the creation of a Flag. The lawful basis is now that of implied consent, and formal recording of consent is no longer required. If consent is recorded, it does not need to be removed, but if the person subsequently objects to the data being shared outside the organisation on the Flag, the “objection” code must be used.

It is no longer necessary to record explicit consent, but organisations must ensure that it is possible to record and digitally code the person's objection to sharing data (and any relevant conversations or Best Interest Decisions made in this regard).

Systems will need to develop relevant interfaces to support sharing of disability and Reasonable Adjustment information through any current and future digital integration. This will need to 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 National Repository.

Specific information regarding the API and publication can be found on the [NHS API Platform](#).

Both the Reasonable Adjustment Digital Flag in NCRS and the API created for the Flag have undergone Clinical Safety Assessment assessments and Clinical Safety Case Reports are available for both. Organisations and IT providers should consider these Clinical Safety Case Reports in the development and implementation process.

8. Guidance for Implementation – Commissioners

Commissioners are to ensure that their commissioning and procurement processes, including contracts, tariffs, frameworks, and performance-management arrangements

(including incentivisation and penalisation), with providers of health and social care reflect, enable, and support implementation and compliance with this Standard.

9. Approaches to Implementation

9.1 Implementing the Standard – High Level Approach

The Flagging of Reasonable Adjustment requires a consultation and agreement 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) as and when required.

1. **Does the person require adjustments to be made to the way the service is provided because they are disabled?**
2. **What are the required adjustments?**
3. **What needs to be done with this information?**

Organisations should consider the two-phase approach of this Standard when considering the implementation process:

Phase	Expectation	Integration
One	<p>Identify patients with disability and complete the 6-step process for Reasonable Adjustments within the organisation:</p> <ol style="list-style-type: none"> 1. Identify Reasonable Adjustments 2. Record Reasonable Adjustments 3. Flag Reasonable Adjustments 4. Share Reasonable Adjustments 5. Meet Reasonable Adjustments wherever possible 	<p>Local implementation of the Standard and sharing of information via currently available routes</p>

	6. Reviewing and updating Reasonable Adjustment information where needed	
Two	Integration with the Reasonable Adjustment Digital Flag to allow sharing of locally recorded information to and from different organisations	Integration with the Reasonable Adjustment Digital Flag via a FHIR® API (or the NCRS Portal)

Consideration should be given to any business changes, training and healthcare informatics changes that are needed for each of the two phases. At the point of implementation of phase two, this should then be considered a continuous system with continual and long-term integration.

9.2 Implementing the Standard: policy and process

All organisations will need to establish a clear, local policy and processes for following the Reasonable Adjustment Digital Flag Information Standard, this should include:

1. How to identify individuals with disability or impairment meeting the criteria of the Equality Act (2010), including who will ask, what question(s) will be asked, how, where, and when.
2. How to identify Reasonable Adjustments for disabled or impaired people, including who will ask, what question(s) will be asked, how, where, and when.
3. How to record individuals' Reasonable Adjustments as part of existing patient / service user record systems and administrative processes, including using specific categories / codes
4. How to ensure that there is an alert, flag, or other prompt to notify staff of an individual's information / communication needs such that they are 'highly visible' whenever the record is accessed and prompt for relevant action(s) to be taken.
5. Alternative ways to contact individuals with information / communication needs and for them to contact the service, for example via email, text message or telephone (as required under the requirements of the DAPB1605 Accessible Information Standard
6. How to provide information with regards to the Reasonable Adjustment Digital Flag in alternative formats (for example in large print, via email, in easy read, in braille). Further information is in the DAPB1605 Accessible Information Standard
7. How to share identified Reasonable Adjustment Needs, such as the use of letters, forms, electronic referrals, and all other currently available means.
8. How to meet identified Reasonable Adjustment Needs, such as guidelines on how to create longer appointments, supporting individuals with communication needs (e.g., lipreading or a hearing aid) or arranging for a communication professional to provide support to a patient or service user either as soon as possible (in a n urgent situation)

or for an advance appointment (although the specifics of this are outside of the scope of this Standard)

9. How to ensure a robust, consistent, and auditable process for reviewing persons with who have been identified as having impairments or disabilities to ensure that the Reasonable Adjustment information held about them is accurate and meets their current needs.

10. Checklist of Actions

- Develop a policy which is in line with the Reasonable Adjustment Digital Flag Standard and amend any other impacted policies.
- Agree a comprehensive approach to identifying disabled people with Reasonable Adjustment requirements including the new patient process in line with the Reasonable Adjustment Digital Flag Standard.
- Establish a clear process for recording individuals' disability and Reasonable Adjustment information in line with the Reasonable Adjustment Digital Flag Standard.
- Create and establish a Reasonable Adjustment flag in local patient record systems, in line with the Standard, to highlight and make individuals' disability and Reasonable Adjustment information highly visible to staff.
- Establish a clear process for sharing individual's disability and Reasonable Adjustment information in line with the Reasonable Adjustment Digital Flag Standard
- Establish a clear process for reviewing and updating information on the individual's records relating to disability and Reasonable Adjustment information in line with the Reasonable Adjustment Digital Flag Standard
- Ensure organisational readiness for future digital integrations.
- Provide training and briefings to staff to explain the Reasonable Adjustment Digital Flag Standard, detail processes to be followed and raise awareness of support which staff can provide themselves.

11. Considerations for Implementation Leads

The following advice is provided with a view to supporting organisational leads to effectively implement the Standard, and to minimise and mitigate against identified challenges. Note that this section is advisory and not mandatory – applicable organisations are not required to follow each of these steps, and some of the actions represent good practice over and above the minimum Requirements.

- Think carefully about how to identify individuals with disability and Reasonable

Adjustment requirements when they contact the service (for example at the reception desk, over the telephone) and when they register. Who will ask, when, and how? This is most likely to be the role of ‘first point of contact’ staff, for example receptionists. It can be helpful to agree on a standard question which staff can feel comfortable asking – the most appropriate question is likely to vary locally and depending on the nature of the service or patient group. Services are advised to consult with relevant patient groups if possible. A question about disability and Reasonable Adjustment requirements should be included on new patient or patient registration forms (where used).

- Develop and agree a local implementation plan.
- Brief staff about the Standard preferably via a face-to-face session (particularly for those most directly involved in its implementation) and follow-up with email information about what it will entail. Include information about or signposting to local policies and procedures.
- Ensure staff are aware of the [DAPB1605 Accessible Information Standard](#) and its relationship to this Standard.
- Inform patients and service users about the Reasonable Adjustment Digital Flag Standard – via posters or onscreen information in waiting or reception areas. Encourage patients and service users to inform staff of their Reasonable Adjustment requirements.
- Consider your workforce. What training have individuals and teams had previously around disability-awareness and Reasonable Adjustment? Consider if any individual staff are best placed to support people with particular or complex requirements, for example a Learning Disability Liaison Nurse or staff who have had specific training.

12. Implementation Timescales

The requirement to provide Reasonable Adjustment to care for disabled people is an existing legal duty and should be considered business-as-usual. The Standard provides a consistent, standardised approach to the identification, recording, flagging, sharing, meeting, and reviewing of Reasonable Adjustment requirements 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	By 31 Mar 2024
Two	Organisations MUST ensure systems and processes are in place to share Reasonable Adjustments	By 30 Sept 2026

	information to and from the Reasonable Adjustment Digital Flag using digital integration	
Two	Date of full conformance: full implementation of all aspects of the Standard is required.	By 30 Sept 2026

Appendix A – Flag content illustrative example

Illustrative Example of Reasonable Adjustment Flag content

Flag Content	Coded items	Free text
SNOMED CT Disability code	Impairment with substantial and long-term adverse effect on normal day to day activity (Equality Act 2010)	
Harmonised Impairment (s)	<ul style="list-style-type: none"> • Learning or understanding or concentrating • Social or behavioural 	
Key underlying condition / diagnosis	<ol style="list-style-type: none"> 1. Learning Disability 2. Autism 	<ol style="list-style-type: none"> 1. Moderate learning disability 2. High anxiety associated with autism
Reasonable Adjustment	<ol style="list-style-type: none"> 1. Requires reasonable adjustment for health and care access (Equality Act 2010) 2. Requires distraction technique whilst undergoing care procedure 3. Requires approach to care to be discussed with carer 4. Requires single room during inpatient care 	<ol style="list-style-type: none"> 1. Ben always needs to know where his Star Wars models are for him to be calm 2. Ben likes talking about Star Wars and finds procedures easier if distracted by being asked about his favourite characters. 3. Ben's brother John is his carer who can advise on and support keeping Ben calm 4. Ben requires a single room due to being loud and highly active when anxious

Appendix B – Resources

Reasonable Adjustment Flag: [Reasonable Adjustment Flag - NHS Digital](#)

Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/contents>

Equality Act Guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/570382/Equality_Act_2010-disability_definition.pdf

NHS Constitution: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

DAPB1605 Accessible Information Standard:

<https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>

DAPB1605 Accessible Information Guidance:

<https://www.england.nhs.uk/long-read/accessible-information-standard-implementation-guidance/>

National Care Records Service: <https://digital.nhs.uk/services/national-care-records-service>

Reasonable Adjustment Flag: GDPR information: [Reasonable Adjustment Flag: GDPR information - NHS Digital](#)

GMC Guidance on Consent: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent>

NHSE Guidelines on Consent and Capacity: <https://www.nhs.uk/conditions/consent-to-treatment/capacity/>

NHSE guidance on consent to using and sharing patient information:

<https://www.england.nhs.uk/long-read/consent-to-using-and-sharing-patient-information/>

Guidance on the use of the MCA: <https://www.scie.org.uk/mca/practice/assessing-capacity>

Training on the Mental Capacity Act: <https://www.e-lfh.org.uk/programmes/mental-capacity-act/>

CQC Mythbuster: Reasonable Adjustments for disabled people:

<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-67-reasonable-adjustments-disabled-people>

NHS England, Reasonable Adjustments: <https://www.england.nhs.uk/learning-disabilities/improving-health/reasonable-adjustments/>

Equality and Human Rights Commission:
<https://www.equalityhumanrights.com/en/multipage-guide/using-service-reasonable-adjustments-disabled-people>

NHSE Education and skills development (Reasonable Adjustments)
<https://www.hee.nhs.uk/our-work/learning-disability/education-skills-development>

Gov.uk legal guidance on Reasonable Adjustments:
<https://www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty>

NHSE guidance on supporting staff to make Reasonable Adjustments:
<https://www.hee.nhs.uk/our-work/learning-disability/adjustment-adjusted-care-resources-support-health-care-workers>

National Development Team for Inclusion guidance on Reasonable Adjustments:
<https://www.ndti.org.uk/resources/reasonable-adjustment-guidance>

GMC guidance on Reasonable Adjustments <https://www.gmc-uk.org/ethical-guidance/ethical-hub/learning-disabilities>

NHSE(Digital) Reasonable Adjustment Digital Flag:
<https://digital.nhs.uk/services/reasonable-adjustment-flag>

Improving healthcare access for people with learning disabilities:
<https://www.gov.uk/government/publications/improving-healthcare-access-for-people-with-learning-disabilities>

NHS Long Term Plan (Learning disability and autism):
<https://www.longtermplan.nhs.uk/areas-of-work/learning-disability-autism/>

NHS API Platform: <https://digital.nhs.uk/services/api-platform>

Patient Flags API:<https://digital.nhs.uk/developer/api-catalogue/patient-flags-service---fhir-api>

Related Standards

- DAPB1605 Accessible Information Standard:
<https://www.england.nhs.uk/ourwork/accessibleinfo/>
- NHS Data Model and Dictionary Impairment Harmonised Standard (standard grouping of disability definitions):<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
- Introduction to the Mental Health Services Data Set (MHSDS): <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/submission-guidance/introduction>
- NHS Standard 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>:
- NHS Standard DCB0160: Clinical Risk Management: its Application in the Deployment and Use 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/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems>
- SNOMED CT: structured clinical vocabulary for use in an electronic health record <https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct>
- NHS Standard: DCB1596: Secure email (minimum non-functional requirements for a secure email service): <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>

Appendix C – Technical Implementation Pattern

