NHS Digital

Data Provision Notice

COVID-19 At Risk Patients data collection version 5

Information Asset Owner: Kathryn Salt
Published: 23 November 2022

Information and technology
for better health and care

Contents

Background

The Health and Social Care Act 2012 (the **2012 Act**) gives the Health and Social Care Information Centre, now known as NHS Digital and hereafter referred to by this name, statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care (**Secretary of State**) or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice (**DPN** or **Notice**), is required to support a Direction from the Secretary of State to NHS Digital. Therefore, organisations that are in scope of the notice are legally required, under sections 259(1)(a) and 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

NHS England has recommended that a COVID-19 Therapeutics Service is set up to enable assessment and treatment to people diagnosed with COVID-19. The treatments, which include though not limited to neutralising monoclonal antibody (nMAb) or Anti-Viral treatments aim to reduce the health impact of a COVID-19 infection.

NHS Digital is commissioned to build and maintain the digital infrastructure to support central identification of potentially eligible patients for therapeutic treatment, COVID-19 and flu vaccinations. The digital infrastructure draws on a range of clinical and demographic data sources including but not limited to GP practice, hospital, radiotherapy, chemotherapy and COVID-19 test results data.

The COVID-19 At Risk Patients data collection has been completely revised. This is in line with the identification of cohorts to align with the McInnes report changes: https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report/defining-the-highest-risk-clinical-subgroups-upon-community-infection-with-sars-cov-2-when-considering-the-use-of-neutralising-monoclonal-antibodies.

The revised data collection will feed a variety of COVID-19 related cohorting programmes including COVID-19 therapeutics and vaccination programmes and will continue as long as the rationale continues for the collection of data. Information on the version history of the data collection can be found in Appendix B. Information on the detailed specification is available in appendix A.

Purpose of the collection

The Secretary of State has directed NHS Digital to collect, process and analyse data in connection with COVID-19 to support the Secretary of State's response to COVID-19 and support various COVID-19 purposes set out in the COVID-19 Public Health Directions 2020, 17 March 2020 (COVID-19 Directions) (as amended) (COVID-19) Directions) and below. This enables NHS Digital to collect data and analyse and link the data for COVID-19 purposes with other data held by NHS Digital.

This DPN is to cover a data collection for the purpose of direct care in response to the spread of the COVID-19 (also known as coronavirus) in England for the following purposes identified in the COVID-19 Directions:

- identifying and understanding information about patients or potential patients with or at risk of COVID-19

- the management of patients with or at risk of COVID-19 including locating, contacting, screening, flagging, treating and monitoring such patients.

The objective of this collection is on an ongoing basis to identify patients registered at General Practices who may be more at risk of getting seriously ill with COVID-19 and who would be potentially eligible for treatment should they contract COVID-19. The data collected will be analysed and linked with other data NHS Digital holds to identify a list of potentially eligible patients.

Treatment options are available for some people who have tested positive for coronavirus (COVID-19). NHS Digital is providing the technology to support the NHS to identify patients eligible for the drugs.

The methodology NHS Digital has used to produce the COVID-19 Treatment cohort is explained in the detailed algorithm published on the NHS Digital COVID-19 Treatment Methodology website page here: Population Health: COVID-19 Treatment Methodology - NHS Digital

The extract may also be used for future direct care purposes relating to the COVID-19 outbreak.

Benefits of the collection

Organisations, including Government, health and social care organisations need to access this vital data for a range of COVID-19 purposes, to help plan, monitor and manage the national response to the COVID-19 pandemic, which will help save lives. COVID-19 purposes for which this data may be analysed and used may include:

- understanding COVID-19 and risks to public health, trends in COVID-19 and such risks, and controlling and preventing the spread of COVID-19 and such risks

- identifying and understanding information about patients or potential patients with, or at risk of COVID-19, information about incidents of patient exposure to COVID-19 and the management of patients with or at risk of COVID-19 including: locating, contacting, screening, flagging and monitoring such patients and collecting information about and providing services in relation to testing, diagnosis, self-isolation, fitness to work, treatment, medical and social interventions and recovery from COVID-19.

While the purpose of this collection is for Direct Care, there will be secondary uses of the data as a consequence of delivering the Direct Care, such as payment for and monitoring of administering the Direct Care. Any secondary use of the data will use anonymised data and thus Type 1 will not be removed (for example to allow payment for patients with Type 1 opt outs).

Data will be analysed and linked to other data held by NHS Digital or held by other organisations to which access to the data is granted for COVID-19 purposes, through the process described above. This data set will not be available via our Data Access Request Service, but for transparency purposes we will publish any agreed disseminations of the data via the NHS Digital Data Uses Register https://digital.nhs.uk/services/data-access-request-service-dars/data-uses-register.

Patients facing the greatest risk if they contract COVID-19 and/or at risk of complications from flu:

- will be identified and known to health organisations

- will have a greater awareness of the recommended treatment and vaccination options

- will be able to follow clear advice

- will be able to ask for help and support.

If patients facing the greatest risk follow advice, it is hoped that this will contribute to the delay and mitigation of the spread of COVID-19 and save lives.

Legal basis for the collection, analysis, publication and dissemination

Collection and Analysis

NHS Digital has been directed by the Secretary of State under section 254 of the 2012 Act under the COVID-19 Directions to establish and operate a system for the collection and analysis of the information specified for this service: COVID-19 at-risk patients. A copy of the Direction is published here:
https://digital.nhs.uk//about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/secretary-of-state-directions/covid-19-public-health-directions-2020.

This information is required by NHS Digital under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the 2012 Act, all organisations in scope, in England must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this Notice.

This Notice is issued in accordance with the procedure published as part of NHS Digital's duty under section 259(8).

National Data Opt-out does not apply to this collection as the data is required for direct care purposes. Further information on the National Data Opt-out can be found here:
https://digital.nhs.uk/services/national-data-opt-out.

Data collected under these Directions may also be linked to other data sets held by NHS Digital to provide richer information, enhance existing publications, develop new publications, and to respond to the COVID-19 pandemic. More information about the data sets and collections that NHS Digital hold and that may be used for linkage can be found on the NHS Digital Data Collections and Data Sets webpage.

Publication

In accordance with section 260(2)(d) of the 2012 Act, NHS Digital is directed not to publish any information it obtains under section 254 of the 2012 Act by complying with the Original Directions, except for the publication of anonymous statistical data (with small numbers supressed) as agreed by NHS England or which NHS Digital reasonably believes to be in the public interest to publish, in consultation with relevant parties and where this does not to any significant extent interfere with the performance by NHS Digital of its other functions in response to COVID-19 or its other functions more generally.

Any information that is published will be fully anonymised in accordance with the Information Commissioner's Office Anonymisation Code of Practice[1] and be in accordance with the Code of Practice for Statistics.

Dissemination

NHS Digital retains responsibility and accountability at all times for the dissemination of data from the collection as the Controller under the UK General Data Protection Regulation 2016 (UK GDPR). It will do so through ensuring that requests for data are necessary, proportionate, that the minimum amount of data necessary for the purpose only is shared and that the transfer and use of the data shared will be secure and lawful.

Requests by organisations to access record level (pseudonymised or identifiable) data from this collection will also be subject to consideration and advice by Data Access Request Service (DARS) and Independent Group Advising on the Release of Data (IGARD) against specific criteria underpinned by information governance assessment standards. These standards include additional scrutiny when there is involvement of any organisation where the public may have particular concerns about their involvement in health and social care. The DARS process is well-established, and consists of enquiry, triage, review, independent oversight through IGARD, approval, access, audit, and destruction phases. All data approved for release through DARS and IGARD are subject to robust data sharing agreements between NHS Digital and the Controller requesting the data. More detail on the DARS process, standards and the data sharing agreements used are available here: https://digital.nhs.uk/services/data-access-request-service-dars.

The application of the National Data Opt-Out will be considered on a case by case basis for each dissemination and may or may not apply depending on the specific COVID-19 purposes for which the data is to be used. The National Data Opt-Out will not generally apply where data is used to support the coronavirus outbreak, due to the public interest in and legal requirements to share information. For more information on the National Data Opt-Out and its application during the COVID-19 period see Section 6.2 of the National Data Opt-Out Operational Policy Guidance.

Transparency

As NHS Digital is collecting personal data from General Practices through the COVID-19 At Risk Patients data collection, General Practices have a legal duty to be transparent and to provide patients with transparency information under UK GDPR about the data they are sharing with NHS Digital.

Therefore, general practices need to update their own Transparency Notices on their websites to include details of this collection. NHS Digital has produced a COVID-19 response transparency notice which GPs can use to do this here: https://digital.nhs.uk/coronavirus/coronavirus-covid-19-response-information-governance-hub.

To meet fair processing responsibilities for this data collection, general practices are required to:
- inform their patients how their personal data will be used (including what type of data will be used) and for what purpose(s) their personal data will be used

---

[1] https://ico.org.uk/media/for-organisations/documents/1061/anonymisation-code.pdf or any subsequent document on the same topic published by the ICO

- reassure their patients that their personal data will remain safe and confidential and will be used only for its intended purpose.

NHS Digital will disclose in its Data Release Register[2] the organisations to whom it disseminates the data obtained through this DPN and the purposes of the dissemination.

Persons consulted

Following receipt of a direction to establish a system to collect COVID-19 At Risk Patients data, NHS Digital has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- The British Medical Association (BMA)

- The Royal College of General Practitioners (RCGP)

- Department of Health and Social Care, as directing organisation

- Public Health England (PHE) (now known as the UK Health Security Agency)[3]

- NHS England

- NHS Digital Information Governance team

- the Data Alliance Partnership Board (DAPB)[4] ,which includes representatives from the Department of Health and Social Care, NICE, NHS England, Care Quality Commission (CQC), Local Government Association (LGA), Health Research Authority (HRA), Association of Directors of Adult Social Services (ADASS) and NHS Digital

- Chief Medical Officers of England, Scotland, Wales and Northern Ireland.

Scope of the collection

Under section 259(1)(a) and (5) of the 2012 Act, this Notice is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on the following persons:

- General Practices in England

Under section 259(1) and (5) of the 2012 Act the organisation types specified in the above Scope must comply with the Form, Manner and Period requirements below.

---

[2] https://digital.nhs.uk/services/data-access-request-service-dars/register-of-approved-data-releases
[3] PHE has now been replaced and a number of its public health functions transitioned to NHS England on 1 October 2021.
[4] The Data Alliance Partnership Board (DAPB) was established in November 2020 as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and standards requirements are agreed, and priorities assigned.

Form of the collection

The GPES data extraction will identify all patients currently registered with a General Practice who fall under the cohort count and code clusters specified in the business rules.

These can be found on our website:https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof#other-extracts.

GPES business rules will be provided to the GP System Suppliers (GPSS), to set out the scope of the collection. The GPSS develop the extract in accordance with the business rules.

For each patient above, NHS Digital will require the following personal data, as well as the General Practice that individuals are registered with:

- NHS Number

- surname and forename

- date of birth

- date of death

- address and postcode

- ethnicity

- age

- sex.

Where a patient's record contains a defined long-term medical condition, such as Downs syndrome, cancers, haematological disease, renal disease, liver disease, immunosuppression, transplants and neurological disease which poses a COVID-19 risk and/or a condition/code which identifies a patient as being at risk of complications from flu/COVID-19, data will be extracted for:

- the associated SNOMED[5] CT code(s) and date(s) for the:
    - medical condition
    - recorded activity for COVID-19 in the patient's medical record
    - drug treatment(s)
- any values such as scores or prescriptions associated with the SNOMED CT code(s).

General Practices will be automatically enrolled into the data extract and will not be required to participate. This will reduce burden on GPs as there will be no offer of participation on Calculating Quality Reporting Service (CQRS).

---

[5] https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct

Manner of the collection

The required data will be collected from General Practices' clinical IT systems via the General Practice Extraction Service (GPES). The NHS Digital GP Collections webpage[6] provides further information on this service.

Once the extract is developed, GPES will be used to schedule and manage the collection and onward processing of the data into Data Processing Service (DPS). GPES is an established mechanism to schedule, extract and deliver General Practice data from GPSS clinical systems. For the purposes of the GPES COVID-19 At Risk Patients collection, it is made up of three key components:

- GPDC: The GP Data Collector is the solution operated by the NHS Digital's Data Services Alliance team. It will send requests for data to the GPSS solutions. It is located on Amazon web services (AWS) cloud

- GPET-E: The GP Extraction Tool-Extractor is the GPSS solution used to extract the data from the clinical system on receipt of the request from the GP Data Collector. The resulting data files are sent to the NHS Digital DPS MESH mailbox

- MESH: Message Exchange for Social Care and Health is the secure transport mechanism used to transport the data from the GPET-Es to NHS Digital. Data files are stored on MESH in accordance with MESH's 30-day retention policy and are then deleted from MESH.

DPS is the platform where the data will be processed and stored. NHS Digital uses Amazon Web Services (AWS) to host the data located within the UK, consequently AWS is a data processor for all data stored on DPS and NHS Digital has UK GDPR Article 28(3) compliant contracts in place with AWS.

Once collected, the data will be stored appropriately by the NHS Digital Data Management Service (DMS) in line with the COVID-19 Directions and shared only with those organisations who have a legal basis to process the data and where necessary in order to achieve the COVID-19 purposes, in accordance with the process set out above.

Period of the collection

The GPES data will be extracted on a weekly basis with the revised data collection due in November 2022. The extraction will then be an ongoing collection under the COVID-19 Directions. The Directions will be reviewed annually, with a view to carrying out the first review during December 2022.

The frequency of the data collection may change in response to demand.

Data quality

Once the data is collected from GPSS, validation on the file structure and contents is carried out before files are accepted by NHS Digital's GP Data Collector system. The data is then processed by the Data Management Service (DMS) to create a data asset.

---

[6] https://digital.nhs.uk/services/general-practice-gp-collections

Burden of the collection

A burden assessment is not required for this collection as General Practices are not required to accept an offer of participation in the data collection.

NHS Digital has also sought to minimise the burden on General Practices by using existing data extract technology, rather than requiring information in another format which may be more burdensome to process.

Appendix A – Specification

The patient/record data that will be included in the COVID-19 Clinical Risk Extract version 5.0, or the latest amended version as agreed by NHS England, may be found on the Business Rules page on NHS Digital's website under the section relating to:

Other extracts

Emergency COVID-19 data collections

https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof#other-extracts.

Appendix B – Extract versions

NHS Digital issued version one of this DPN on 18 March 2020. This outlined an initial one-off data collection for the purpose of direct care in response to the spread of the COVID-19 (also known as coronavirus) in the UK for the following purposes identified in the COVID-19 Directions:

- identifying and understanding information about patients or potential patients with or at risk of COVID-19

- the management of patients with or at risk of COVID-19 including locating, contacting, screening, flagging, and monitoring such patients.

The objective of the initial collection was to identify patients registered at General Practices who may have been clinically extremely vulnerable if they contracted the COVID-19 virus. The data collected was analysed and linked with other data held by NHS Digital to identify a list of clinically extremely vulnerable patients who were advised to take shielding measures to protect themselves. This list was known as the vulnerable patient list and was subsequently known as the Shielded Patient List).

The patients on the Shielded Patient List (SPL) were contacted by post and/or SMS message by the NHS behalf of the Chief Medical Officer, , to advise them of the measures they could take to reduce their risk of contracting the virus and sign-post them to the Extremely Vulnerable Persons service operated by gov.uk at: https://www.gov.uk/coronavirus-extremely-vulnerable. This service has subsequently been replaced with COVID-19: guidance for people whose immune system means they are at higher risk: https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk. The SPL was also used to inform GPs of their individual patients on the SPL, by flagging those patient records on GP patient record systems.

NHS Digital was requested by the Chief Medical Officer to maintain the SPL and published information about the SPL on its website: https://digital.nhs.uk/coronavirus/shielded-patient-list. This page provides an update on the SPL closure from 30 June 2022.

The initial one-off extract of data, used to create the SPL, was based on an existing specification for flu vaccination eligibility. The outputs from this first data collection were reviewed following the work to produce the SPL resulting in changes to minimise and improve the collection. A weekly extraction of the revised specification took place in April 2020.

The weekly extract collected data about patients that GPs identified as clinically extremely vulnerable to COVID-19 who should be added to the SPL. Information about patients who were on the SPL were provided back to GPs by NHS Digital through identifying those patient records with a flag on GP systems.

The SPL was developed early in the COVID-19 outbreak when evidence about the groups of patients most at risk was based on what was known about risk factors with other known respiratory viral infections. The SPL was intended to be a dynamic list that adapted as knowledge of the disease improved and more clinical evidence became available.

In August 2020, the NHS announced that the seasonal national flu immunisation programme criteria for 2020 - 2021 was expanded to include patients on the SPL. Therefore, to provide information that will support the identification of patients at moderate or high risk of complications from flu, a revision to the weekly extract of data took place resulting inversion three of the extract for the purpose of maintaining and updating the SPL, In May 2021 this was followed by version four of the extract which removed the collection of data for people clinically eligible for a flu vaccination.

General Population					
Version no.	Version 1 (DPN v1 published)	Version 2 (DPN v2 published)	Version 3 (DPN v3 published)	Version 4 (DPN not revised)	Version 5 (DPN v4 published)
Version history	The initial one-off extract of data, used to create the SPL, was based on an existing specification for flu vaccination eligibility.	The outputs from the first data collection were reviewed following the work to produce the SPL resulting in changes to minimise and improve the collection. A weekly extraction of the revised specification has taken place since April 2020.	In August 2020, the NHS announced that the seasonal national flu immunisation programme criteria for 2020 - 2021 will be expanded to include patients on the SPL. Therefore, to provide information that will support the identification of patients at moderate or high risk of complications from flu, a revision to the weekly extract of data has taken place.	This version removed the collection of data for people clinically eligible for a flu vaccination.	The COVID-19 At Risk Patients data collection has been completely revised. This is in line with the identification of cohorts to align with the McInnes report changes: https://www.gov.uk/government/publications/higher-risk-patients-eligible-for-covid-19-treatments-independent-advisory-group-report/defining-the-highest-risk-clinical-subgroups-upon-community-infection-with-sars-cov-2-when-considering-the-use-of-neutralising-monoclonal-antibodies.
Period of collection	The first extract is due to take place on 18 March 2020	Data collection extracted on a weekly basis week commencing 13 April 2020.	Revised weekly data collection. The first collection week commencing 28 September 2020.	Revised weekly data collection. The first collection week commencing May 2021.	Revised weekly data collection. The first collection is due at the beginning of October 2022.

General Population

Version no.	Version 1 (DPN v1 published)	Version 2 (DPN v2 published)	Version 3 (DPN v3 published)	Version 4 (DPN not revised)	Version 5 (DPN v4 published)
Collection description	One-off initial extract. It will be a snapshot in time and capture any patient who has ever had a recorded instance of a high-risk condition in their medical record along with identifying any patient who is pregnant on the date of extraction.	All patients with defined long-term medical conditions which pose a COVID-19 risk, identified as clinically extremely vulnerable to that risk and/or on certain drug treatments as below:	All patients with defined long-term medical conditions which pose a COVID-19 risk, identified as clinically extremely vulnerable/potentially clinically vulnerable to that risk and/or on certain drug treatments as below:		The revised data collection will feed a variety of COVID-19 related cohorting programmes including COVID-19 therapeutics and vaccination programmes. Scope of extract: Conditions including: Downs syndrome, cancers, haematological disease, renal disease, liver disease, immunosuppression, transplants and neurological disease. Eligible for flu vaccination
Medical conditions and data items	The GPES data extraction will identify all patients currently registered with a general practice who fall under the following three categories: • All patients aged 65 or older • All patients with defined long-term medical conditions which pose a flu risk • Pregnant patients at any stage of pregnancy For each eligible patient, NHS Digital will receive the following personal data, as well as the GP practice that individuals are registered with: • NHS Number • First name • Surname • Date of birth • Address The mobile number for identified patients will be taken from the Personal Demographics Service (PDS), which NHS Digital operates as part of NHS Spine. Data will also be extracted to identify registered patients who are in the flu risk category due to a record or diagnosis of one or more of the following: • Asthma • Body Mass Index (BMI) • Chronic heart disease • Chronic kidney disease • Chronic liver disease • Chronic neurological disease • Chronic respiratory disease • Diabetes mellitus	Medical conditions that provide information on clinically extremely vulnerable patients • Severe asthma and dust related lung disease with relevant treatment in the last 12 months (asthma treatment & prednisolone OR high dose corticosteroid safety card) • COPD emphysema, and associated lung diseases with relevant treatment in the last 12 months (COPD drugs OR high dose corticosteroid safety card) • Non-asthma and non-COPD chronic respiratory disease • Cancer (haem and others) • Congenital heart disease • Genetic, metabolic or autoimmune disease • Immunosuppression drugs in the last 12 months • Flu-like symptoms or respiratory tract infections from 1 November 2019 • Transplants with severe Immunosuppression drug treatment in the last 12 months • Pregnant in last 9 months	Medical conditions that provide information on clinically extremely vulnerable patients • Severe asthma and dust related lung disease with relevant treatment in the last 12 months (asthma treatment & prednisolone OR high dose corticosteroid safety card) • COPD emphysema, and associated lung diseases with relevant treatment in the last 12 months (COPD drugs OR high dose corticosteroid safety card) • Non-asthma and non-COPD chronic respiratory disease • Cancer (haem and others) • Congenital heart disease • Genetic, metabolic or autoimmune disease • Immunosuppression drugs in the last 12 months • Flu-like symptoms or respiratory tract infections from 1 November 2019 • Transplants with severe Immunosuppression drug treatment in the last 12 months • Pregnant in last 9 months *(no change)*		For each eligible patient, NHS Digital will receive the following personal data, as well as the GP practice that individuals are registered with: • NHS Number • surname and forename • date of birth • date of death • address and postcode • ethnicity • age • sex.

General Population

Version no.	Version 1 (DPN v1 published)	Version 2 (DPN v2 published)	Version 3 (DPN v3 published)	Version 4 (DPN not revised)	Version 5 (DPN v4 published)
	• Down syndrome • Immunosuppression • Learning disability • Pregnancy				
Medical conditions		Patients designated separately as at risk from COVID-19 using high/medium/low risk SNOMED CT codes, for example	Patients designated separately as at risk from COVID-19 using high/medium/low risk SNOMED CT codes, for example *(no change)*		
		Patients with a COVID-19 activity code	Patients with a COVID-19 activity code *(no change)*		
			Clinically vulnerable patients (eligible for seasonal flu vaccination) • Chronic respiratory disease • Unresolved asthma with recent asthma drug treatment (in the last 12 months) or has ever had an emergency hospital admission due to asthma • Chronic heart disease • Unresolved chronic kidney disease stage 3, 4 and 5 • Unresolved diabetes mellitus • Unresolved immunosuppression diagnosis • Immunosuppression procedure in the last 12 months • Chronic liver disease • Chronic neurological disease • Pregnant in the last 9 months (different cluster to clinically extremely vulnerable group) • In patients aged 16 and over: BMI of 40+ in the last 12 months • In patients aged 16 and over: Latest BMI in the last 3 years was 40+ • Learning disability (including Down's) • Has a 'requires flu vaccination' code		

General Population

Version no.	Version 1 (DPN v1 published)	Version 2 (DPN v2 published)	Version 3 (DPN v3 published)	Version 4 (DPN not revised)	Version 5 (DPN v4 published)
			• Identified as a healthcare worker in the last 12 months • Household contact of an immunocompromised individual		
			Other potentially clinically vulnerable patients • Unresolved hypertension • Pulmonary hypertension • Dementia • Systemic lupus • Discoid and non-systemic lupus • Psoriasis • Rheumatoid arthritis and associated disorders		
			Additional data items for patients from the above groups • Latest ethnic category code (all groups) • Earliest code indicating that the patient has died (all groups) • Latest smoking status (all groups) • Blood pressure from the last 2 years (all groups) • In patients aged 16 and over: all BMI and weight in the last 5 years plus latest height (all groups) • IFCC-HbA1c in the last 2 years (for diabetic patients in the flu group only) • Latest COPD resolved and admission codes (for COPD patients in the clinically extremely vulnerable group only) • ACE inhibitors, ARBs and non-steroidal anti-inflammatory drugs in the last 12 months (all groups) • Latest asthma emergency admission		

General Population

Version no.	Version 1 (DPN v1 published)	Version 2 (DPN v2 published)	Version 3 (DPN v3 published)	Version 4 (DPN not revised)	Version 5 (DPN v4 published)
			codes (for asthma patients in the flu group only) • Asthma-related drug treatments in the last 12 months (for asthma patients in the flu group only)		

For further information

www.digital.nhs.uk

0300 303 5678

enquiries@nhsdigital.nhs.uk

Under the Open Government Licence you are encouraged to use and re-use the publicly accessible information in this notice free of charge. Re-use includes copying, issuing copies to the public, publishing, broadcasting and translating into other languages and its subsequent use in commercial or non-commercial enterprise.