

Reasonable Adjustment Digital Flag

Frequently Asked Questions

26/03/2026

To keep up to date with regular FAQs, RADF guidance and templates, please register via the NHS Futures website. [Futures - Futures](#)

What Action should staff be taking now?

All staff should be ensuring at first point of contact, that adjustments are being recorded into local systems as a precursor to connecting to the national asset - [RADF action checklist](#)

- Ensure all organisations who supply software into your area have registered their interest in Patient Flags - [Registered Suppliers](#)
- If a supplier is not on the list, ask them to register - [Patient Flag API supplier interest form](#)
- Guidance on the six steps is available – [6 step guidance](#)
- All staff should complete the on-line training - [RADF e-learning](#)

Where can I find information on SNOMED Coding?

SNOMED codes are used for Reasonable Adjustments [Reasonable Adjustments SNOMED Codes](#)

Reasonable Adjustment flags do not need to be directly linked with a disability diagnosis code, though linking the reasonable adjustment and diagnosis may give context to the flag.

Where a patient has specific needs to be able to access services, the notes in the Reasonable Adjustment Digital Flag can be personalised to articulate the individual's needs.

Everyone should be using the same SNOMED codes; these are included in the Reasonable Adjustment Digital Flag Information Standard in appendix B of the Requirements Specification.

Key strategic links: Why are Reasonable Adjustments important?

- Long Term Plan Commitment: By 2023/24 a "digital flag" in the patient record will ensure staff know a patient has a learning disability or autism and what their reasonable adjustment needs are to support their experience of health or social care. <https://www.england.nhs.uk/publication/the-nhs-long-term-plan/>
- Equality Act 2010 – the right to reasonable adjustments. <https://www.gov.uk/guidance/equality-act-2010-guidance>
- NHS Standard Contract, SC13 Equity of Access, Equality and Non-Discrimination Section that: NHS constitution. <https://www.england.nhs.uk/nhs-standard-contract/>
- The Care Quality Commission have published a number of information packages - [GP myth buster 67: Reasonable adjustments for disabled people - Care Quality Commission](#)
- The Accessible Information Standard (AIS) is linked to Reasonable Adjustments and both teams are working closely together. [NHS England Presentation Template](#)

- NICE guidelines on care and support of people with learning disabilities states that service providers must make these reasonable adjustments. [NICE impact people with a learning disability](#)
- The RADF future platforms site outlines the governance of the National RADF project, resources to assist implementation, contact details of regional leads, FAQ and a forum for active discussion <https://future.nhs.uk/NationalReasonableAdjustmentFlag>

Is funding available to implement this service?

There is no additional national funding available.

The ISN, under Section 250 of Health & Social Care Act 2012, mandates compliance by all health and publicly funded social care providers and is a contractual requirement that commissioners must also be mindful of.

The RADF programme includes social care as the RADF applies to all publicly funded health care

Where software is developed by the NHS for its users, will that software be developed for Reasonable Adjustments?

Where appropriate, NHS software is included and these software products should be visible in the [Patient Flag API Registered Supplier List](#)

Which organisations are affected/included in this project?

All NHS and Social Care organisations that receive public funding are included e.g. a private dentist or care home, receiving NHS payment for some of their patients is included - [RADF action checklist](#)

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.
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A full list of affected organisations may be seen in the [Patient Flag API Registered Supplier List](#)

How do we manage the implementation of Reasonable Adjustments across organisations and in organisations with multiple services e.g. Shared Care Records and ICBs?

All affected organisations can view, add, or edit different Reasonable Adjustments on the NHS Spine.

It is code based, and each one can add additional information (in text), or to add "bespoke" adjustments for where there isn't a code that is relevant.

Often organisations will have more detailed information on local settings. It might, for example, be appropriate to include on the Flag that the patient needs an extended appointment: GP record might then have local information on how to make that work at their surgery; out-patients admin services might have a code on their system to automatically lengthen the standard appointment timing.

It is everyone's responsibility across Health and Publicly Funded Social Care Services. Organisationally you will be prompted if national and local systems have differing answers. Everyone should follow their local processes to do this

The same rules would apply here for shared decision making and best interests' decisions - the same as for any other clinical decision. The structure/approach will be the same as we do for other conflicts like this.

Please note the National Care Records Service (NCRS) is a way to access the NHS Spine. It is not the NHS spine itself.

NHS England has built the Digital Flag in the NHS Spine to enable health and care professionals to record, share and view details of reasonable adjustments across the NHS and Social Care. If you require a quieter area to wait when you attend your GP, then this will be visible to all staff at the hospital or other publicly funded setting, and can be implemented there too, where possible.

Independent providers will need to confirm with their system supplier their plan for engagement with the national service. Suppliers can engage with the NHSE digital team through the same channels as they would for all spine services.

[Oral care and people with learning disabilities - GOV.UK](#) There is a legal obligation for dental services to make reasonable adjustments to ensure that their patients with learning disabilities can use their service in the same way as other people. This might include making practical adjustments to the environment or changes in the process.

[Dentists for disabled people | Disability charity Scope UK](#)

The Reasonable Adjustment Digital Flag (RADF) ISN applies to all health and publicly funded social care.

Where an organisation receives funding from the NHS, it must comply with the standards. We are working with Social Care system suppliers and information on their activity will be shared in our supplier updates.

As a health or social care worker, what advice can I give to families, carers, and patients?

If you support someone with a learning disability, please make sure they have good access to healthcare by supporting them to:

- be on the GP learning disability register
- ask their GP practice for additional information to be added to their summary care record
- have the right health checks, screening, and immunisations
- conduct the actions in their health action plan

A patient/client can ask any NHS or publicly funded healthcare setting including social care to record any reasonable adjustments on your health record or that of your relative (assuming appropriate permissions are in place).

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.
- The Equality Act 2010 defines persons who can be considered to meet this criterion as anyone who has a disability or significant impairment that is long term (has lasted or would be reasonably expected to last 12 months or more).
- And Parents and carers.

Information that you could share with you patients is available here - [6 step guidance](#)

- You may also wish to ask your regional leads about patient engagement in your area

Are SMART Cards, RBAC Roles essential to accessing Patient Flags?

Reasonable Adjustments is available through the NCRS. NCRS offers multiple access options including biometric authentication, smartcards and multifactor authentication.

The API is accessible via the internet using two sets of authenticated tokens - [NHS CIS2 Authentication - NHS England Digital](#)

Any member of the team who books appointments, communicates with or see's patients, would need to see the flags.

What training is available?

All staff across health and publicly funded social care will need to complete the training to ensure they can legally meet the requirements under the Equality Act (2010) and to fulfil the Requirements Specification of the Information Standard (IS).

Staff, who are involved in patient care, need to complete the training to comply with the ISN and statutory requirements.

E-learning for all staff - [RADF e-learning](#) —

For training on your system, please go to your suppliers e-learning pages.

Will there be data transfers of existing locally stored data from Local Systems to the National service?

Data entered using the agreed SNOMED codes, will upload to the NCRS service as a supplier on boards for Reasonable Adjustments. Meaning that any data previously entered using those codes, will then be available on NCRS and available to be pulled down into other systems that are live with Reasonable Adjustments

Where a supplier chooses to develop their system to Read only - are they still compliant?

There are some use cases for Patient Flags where the users do not have a right or reason to create or edit a patient flag, or the software is used in such a way that the whole package is read only (e.g. some Shared Care Records).

Users should work with their suppliers to ensure your staff have access to the functionality you need to meet your obligations under the Disabilities Act and the ISN.

What should my ICS, ICB, Federation, PCN or another organisation be doing now?

In each region there are Regional Leads to support you - [Regional Teams Patient Flags](#) (NHS Futures login required)

- Share the link and encourage all staff to complete the E-learning - Reasonable Adjustment Digital Flag - [RADF e-learning](#) —
- Follow the guidance in the - [RADF action checklist](#)

Check your suppliers are engaging [Information about suppliers](#)

We are entering data into our source system now, will that be lost when our suppliers develop against the new API?

We are working with suppliers to ensure that, wherever possible, existing data will be uploaded to the spine as part of their on-boarding process.

This will mean that not only will you not lose valuable information, but other services will also be able to see that information either in NCRS or, once their supplier has gone live, in their usual/source system.

What are the recommendations for using the 'review of reasonable adjustment needs (procedure)' 1833271000000103' SNOMED code?

Review of RA needs is a key part of the RADF process. The code is review of reasonable adjustments needs (procedure); 1833271000000103.

It is an important code as early pilot testing of the process and discussion by the clinical safety group has identified a risk of disengagement by both staff and patients from repeatedly asking about adjustments if it is not clear this has been reviewed in the preceding timeframe.

However, in the clinical safety work carried out by the MDT prior to publication of the Standard, the decision was made NOT to create a "no reasonable adjustment needed" code as it was deemed that this may result in staff not asking/ fully reviewing needs at the next review point (due to assuming that the "no needs" position remained the same). It was also noted that the presence of this code may also prevent settings considering adjustments at presentation to alternative settings, remembering that the purpose of the Flag is to identify that a person has a disability and may need reasonable adjustments.

If those adjustments are already known, these can and should be coded onto the Flag, but it is very possible that adjustments will vary through time (as medical needs and social needs change) and on the setting at which the person is currently receiving care. For example, the needs that might be recognised and recorded in a GP practice may well be different to an acute ED setting. The Flag should serve not only to communicate currently known needs, but to flag that the person may need adjustments to care and the presence of a code stating "no needs" may mean settings do not consider this aspect.

The Clinical Safety Group felt that the review code should be sufficient to identify that needs had been reviewed and that, in the case of "no needs" this represented the current needs situation of the person and that, unless it was recognised by the person or staff that the situation has changed, this would represent that no needs are present currently. This could, of course, be amended at any time, should the need arise.

Step 6: review

Suggested actions

Code to be displayed to indicate reasonable adjustments have been reviewed in suitable timeframe (eg 12 months). Consider adding to standard digital templates.

- **review of reasonable adjustments needs (procedure); 1833271000000103.**

What consent is required in relation to the RADF?

The new information standard changes the basis of consent required by a provider to share a person's personal information from explicit to implied consent. However, people can raise objections to their data being shared at any time, unless there is a valid reason why it should be shared.

[The Mental Capacity Act 2005](#) should be consulted with regards to decisions about capacity and competence.

Who should I contact if I have any issues or questions with the IT system I am using to raise reasonable adjustments?

Any questions on how to use an individual system should be addressed to your suppliers and they will be able to provide support.

How do I access, searches, audits or reports on RADF for my area, to allow me to benchmark where we are now?

Once the suppliers have begun to deploy their systems, we will provide a national reports showing activity based on service (ODS code and name), supplier name and type of user (clinical or admin).

This will be statistical only and will not provide any patient identifiable data.

To track activity currently available in the National Care Record Service (NCRS) we have an NCRS utilisation dashboard that captures all NCRS related activity broken down by region, ICB, care setting and Organisation Data Service (ODS) codes

This includes Patient Flags / Reasonable Adjustments (Transactions include Views, Create, Update, Delete) and is broken down by ODS Code.

It's open to NHS.net addresses, the link is - [Transaction Volumes - NCRS Utilisation - Power BI](#)

Any questions re access please contact england.radfproject@nhs.net

(SEL ICB) Emis – Ardens provide guidance and a video to support RADF reporting for benchmarking activity.

[Reasonable Adjustments : Ardens EMIS Web](#)

Will the RADF be included within the NHS app for read and write?

The NHS app team have confirmed that write is out of scope for the initial launch.

However, NHS app development timeline for the read only:

- NHS App functionality work will take place Q1 - 2026-27
- Processing/completion/private beta in Q2 - 2026-27

My supplier tells me they cannot develop by September, how can we achieve compliance?

Temporary solution to a full integrated solution would be for a service to access patient flags via the national care record service.

- [Guide to Using the Reasonable Adjustment Flag in NCRS – NHS England Digital](#)

We need to use the national care record service but do not have smartcards or access to HSCN – the NHS network.

It is possible to access NCRS using two factor authentication, [Accessing RADF on NCRS without HSCN or Smartcard.pptx](#)

Is there a step-by-step access process to access the RADF FutureNHS platform?

1. If you have a FutureNHS account already and want to join the Reasonable Adjustment Digital Flag (RADF) platform
 - Follow the following guidance on how to join a workspace linked here - [How do I find and join a FutureNHS Workspace? – FutureNHS Support Centre BETA \(zendesk.com\)](#)
 - The Platform name for searching is: Reasonable Adjustment Digital Flag (RADF) platform to support with the implementation phase
 - Membership requests will then be approved by the RADF project team via FutureNHS
2. If you don't have an account FutureNHS account already
 - If you don't have a FutureNHS account already you will need register for an account via the following link - <https://future.nhs.uk/system/register>
 - Please note – You can ONLY register for a FutureNHS account if you have received an invitation email to join a workspace OR you have a @nhs.net, @nhs.uk or gov.uk email address
 - If you would like to join the RADF FutureNHS workspace and don't have one of the above email addresses please email england.radfproject@nhs.net

*The URL has not changed for the RADF FutureNHS site, so any previous bookmarks will be valid - [Reasonable Adjustment Digital Flag \(RADF\) platform to support with the implementation phase - FutureNHS Collaboration Platform](#)

Who makes decisions about what data I should I collect and how I implement reasonable adjustments in my service?

The Reasonable Adjustment Digital Flag is a national interoperability tool designed to support the safe and consistent sharing of key information across health and care services. Its purpose is to help staff understand a person's needs more quickly, improving communication and reducing the burden on patients and carers to repeat their story.

The Information Standard Notice (ISN) sets out the technical and data requirements for implementing the flag. It does not tell clinicians how to manage their patients, nor does it

prescribe what information an organisation must record. Those decisions remain entirely within local clinical judgement, operational processes, and professional standards.

The flag does not replace or reinterpret the Equality Act 2010. The Reasonable Adjustment Digital Flag enables organisations to record and securely share a person's required reasonable adjustments across services, reducing the risk that needs are overlooked. By making these adjustments visible and consistent, it helps organisations anticipate and implement appropriate support in line with their duty to make reasonable adjustments under the Equality Act 2010, wherever they access care.

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Further questions raised to SEL ICB

How do you deal with requests for 'reasonable adjustments that cannot be accommodated by the GP practice?

NHS England has now provided guidance on how reasonable adjustments should be assessed. This guidance includes two example letter templates that GP practices can adapt.

SEL ICB has added this guidance to the draft GP practice RADF policy, along with the two letter templates in the appendix. This update has also been reflected in the RADF slide presentation. The updated version is now available on [SELNET](#).

When will the Ardens communication template for RADF be updated to reflect 'implied consent' in line with the NHS Information Standard for RADF?

As of April 2026, Ardens have now made the changes to the RADF communications template which has been updated to include A - **'implied consent'** and B – Declined, opt-out of sharing RADF. (The original consent marker has now been removed).