

Document filename	Register with a GP Surgery service - Data Specification
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Amendment History

Version	Amendment	Date
1.0	For publication	26/09/2024

Question set and Data points

Section	Page	Data Point	Mandatory (M)/Optional (O)/Conditional (C)
Matching you to your record	Who is registering with a GP?	Who registering?	M
	Would you like to sign in with NHS Login?	Use NHS login?	O
	What is your name?	Title	M
		First Name	M
		Middle Name	O
		Last Name	M
		Previous Last Name	O
	What is your date of birth?	DOB	M
	What is your NHS number?	NHS number	O
	Are you registering with a UK GP for the first time?	UK GP - Y/N	M
Do you know the postcode used when you last registered with a UK GP?	Postcode held by GP - Y/N	C	
What postcode did you use when you last registered with a UK GP?	Postcode held by GP	C	
	Are you a student at a UK university?	Yes/No	M
	Do you have a student ID number?	Yes/No	C
	What is your student ID number?	Student ID number	C
	What year does your course finish?	Course end date year	C
	Where will you be living when at university?	Address Line 1	C
		Postcode	C
	Select an address	Street	C
		Town	C
	Where will you be living when at university? (manual entry)	Room number	C
		Address Line 1	C
		Address Line 2	C
		Town or city	C
		Postcode	C
	Do you have a room number?	Yes/No	C
	What is your room number?	Room number	C
	Do you have a current UK address?	Current UK address - Y/N	M
	What is your current UK address	House number/name	C
		Postcode	C

Personal Details

Select an address	Street	C
	Town	C
What are your contact details	Home telephone number	O
	Mobile telephone number	O
	Email	O
Do you go to any of the following for your education?	School, Nursery, Home Schooled, None of the above	C
Enter details of where you go for your education - School	Name of school	C
	Postcode	C
	Telephone number	C
Enter details of where you go for your education - Nursery	Name of nursery	C
	Postcode	C
	Telephone number	C
Enter details of where you go for your education - Home School	Postcode	C
	Telephone number	C
Is anyone else involved in your care?	Hospital specialist/consultant, Health visitor, Social worker, Other health professional, None of the above	C
What is your sex as recorded on your NHS record?	Female, Intersex, Male, Not specified or known	M
What is your ethnic group?	Ethnic group, includes Prefer Not to Say	M
Which of the following best describes your [Ethnic group] background?	Ethnicity sub category, includes Prefer Not to Say	M
Do you need a language interpreter for your GP appointments?	Language Interpreter - Y/N	M
Which language do you need an interpreter for?		C
Would you like to choose or change a pharmacy for your prescriptions?	Pharmacy Y/N	C
Choose type of pharmacy	High Street Pharmacy, Online-only Pharmacy	C
Find a Pharmacy	Postcode	C
Choose a pharmacy	Pharmacy Name	C
	Pharmacy House Number	C
	Pharmacy Street	C
	Pharmacy Town	C
Do you want to get your prescription items direct from {NAME OF SURGERY}?	Dispensing surgery - Y/N	C
Do you live more than 1 mile from your nearest pharmacy?	Y/N	C
Would you have serious difficulty travelling to your nearest pharmacy to get medicines or medical appliances?	Y/N	C

Have you ever been a member of the UK Armed Forces or are a family member registered with the Defence Medical Services?	Ever been in armed forces? - Y/N	M
Do you have an emergency contact?	Emergency contact - Y/N	M
What are the details of your emergency contact?	EC Full Name	C
	EC Relationship to user	C
	Next of Kin Y/N	C
	Contact telephone number	C
Are you returning from overseas?	Returning from overseas Y/N	M
What was the date you left the UK?	Date left UK	C
What was the date you returned to the UK?	Date returned to UK	C
Have you recently moved to the UK from abroad?	Recently moved to the UK Y/N	C
Where were you born?	England, Wales, Isle of Man, Scotland, Northern Ireland, None of These	M
Enter details of where you were born	Country of birth (not Home Nations)	M
	Place of birth	M
When did you enter the UK?	Date of entry	C
Have you moved to the UK from EU, EEA or Switzerland?	Y/N	M
Have you ever spent more than 6 months in a country where there was an increased risk of catching tuberculosis (TB)?	Y/N/I don't know	C
Do you have any of these documents?	EHIC, S1 form, I don't have any of these documents	C
What is the name of the GP surgery you want to leave?	Current Surgery name	C
	Current Surgery postcode	C
Select your current GP surgery	Current Surgery street	C
	Current Surgery town	C
Have you ever lived at a previous UK address?	Previous UK address - Y/N	M
What was your previous UK address?	Previous Address number	C
	Previous Address postcode	C
Select your address	Previous Address street	C
	Previous Address town	C
European health insurance card details	Full name	C
	DOB	C
	Country code	C
	Personal ID number	C
	Identification number of the card	C
	Identification number of the institution	C
	Expiry date	C
Have you got all your immunisations?	Yes/No/I don't know	C
Did you get your routine vaccinations in the UK?	Yes/No/I don't know	C

Health Questions

Do you have any existing or pre-existing medical conditions?	Yes/No/Prefer not to say	M
Do you have any existing or pre-existing medical conditions?	Alzheimers disease or dementia, asthma, cancer, diabetes, epilepsy, heart disease, high blood pressure, stroke, thyroid disease, other	C
About your current and pre-existing medical conditions	Free text description of medical conditions	C
Do you have any allergies?	Yes/No/Prefer not to say	M
About your allergies	Free text description of allergies	C
Do you have any mental health conditions?	Yes/No/Prefer not to say	M
About your mental health conditions	Free text description of Mental health conditions	C
Do you have any mental health conditions?	Yes/No/Prefer not to say	M
About your disabilities	Free text description of disabilities	C
Do you have a carer	Yes/No	M
What type of carer do you have?	Young carer under 18, Paid as a job, Unpaid but may get benefits, Foster carer, None of the above	C
What are your carer's details?	Carer first name	C
	Carer last name	C
	Carer relationship to user	C
	Carer contact telephone number	C
Add another carer	Additional carer first name	C
	Additional carer last name	C
	Additional carer relationship to user	C
	Additional carer contact telephone number	C
Are you a carer?	Are you a carer? - Y/N	M
What type of carer are you?	Young carer under 18, Paid as a job, Unpaid but may get benefits, Foster carer, None of the above	C
Do you or your carer need to be communicated with in an accessible form?	Yes/No/Prefer not to say	M
About you or your carer's communication needs	Free text description of communication needs	C
Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?	Yes/No/Prefer not to say	M
About you or your carer's access needs	Free text description of access needs	C
Do you currently take any prescription medication?	Yes/No/Prefer not to say	M
Can you provide more details about your prescription medication?	Free text description of prescription medication	C
Are any of these repeat prescriptions?	Repeat prescriptions - Y/N	C
What is your height?	Height	O
What is your weight?	Weight	O

	How often do you drink alcohol or have a drink containing alcohol?	Never, Monthly or less, 2 to 4 times a month, 2 to 3 times a week, 4 or more times a week, Prefer not to say	M
	How many units of alcohol do you drink on a typical day when you are drinking?	Units	C
	How often have you had six or more units of alcohol on a single occasion in the last year?	Never, Less than monthly, Monthly, Weekly, Daily or almost daily, Prefer not to say	C
	Have you ever smoked?	Smoking - Y/N	M
	What best describes you?	I smoke, I used to smoke, Prefer not to say	C
	When did you stop smoking?	Date of smoking stop	C
	What is the average number of cigarettes you smoke a day?	Number of cigarettes per day	C
	Do you want important information from your GP record to be available to other health and care professionals?	Yes, share a Summary Care Record with additional information, Yes, share a Summary Care Record without additional information, No, do not share a Summary Care Record	O
Dependant Journey	What is your relationship to the person being registered?	Parent or Guardian, Carer, Other	M
	What are your details?	First Name (of person completing registration for dependant)	M
		Last Name (of person completing registration for dependant)	M
		Relationship to person being registered	M
		DOB (if parent/guardian, of person completing registration for dependent)	C
		NHS number (if parent/guardian, of person completing registration for dependent)	C
		Contact telephone number (of person completing registration for dependant)	M
	What type of carer are you?	Young carer under 18, Paid as a job, Unpaid but may get benefits, Foster carer, None of the above (of person completing registration for dependant)	M
	Do you know the postcode of where the mother of [dependant] was living when their baby was born?	Postcode of mother at birth - Y/N	C
	Enter the postcode where the mother of [dependant] was living when their baby was born	Birth postcode	C
Are you currently registered at practice X or have you submitted a registration? (if parent/guardian, of person completing registration for dependent)		C	

Will you be registering yourself at the practice? (if parent/guardian, of person completing registration for dependent)		C
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System Generated Data

Data Point	Mandatory (M)/Optional (O)/Conditional (C)
Registration Type	Auto Generated
Date and Time of submission	Auto Generated
Application reference number	Auto Generated
Identity proofing level	Auto Generated
PDS match	Auto Generated
PDS death	Auto Generated
PDS Matched NHS number	Auto Generated
PDS Matched NHS number - of parent/guardian in dependent journey	Auto Generated
PDS relationship - of parent/guardian in dependent journey	Auto Generated
Current Organisation Data Service (ODS) code	Auto Generated
PDS NHS number different to patient entered NHS number	Auto Generated
Patient EHIC to NBO	Auto Generated
Previous Health Authority	Auto Generated
Sex	Auto Generated
Website Cookies/Similar Technologies	Auto Generated