

Business Rules for Other Services ~~2015-~~ ~~20~~2020-21

The learning disabilities data extract

Author: ~~Primary Care Domain~~ General Practice Specification and Extraction Service (GPSES), NHS Digital

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1. Amendment history

Version	Date	Amendment history
0.004	16 December 2015	This version of the Business Rules was created and maintained by PRIMIS.
1.0	01 April 2018	Business Rules created in line with SDS templates, for an existing service (incorporating SNOMED) following review.
1.1	08 May 2018	Updated DPO section following feedback. HLTHCHK_COD cluster version updated.
1.2	10 July 2018	Updated Qualifying Dates table as achievement date not used.
2.0	19 April 2019	2018/19 service updated to incorporate April 2018 and October 2018 clinical code releases following review.
2.1	10 July 2019	Updated to remove CONSTIPTRT_DAT field from the Clinical Data Extraction Criteria table as superfluous.
2.2	22 August 2019	Updated to add = to denominator rule 1 of LDOB073, LDOB074, LDOB075 and LDOB076.
3.0	01 June 2020	Change to service name. Addition of new indicators and retirement of indicators no longer required.
4.0	01 June 2021	Amendments to existing indicators and addition of new indicators.
4.1	10 August 2021	Updates made to BMI_DAT and BMI_VAL.

2. Background

2.1. Document purpose

The dataset and business rules documents produced by the NHS Digital Primary Care Domain General Practice Specification and Extraction Service (GPSES) are created primarily for the uses of GPSES and GP system suppliers. These documents contain specifications to communicate technical details of extracts from Primary Care systems which may be used to provide practice-level information regarding services and/or allocate rewards, such as payments or QOF points.

This document is **not** intended to be used in place of clinical guidelines, but may be referred to by any individual or organisation to aid understanding of which patients and/or activity are included in each population or output. Non-technical, textual descriptions of business rules can be found in the table columns highlighted in pale blue throughout the document.

The business rules registers for QOF and Enhanced Services are constructed solely for the purpose of supporting the practice, GP Suppliers, and NHS England in fulfilling the claims and audit requirements for the indicators. Therefore, while a register may carry the name of a particular diagnosis for business rules purposes, it may well not be sufficiently precise to encompass all of those patients who might be clinically assessed as requiring follow-up or clinical intervention. It is advised that where a practice wishes to construct a register for the purposes of call, recall and clinical management that it is patient based rather than solely diagnosis based.

2.2. Business rules supporting information

Further information regarding the setup of the business rules, terminology used and the calculation methods can be found in version 1.41.6 of the supporting information document which can be accessed here:

<https://content.digital.nhs.uk/qofesextractspecs>

2.3. Clinical codes

The clinical code strings have been replaced by clinical reference sets (refsets). Both clinical refset and drug refset IDs are denoted by a '^' prefix.

Please note the content of clinical and drug refsets are subject to change over the course of a year. Drug refsets have the scope to be updated every 4 weeks. The content of clinical refsets is dynamic, and will be updated several times throughout the year. The latest content of refsets can be accessed using the files from Technology Reference data Update Distribution (TRUD) / Primary Care Domain Reference Set Portal.

~~Please note the content of clinical and drug refsets are subject to change over the course of a year. Drug refsets have the scope to be updated every 4 weeks. Clinical refsets will be updated at least twice a year. The latest content of refsets can be accessed using the files from Technology Reference data Update Distribution (TRUD)/Power BI portal.~~

~~2.4. Guidance~~

~~Guidance for all Quality Services can be found on the NHS England website through the following link:~~

~~<https://www.england.nhs.uk/commissioning/gp-contract/>~~

3. Dataset specification

3.1 Qualifying dates

The dataset and rules in this document refer to various dates, which may include any number of the dates from the table below. Further information regarding how to use these dates within calculations can be found in the supporting information document (see section 2.2).

Term	Description	Definition	Timeframe for this service
SPSD	Service Period Start Date	The first day of the period during which a GP practice provides the Service.	01/04/2015 <u>01/04/2020</u>
SPED	Service Period End Date	The last day of the period during which a GP practice provides the Service.	31/03/2020 <u>31/03/2021</u>
Service Period	Service Period	The period during which a GP practice provides the service specified in this document.	The time period between the SPSPD and the SPED (inclusive).
Service Data Extract Frequency	Service Data Extract Frequency	The frequency of data extracts associated with the service.	Annual
ACHV_DAT	Achievement Date	The date up to which pertinent patient information is considered when determining the output for each extraction. This is usually the same as the RPED; however, where interim extracts are made the achievement date will vary for each extraction.	Date not used in this ruleset.
Reporting Period	Reporting Period	The full period which data is being extracted for.	The time period between the RPSD and the RPED (inclusive).

Term	Description	Definition	Timeframe for this service
RPSD	Reporting Period Start Date	<p>The date from which pertinent patient information is considered for the reporting period in question:</p> <ul style="list-style-type: none"> For <i>non-cumulative</i>* data extracts this relates to the extract frequency (e.g. for a monthly data extract the RPSD will be the 1st of the month in question). For <i>cumulative</i>* data extracts the time period will usually equal the SPSP or RPSD (e.g. for a <i>within quarter cumulative count</i> the RPSD is the first day of the quarter, for an <i>annual cumulative count</i> the RPSD is the SPSP). 	<ul style="list-style-type: none"> The first day of each Service Data Extract Frequency period, OR The first day of the period over which data is cumulatively collected.
RPED	Reporting Period End Date	The last date of the period the extract relates to (usually the last day of a month e.g. 30 th April, 31 st May, etc.).	The last day of each Service Data Extract Frequency period.
RPED – 6 months	Reporting Period End Date minus 6 months	Calculation	Based on RPED
RPED – 12 months	Reporting Period End Date minus 12 months	Calculation	Based on RPED
RPED – 15 months	Reporting Period End Date minus 15 months	Calculation	Based on RPED
RPED – 24 months	Reporting Period End Date minus 24 months	Calculation	Based on RPED
RPED – 30 months	Reporting Period End Date minus 30 months	Calculation	Based on RPED
RPED – 42 months	Reporting Period End Date minus 42 months	Calculation	Based on RPED

Term	Description	Definition	Timeframe for this service
RPED – 66 months	Reporting Period End Date minus 66 months	Calculation	Based on RPED
RPED – 5 years	Reporting Period End Date minus 5 years	Calculation	Based on RPED
FLUCOM_DAT	Flu Vaccination Season Start Date	In line with the new GMS contract requires that influenza vaccinations should be given between 1 st August and 31 st March of any given contract year in order to qualify for the relevant indicators. FLUCOM_DAT is the 1 st August which falls within the reporting period.	1st August within the reporting period
FLUEND_DAT	Flu Vaccination Season End Date	In line with the new GMS contract requires that influenza vaccinations should be given between 1 st August and 31 st March of any given contract year in order to qualify for the relevant indicators. FLUEND_DAT is the 31 st March which falls within the reporting period.	31st March within the reporting period
01/04/2003	1 April 2003	Fixed date used in qualifying criteria of CAN_DAT	01/04/2003
01/04/2008	1 April 2008	Fixed date used in qualifying criteria of PALCARE_DAT	01/04/2008

* For the purposes of the business rules 'Cumulative' data collections are extracts which have varying incremental end dates but where groups of extracts or all extracts have a single start date e.g. each extract across the year starts at the SPED and is taken up to the RPED. Due to the fact that patients may change practice during the year this is not a true cumulative data collection as patients may drop out of counts or enter counts at a later stage; however, this is the terminology used in this document to describe these kinds of counts. 'Non-cumulative' refers to data collections which are discrete extracts between two dates. These non-cumulative data collections do not overlap.

3.2 Patient selection criteria

All [Populations](#) and [Outputs](#) are to be returned at **practice-level** for this service.

3.2.1 GMS registration status

Qualifying criteria	Action if true	Action if false	Non-technical description
(If ACTIVEEND_VAL = R OR If ACTIVESTART_VAL = R) AND (If PAT_SEX = M OR If PAT_SEX = F)	Select	Reject	Select patients who meet both of the criteria below: <ul style="list-style-type: none"> • Patient is registered at the start or end of the reporting period. • Patient is male or female. Reject the remaining patients.
<i>End of rules</i>			

3.2.2 Populations

3.2.2.1 Case registers

Register name	Description	Applied to patients defined in:
LDO1_REG	Male and female patients who are listed as either registered, 'R', or deceased, 'D', at the end of the reporting period.	GMS registration status

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ACTIVEEND_VAL = R OR If ACTIVEEND_VAL = D	Next rule	Reject	Pass to the next rule all patients from the specified population who are registered or deceased at the end of the reporting period. Reject the remaining patients.
2	If PAT_SEX = M OR If PAT_SEX = F	Select	Reject	Select all patients passed to this rule who are recorded as male or female. Reject the remaining patients. <i>NOTE: Patient sex is required for the output breakdowns specified in section 4. Outputs.</i>
<i>End of rules</i>				

Register name	Description	Applied to patients defined in:
LDO2_REG	Male and female patients who are listed as registered, 'R', at the start of the reporting period*.	GMS registration status

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ACTIVESTART_VAL = R	Next rule	Reject	Pass to the next rule all patients from the specified population who were registered at the start of the reporting period. Reject the remaining patients.
2	If PAT_SEX = M OR If PAT_SEX = F	Select	Reject	Select all patients passed to this rule who are recorded as male or female. Reject the remaining patients. <i>NOTE: Patient sex is required for the output breakdowns specified in section 4. Outputs.</i>
<i>End of rules</i>				

*This may include people that were registered with the GP practice at the start of the period that may have moved to a different practice during the reporting period.

3.2.2.2 Cohorts

Each patient can only be included once per cohort.

Cohort Count ID	Description	Applied to patients defined in:
LDOB003A	Number of patients recorded on their general practice's QOF learning disabilities register, as at the end of the reporting period.	LDO1_REG

The age breakdown required for this cohort count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ACTIVEEND_VAL = R	Next rule	Reject	Pass to the next rule all patients from the specified population who are registered at the end of the reporting year. Reject the remaining patients.
2	If LD_DAT <= RPED	Select	Reject	Select patients passed to this rule who have a learning disability diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Cohort Count ID	Description	Applied to patients defined in:
LDOB003B	Number of patients who are not recorded on their general practice's QOF learning disabilities register as at the end of the reporting period.	LDO1_REG

The age breakdown required for this cohort count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ACTIVEEND_VAL = R	Next rule	Reject	Pass to the next rule all patients from the specified population who are registered at the end of the reporting year. Reject the remaining patients.
2	If LD_DAT = Null	Select	Reject	Select patients passed to this rule who do not have a learning disability diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

3.2.3 Clinical code clusters

The dataset may include dates and values associated with the presence of clinical codes in a patient's record. All clinical code clusters referred to in the clinical data extraction criteria are detailed below. The expanded cluster lists for each cluster can be found on the NHS Digital website (see section 2.2).

Cluster name	Description	SNOMED CT	Cluster version
ADHD_COD	Attention Deficit Hyperactivity Disorder codes	^999016291000230104	300
ADHDREM_COD	Attention Deficit Hyperactivity Disorder in remission codes	^999016331000230108	300
ANTIDEPDRUG_COD	Antidepressant drugs (LDO)	^226281000001101	300
ANTIPSYDRUG_COD	Antipsychotic drug codes	^999000951000001101	300
AST_COD	Asthma diagnosis codes	^999012891000230104	304 303
ASTRES_COD	Asthma resolved codes	^999010051000230100	300
ASTTRT_COD	Asthma-related drug treatment codes	^12463601000001108	300
AUTISM_COD	Autism diagnosis codes	^999016611000230107	300 301
BENZODRUG_COD	Hypnotic & sedative drugs (LDO)	^226291000001104	300
BMIDOWNS_COD	Down syndrome body mass index (BMI) codes	^999015971000230101	300
BMIHEALTHY_COD	Body mass index (BMI) healthy codes	^999016011000230101	300
BMIOWBESE_COD	Body mass index (BMI) obese codes	^999016051000230102	302 300
BMIOVER_COD	Body mass index (BMI) overweight codes	^999016091000230107	300
BMIUNDER_COD	Body mass index (BMI) underweight codes	^999016131000230105	300

Cluster name	Description	SNOMED CT	Cluster version
BMIVAL_COD	Body mass index (BMI) codes with an associated BMI value	^999011171000230101	302304
BP_COD	Blood pressure (BP) recording codes	^999012731000230108	301300
BRCANSCR_COD	Breast cancer screening codes	^999016171000230107	300
CAN_COD	Codes for relevant malignancies	^999013651000230103	304302
CHD_COD	Coronary heart disease (CHD) codes	^999000771000230107	305302
CHRONCONSTIP_COD	Chronic constipation diagnosis codes	^999016211000230105	300
CKD_COD	Chronic kidney disease (CKD) stage 3-5 codes	^999004011000230108	300
CKD1AND2_COD	Chronic kidney disease (CKD) stage 1-2 codes	^999004051000230107	300
<u>CKDRES_COD</u>	<u>Chronic kidney disease (CKD) resolved codes</u>	<u>^999004171000230102</u>	<u>300</u>
<u>COLCANSCR_COD</u>	<u>Colorectal cancer screening codes</u>	<u>^999016251000230109</u>	<u>300</u>
<u>COLCANSCREV_COD</u>	<u>Bowel cancer screening evidenced results (firm results only)</u>	<u>^999028411000230101</u>	<u>300</u>
CONSTIPMED_COD	Constipation treatment codes	^999000901000001102	300
COPD_COD	Chronic obstructive pulmonary disease (COPD) codes	^999011571000230107	302304
DEM_COD	Codes for dementia	^999001331000230103	303304
DEPR_COD	Depression diagnosis codes	^999004611000230102	300302
DEPRES_COD	Depression resolved codes	^999004651000230103	300
DM_COD	Diabetes mellitus codes	^999004691000230108	302304

Cluster name	Description	SNOMED CT	Cluster version
DMNONTYPE1_COD	Codes for diabetes (non-type 1)	^999015691000230109	300 301
DMRES_COD	Diabetes resolved codes	^999003371000230102	300
DMTYPE1_COD	Codes for type 1 diabetes	^999015611000230103	300 301
DS_COD	Down's syndrome codes	^999006771000230109	300 303
DYSPHAG_COD	Dysphagia diagnosis codes	^999015931000230103	300 302
EPIL_COD	Epilepsy diagnosis codes	^999004851000230104	300 302
EPILDRUG_COD	Drug treatment for epilepsy	^12465301000001101	200
EPILRES_COD	Epilepsy resolved codes	^999005091000230101	300
FLU_COD	Flu vaccination codes	^999012771000230105	300
FLUDRUG_COD	Flu vaccine drug codes	^12465201000001105	200
GORD_COD	Gastro oesophageal reflux disease (GORD) diagnosis codes	^999015651000230104	300 302
HF_COD	Heart failure codes	^999013691000230108	301 302
HFLVSD_COD	Codes for heart failure due to left ventricular systolic dysfunction (LVSD)	^999007771000230106	300
HLTHAP_COD	Health action plan provided codes	^999015891000230105	300
HLTHCHK_COD	Learning disability (LD) health check codes	^999015851000230100	300
HYP_COD	Hypertension diagnosis codes	^999006611000230105	300 302
HYPRES_COD	Hypertension resolved codes	^999006531000230101	300

Cluster name	Description	SNOMED CT	Cluster version
IFCCHBAM_COD	IFCC HbA1c monitoring range codes	^999003251000230103	301
INTGP1_COD	Intranasal seasonal influenza vaccine first dose given codes	^999020891000230108	300
INTGP2_COD	Intranasal seasonal influenza vaccine second dose codes	^999019051000230105	300
INTGPDUG_COD	Intranasal seasonal influenza vaccine drug codes	^999000881000001100	200
INTOHP1_COD	Intranasal seasonal influenza vaccination first dose given by other healthcare provider codes	^999021051000230100	300
INTOHP2_COD	Intranasal seasonal influenza vaccination second dose given by other healthcare provider codes	^999021211000230108	300
LD_COD	Learning disability (LD) codes	^999002611000230109	304 306
LIT_COD	Lithium prescription codes	^12465601000001107	300
LITSTP_COD	Code for stopped lithium	^999006371000230108	300
LSZ_COD	Seizure free for over 12 months codes	^999006291000230102	300
LSZFREQ_COD	Epilepsy seizure frequency codes	^999015731000230101	300
MELATONINDRUG_COD	Melatonin drugs (LDO)	^226331000001109	300
MH_COD	Psychosis and schizophrenia and bipolar affective disease codes	^999001091000230104	304 303
MI_COD	Myocardial infarction (MI) diagnosis codes	^999015771000230104	300 301
NOCX_COD	Codes that indicate complete removal of the cervix	^999007211000230105	300 303
PALCARE_COD	Palliative care codes	^999009771000230104	300
PALCARENI_COD	Palliative care not clinically indicated codes	^999009931000230103	300

Cluster name	Description	SNOMED CT	Cluster version
SFLUGP1_COD	Seasonal influenza inactivated vaccine first dose codes	^999020691000230107	300
SFLUGP2_COD	Seasonal influenza inactivated vaccine second dose codes	^999020171000230101	300
SFLUGPDRUG_COD	Seasonal influenza inactivated vaccine codes	^999000891000001103	200
SFLUOHP1_COD	Seasonal influenza inactivated vaccine first dose given by other healthcare provider codes	^999021131000230108	301
SFLUOHP2_COD	Seasonal influenza inactivated vaccine second dose given by other healthcare provider codes	^999021451000230106	301
SMEAR_COD	Cervical screening codes	^999007251000230109	300 302
STRK_COD	Stroke diagnosis codes	^999005531000230105	300 303
THY_COD	Hypothyroidism diagnosis codes	^999005371000230103	300 301
TIA_COD	Transient ischaemic attack (TIA) codes	^999005291000230109	300 301
<i>End of clusters</i>			

3.2.4 Clinical data extraction criteria

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
1	PAT_ID	n/a	Unconditional	The patient's unique ID number for the practice in question.
2	ACTIVESTART_VAL	n/a	Unconditional at RPSD	The active status of the patient at the reporting period start date.
3	ACTIVEEND_VAL	n/a	Unconditional at RPED	The active status of the patient at the reporting period end date.
4	PAT_AGE	n/a	Unconditional at RPED	The age of the patient in full years at the reporting period end date.
5	PAT_SEX	n/a	Unconditional	The patient's recorded sex ('M'/'F'/'U').
6	LD_DAT	LD_COD	Earliest <= RPED	The date of the first learning disability diagnosis up to and including the reporting period end date.
7	HLTHCHK_DAT	HLTHCHK_COD	Earliest > (RPED – 12 months) AND <= RPED	The date of the first health check in the 12 months up to and including the reporting period end date.
8	FLU_DAT	FLU_COD	Latest <= RPED	The date of the latest flu vaccination up to and including the reporting period end date.
9	FLUDRUG_DAT	FLUDRUG_COD	Latest <= RPED	The date of the latest flu vaccine drug code up to and including the reporting period end date.
408	BMI_DAT	BMIVAL_COD	Latest > (RPED – 15 months) AND <= RPED where associated value ≠ Null	The date of the latest BMI value recorded in the 15 months up to and including the reporting period end date.
419	BMI_VAL	BMIVAL_COD	Latest > (RPED – 15 months) AND <= RPED Recorded on BMI_DAT	The latest BMI value recorded in the 15 months up to and including the reporting period end date; i.e. the value recorded on BMI_DAT.
4210	BMIUNDER_DAT	BMIUNDER_COD	Latest > (RPED – 15 months) AND <= RPED	The date of the latest BMI underweight code recorded in the 15 months up to and including the reporting period end date.

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
4311	BMIHEALTHY_DAT	BMIHEALTHY_COD	Latest > (RPED – 15 months) AND <= RPED	<i>The date of the latest BMI healthy code recorded in the 15 months up to and including the reporting period end date.</i>
4412	BMIOVER_DAT	BMIOVER_COD	Latest > (RPED – 15 months) AND <= RPED	<i>The date of the latest BMI overweight code recorded in the 15 months up to and including the reporting period end date.</i>
4513	BMIIOBESE_DAT	BMIIOBESE_COD	Latest > (RPED – 15 months) AND <= RPED	<i>The date of the latest BMI obese code recorded in the 15 months up to and including the reporting period end date.</i>
4614	BMIDOWNS_DAT	BMIDOWNS_COD	Latest > (RPED – 15 months) AND <= RPED	<i>The date of the latest Down syndrome BMI code recorded in the 15 months up to and including the reporting period end date.</i>
4715	BMIDOWNS_VAL	BMIDOWNS_COD	Latest > (RPED – 15 months) AND <= RPED	<i>The date of the latest Down syndrome BMI value recorded in the 15 months up to and including the reporting period end date; i.e. as recorded on BMIDOWNS_DAT.</i>
4816	NOCX_DAT	NOCX_COD	Earliest <= RPED	<i>The date of the first indication of the complete removal of the cervix recorded up to and including the reporting period end date.</i>
4917	SMEAR_DAT	SMEAR_COD	If PAT_AGE >= 25 And < 50 RETURN Latest > (RPED – 42 months) AND <= RPED Otherwise If PAT_AGE >= 50 AND < 65 RETURN Latest > (RPED – 66 months) AND <= RPED Otherwise RETURN NULL	<i>For patients age 25 to 49 the date of the latest smear code recorded in the three years and six months up to and including the reporting period end date. For patients aged 50 to 64 the date of the latest smear code recorded in the five years and six months up to and including the reporting period end date.</i>

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
<u>2018</u>	BRCANSCR_DAT	<u>BRCANSCR_COD</u>	Latest > (<u>RPED</u> – 5 years) AND <= <u>RPED</u>	<i>The date of the latest breast cancer screening code recorded in the five years up to and including the reporting period end date.</i>
21	COLCANSCR_DAT	COLCANSCR_COD	Latest > (<u>RPED</u> – 30 months) AND <= <u>RPED</u>	<i>The date of the latest colon cancer screening code recorded in the two years and six months up to and including the reporting period end date.</i>
<u>19</u>	<u>COLCANSCREV_DAT</u>	<u>COLCANSCREV_COD</u>	<u>Latest > (<u>RPED</u> – 30 months) AND <= <u>RPED</u></u>	<i>The date of the latest colon cancer screening code indicating a firm result recorded in the two years and six months up to and including the reporting period end date.</i>
<u>2220</u>	BP_DAT	<u>BP_COD</u>	Latest > (<u>RPED</u> – 5 years) AND <= <u>RPED</u>	<i>The date of the latest blood pressure code recorded in the five years up to and including the reporting period end date.</i>
<u>2321</u>	GORD_DAT	<u>GORD_COD</u>	Earliest <= <u>RPED</u>	<i>The date of the first gastro-oesophageal reflux disease (GORD) diagnosis up to and including the reporting period end date.</i>
<u>2422</u>	DYSPHAG_DAT	<u>DYSPHAG_COD</u>	Earliest <= <u>RPED</u>	<i>The date of the first dysphagia diagnosis up to and including the reporting period end date.</i>
<u>2523</u>	CHRONCONSTIP_DAT	<u>CHRONCONSTIP_COD</u>	Latest > (<u>RPED</u> – 5 years) AND <= <u>RPED</u>	<i>The date of the latest chronic constipation diagnosis recorded in the five years up to and including the reporting period end date.</i>
<u>2624</u>	CONSTIPMED_DAT	<u>CONSTIPMED_COD</u>	Earliest > (<u>RPED</u> – 12 months) AND <= <u>RPED</u>	<i>The date of the earliest constipation medication recorded in the 12 months up to and including the reporting period end date.</i>
<u>2725</u>	CONSTIPMEDLAT_DAT	<u>CONSTIPMED_COD</u>	Latest > (<u>RPED</u> – 12 months) AND <= <u>RPED</u>	<i>The date of the latest constipation medication recorded in the 12 months up to and including the reporting period end date.</i>
<u>2826</u>	DS_DAT	<u>DS_COD</u>	Earliest <= <u>RPED</u>	<i>The date of the first Down syndrome diagnosis up to and including the reporting period end date.</i>
<u>2927</u>	THY_DAT	<u>THY_COD</u>	Earliest <= <u>RPED</u>	<i>The date of the first hypothyroidism diagnosis up to and including the reporting period end date.</i>

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
3028	DEM_DAT	DEM_COD	Earliest <= RPED	<i>The date of the first dementia diagnosis up to and including the reporting period end date.</i>
3129	AST_DAT	AST_COD	Latest <= RPED	<i>The date of the latest asthma diagnosis up to and including the reporting period end date.</i>
3230	ASTRES_DAT	ASTRES_COD	Latest <= RPED	<i>The date of the latest asthma resolved code recorded up to and including the reporting period end date.</i>
3331	ASTTRT_DAT	ASTTRT_COD	Latest > (RPED – 12 months) AND <= RPED	<i>The date of the latest asthma medication recorded in the 12 months up to and including the reporting period end date.</i>
3432	CAN_DAT	CAN_COD	Latest first or new episode >= 01/04/2003 AND <= RPED	<i>The date of the most recent first or new episode of cancer diagnosis on or after 1 April 2003 and up to and including the reporting period end date.</i>
3533	CKD_DAT	CKD_COD	Latest <= RPED	<i>The date of the latest chronic kidney disease (stage 3-5) diagnosis up to and including the reporting period end date.</i>
3634	CKD1AND2_DAT	CKD1AND2_COD	Latest > CKD_DAT AND <= RPED Latest <= RPED	<i>Date of the most recent CKD 1-2 diagnosis following the most recent CKD 3-5 diagnosis and up to and including the reporting period end date.The date of the latest chronic kidney disease (stage 1 and 2) diagnosis up to and including the reporting period end date.</i>
3735	COPD_DAT	COPD_COD	Earliest <= RPED	<i>The date of the first chronic obstructive pulmonary disease diagnosis up to and including the reporting period end date.</i>
3836	CHD_DAT	CHD_COD	Earliest <= RPED	<i>The date of the first coronary heart disease diagnosis up to and including the reporting period end date.</i>
3937	HFLVSD_DAT	HFLVSD_COD	Earliest <= RPED	<i>The date of the first heart failure due to LVSD diagnosis up to and including the reporting period end date.</i>
4038	DEPR_DAT	DEPR_COD	Latest <= RPED	<i>The date of the latest depression diagnosis up to and including the reporting period end date.</i>

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
4139	DEPRES_DAT	DEPRES_COD	Latest <= RPED	<i>The date of the latest depression resolved code recorded up to and including the reporting period end date.</i>
4240	DM_DAT	DM_COD	Latest <= RPED	<i>The date of the latest diabetes mellitus diagnosis up to and including the reporting period end date.</i>
4341	DMTYPE1_DAT	DMTYPE1_COD	Latest <= RPED	<i>The date of the latest diabetes mellitus type 1 diagnosis up to and including the reporting period end date.</i>
4442	DMNONTYPE1_DAT	DMNONTYPE1_COD	Latest <= RPED	<i>The date of the latest diabetes mellitus non-type 1 diagnosis up to and including the reporting period end date.</i>
4543	DMRES_DAT	DMRES_COD	Latest <= RPED	<i>The date of the latest diabetes mellitus resolved code recorded up to and including the reporting period end date.</i>
4644	IFCCHBAM_DAT	IFCCHBAM_COD	Latest > (RPED – 12 months) AND <= RPED	<i>The date of the latest IFCC-HbA1c recorded in the 12 months up to and including the reporting period end date.</i>
4745	IFCCHBAM_VAL	IFCCHBAM_COD	Recorded on IFCCHBAM_DAT	<i>The value of the latest IFCC-HbA1c recorded in the 12 months up to and including the reporting period end date; i.e. as recorded on IFCCHBAM_DAT</i>
4846	EPIL_DAT	EPIL_COD	Latest <= RPED	<i>The date of the latest epilepsy diagnosis up to and including the reporting period end date.</i>
4947	EPILRES_DAT	EPILRES_COD	Latest <= RPED	<i>The date of the latest epilepsy resolved code recorded up to and including the reporting period end date.</i>
5048	EPILDRUG_DAT	EPILDRUG_COD	Latest > (RPED – 6 months) AND <= RPED	<i>The date of the latest epilepsy medication recorded in the 6 months up to and including the reporting period end date.</i>
5149	LSZFREQ_DAT	LSZFREQ_COD	Latest > (RPED – 12 months) AND <= RPED	<i>The date of the latest epilepsy seizure frequency code recorded in the 12 months up to and including the reporting period end date.</i>

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
5250	LSZ_DAT	LSZ_COD	Latest > (RPED – 12 months) AND <= RPED	The date of the latest “epilepsy seizure free for 12 months” code recorded in the 12 months up to and including the reporting period end date.
5351	HF_DAT	HF_COD	Earliest <= RPED	The date of the first heart failure diagnosis recorded up to and including the reporting period end date.
5452	HYP_DAT	HYP_COD	Latest <= RPED	The date of the latest hypertension diagnosis up to and including the reporting period end date.
5553	HYPRES_DAT	HYPRES_COD	Latest <= RPED	The date of the latest hypertension resolved code recorded up to and including the reporting period end date.
5654	MH_DAT	MH_COD	Earliest <= RPED	The date of the first psychosis, schizophrenia or bipolar affective disease diagnosis recorded up to and including the reporting period end date.
5755	LIT_DAT	LIT_COD	Latest > (RPED – 6 months) AND <= RPED	The date of the latest lithium medication recorded in the 6 months up to and including the reporting period end date.
5856	LITSTP_DAT	LITSTP_COD	Latest <= RPED	The date of the latest lithium medication stopped code recorded up to and including the reporting period end date.
5957	STRK_DAT	STRK_COD	Earliest <= RPED	The date of the first stroke diagnosis recorded up to and including the reporting period end date.
6058	TIA_DAT	TIA_COD	Earliest <= RPED	The date of the first TIA diagnosis recorded up to and including the reporting period end date.
6459	STRTIA_DAT	N/A	Earliest of (STRK_DAT , TIA_DAT)	The date of the first stroke or TIA diagnosis recorded up to and including the reporting period end date.
6260	PALCARE_DAT	PALCARE_COD	Earliest Latest >= 01/04/2008 AND <= RPED	The date of the most recent <i>first recording of</i> palliative care <i>code</i> recorded on or after 1 April 2008 and up to and including the reporting period end date.

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
6361	MI_DAT	MI_COD	Earliest > (RPED – 12 months) AND <= RPED	<i>The date of the first myocardial infarction diagnosis recorded in the 12 months up to and including the reporting period end date.</i>
6462	AUTISM_DAT	AUTISM_COD	Earliest <= RPED	<i>The date of the first autism diagnosis up to and including the reporting period end date.</i>
6563	HLTHAP_DAT	HLTHAP_COD	Earliest >= HLTHCHK_DAT AND <= RPED	<i>The date of the first recording of a health action plan provided in the patient record on or after the first learning disability health check, in the 12 months up to and including the reporting period end date.</i>
6664	ANTIPSYDRUG_DAT	ANTIPSYDRUG_COD	Latest > (RPED – 6 months) And <= RPED	<i>The date of the most recent prescription of antipsychotics in the 6 months up to and including the reporting period end date.</i>
6765	BENZODRUG_DAT	BENZODRUG_COD	Latest > (RPED – 6 months) And <= RPED	<i>The date of the most recent prescription of benzodiazepines in the 6 months up to and including the reporting period end date.</i>
6866	ANTIDEPDRUG_DAT	ANTIDEPDRUG_COD	Latest > (RPED – 6 months) And <= RPED	<i>The date of the most recent prescription of antidepressants in the 6 months up to and including the reporting period end date.</i>
6967	ADHD_DAT	ADHD_COD	Latest <= RPED	<i>The date of the latest diagnosis of ADHD up to and including the reporting period end date.</i>
7068	ADHDREM_DAT	ADHDREM_COD	Latest <= RPED	<i>The date of the latest ADHD in remission code recorded up to and including the reporting period end date.</i>
7469	MELATONINDRUG_DAT	MELATONINDRUG_COD	Latest > (RPED – 6 months) And <= RPED	<i>The date of the most recent prescription of melatonin in the 6 months up to and including the reporting period end date.</i>
70	PALCARENI_DAT	PALCARENI_COD	Earliest > PALCARE_DAT AND <= RPED	<i>The date of the first code for palliative care no longer indicated in the patient's record following their latest palliative care code and up to and including the reporting period end date.</i>
71	CKDRES_DAT	CKDRES_COD	Latest > CKD_DAT AND <= RPED	<i>Date of the most recent CKD resolved code following the most recent CKD 3-5 diagnosis and up to and including the reporting period end date.</i>

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
<u>72</u>	<u>INTGP1_DAT</u>	<u>INTGP1_COD</u>	<u>Latest <= RPED</u>	<i>The date of the latest first dose of intranasal seasonal influenza vaccine administered by the GP practice, up to and including the reporting period end date.</i>
<u>73</u>	<u>INTGP2_DAT</u>	<u>INTGP2_COD</u>	<u>Latest <= RPED</u>	<i>The date of the latest second dose of intranasal seasonal influenza vaccine administered by the GP practice, up to and including the reporting period end date.</i>
<u>74</u>	<u>INTGPDRUG_DAT</u>	<u>INTGPDRUG_COD</u>	<u>Latest <= RPED</u>	<i>The date of the latest intranasal seasonal influenza drug vaccine administered by the GP practice, up to and including the reporting period end date.</i>
<u>75</u>	<u>INTOHP1_DAT</u>	<u>INTOHP1_COD</u>	<u>Latest <= RPED</u>	<i>The date of the latest first dose of intranasal seasonal influenza vaccine administered by another healthcare provider, up to and including the reporting period end date.</i>
<u>76</u>	<u>INTOHP2_DAT</u>	<u>INTOHP2_COD</u>	<u>Latest <= RPED</u>	<i>The date of the latest second dose of intranasal seasonal influenza vaccine administered by another healthcare provider, up to and including the reporting period end date.</i>
<u>77</u>	<u>SFLUGP1_DAT</u>	<u>SFLUGP1_COD</u>	<u>Latest <= RPED</u>	<i>The date of the latest first dose of inactivated seasonal influenza vaccine administered by the GP practice, up to and including the reporting period end date.</i>
<u>78</u>	<u>SFLUGP2_DAT</u>	<u>SFLUGP2_COD</u>	<u>Latest <= RPED</u>	<i>The date of the latest second dose of inactivated seasonal influenza vaccine administered by the GP practice, up to and including the reporting period end date.</i>
<u>79</u>	<u>SFLUGPDRUG_DAT</u>	<u>SFLUGPDRUG_COD</u>	<u>Latest <= RPED</u>	<i>The date of the latest inactivated seasonal influenza drug vaccine administered by the GP practice, up to and including the reporting period end date.</i>
<u>80</u>	<u>SFLUOHP1_DAT</u>	<u>SFLUOHP1_COD</u>	<u>Latest <= RPED</u>	<i>The date of the latest first dose of inactivated seasonal influenza vaccine administered by another healthcare provider, up to and including the reporting period end date.</i>

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
<u>81</u>	<u>SFLUOHP2_DAT</u>	<u>SFLUOHP2_COD</u>	<u>Latest <= RPED</u>	<i><u>The date of the latest second dose of inactivated seasonal influenza vaccine administered by another healthcare provider, up to and including the reporting period end date.</u></i>
<u>82</u>	<u>SFLUINT_DAT</u>	n/a	<u>Latest of (INTGP1_DAT, INTGP2_DAT, INTOHP1_DAT, INTOHP2_DAT, SFLUGP1_DAT, SFLUGP2_DAT, SFLUOHP1_DAT, SFLUOHP2_DAT)</u>	<i><u>The date of the latest seasonal influenza vaccine (intranasal or inactivated) administered by the GP practice or another healthcare provider, up to and including the reporting period end date.</u></i>
<u>83</u>	<u>SFLUINTGPDRUG_DAT</u>	n/a	<u>Latest of (INTGPDRUG_DAT, SFLUGPDRUG_DAT)</u>	<i><u>The date of the latest seasonal influenza drug vaccine (intranasal or inactivated) administered by the GP practice, up to and including the reporting period end date.</u></i>
<i>End of fields</i>				

4. Outputs

Data provider output

The Data Provider Output (DPO) is the data that general practice system suppliers extract from general practice clinical systems and submit to GPES. The DPO is based on the data extraction specification (referred to as the 'Extraction Requirement') that GPES circulates to general practice system suppliers. The dataset will be contained in a single DPO file made up of five attributes: General Practice code, Indicator ID, Sex category, Age category and Count. This will contain aggregated data for the indicators of this LDO extract.

DPO01 – age and sex categories

1	Male aged 0-9 years
2	Male aged 10-17 years
3	Male aged 18-24 years
4	Male aged 25-34 years
5	Male aged 35-44 years
6	Male aged 45-54 years
7	Male aged 55-64 years
8	Male aged 65-74 years
9	Male aged 75 years and over
10	Female aged 0-9 years
11	Female aged 10-17 years
12	Female aged 18-24 years
13	Female aged 25-34 years
14	Female aged 35-44 years
15	Female aged 45-54 years
16	Female aged 55-64 years
17	Female aged 65-74 years
18	Female aged 75 years and over

These indicators use this age and sex break down

LDOB006	LDOB009	LDOB010	LDOB011	LDOB012
LDOB013	LDOB014	LDOB015	LDOB016	LDOB017
LDOB018	LDOB019	LDOB020	LDOB025	LDOB026
LDOB027	LDOB028	LDOB029	LDOB030	LDOB031
LDOB032	LDOB033	LDOB034	LDOB035	LDOB036
LDOB037	LDOB038	LDOB039	LDOB040	LDOB041
LDOB042	LDOB043	LDOB044	LDOB045	LDOB046
LDOB047	LDOB048	LDOB049	LDOB050	LDOB051
LDOB052	LDOB055	LDOB056	LDOB057	LDOB058
LDOB059	LDOB060	LDOB061	LDOB062	LDOB063
LDOB064	LDOB065	LDOB066	LDOB067	LDOB068
LDOB069	LDOB070	LDOB071	LDOB072	LDOB077
LDOB078	LDOB081	LDOB082	LDOB083	LDOB084
LDOB085	LDOB086	LDOB087	LDOB088	LDOB089
LDOB090	LDOB091	LDOB092	<u>LDOB093</u>	<u>LDOB094</u>
<u>LDOB095</u>	<u>LDOB096</u>	<u>LDOB105</u>	<u>LDOB106</u>	<u>LDOB111</u>
<u>LDOB112</u>				

DPO02 – age and sex categories

1	Male aged 0-9 years
2	Male aged 10-13 years
3	Male aged 14-17 years
4	Male aged 18-24 years
5	Male aged 25-34 years
6	Male aged 35-44 years
7	Male aged 45-49 years
8	Male aged 50-54 years
9	Male aged 55-59 years
10	Male aged 60-64 years
11	Male aged 65-69 years
12	Male aged 70-74 years
13	Male aged 75 years and over
14	Female aged 0-9 years
15	Female aged 10-13 years
16	Female aged 14-17 years
17	Female aged 18-24 years
18	Female aged 25-34 years
19	Female aged 35-44 years
20	Female aged 45-49 years
21	Female aged 50-54 years
22	Female aged 55-59 years
23	Female aged 60-64 years
24	Female aged 65-69 years
25	Female aged 70-74 years
26	Female aged 75 years and over

These **cohorts** use this age and sex break down

LDOB003A	LDOB003B
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These **indicators** use this age and sex break down

LDOB001	LDOB002	LDOB004	LDOB021
LDOB022	LDOB023	LDOB024	LDOB079
LDOB080	<u>LDOB097</u>	<u>LDOB098</u>	<u>LDOB099</u>
<u>LDOB100</u>	<u>LDOB101</u>	<u>LDOB102</u>	<u>LDOB103</u>
<u>LDOB104</u>	<u>LDOB107</u>	<u>LDOB108</u>	<u>LDOB109</u>
<u>LDOB110</u>	<u>LDOB113</u>	<u>LDOB114</u>	

4.1. Indicator(s)

Indicator ID	Description	Applied to population:
LDOB001	Number of patients registered at a general practice, as at the end of the reporting period.	LDO1_REG

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ACTIVEEND_VAL = R	Select	Reject	Select all patients from the specified population who are registered at the end of the reporting period. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB002	Number of patients registered on their general practice's QOF learning disabilities register, as at the start of the reporting period.	LDO2_REG

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If LD_DAT <= RPSD	Select	Reject	Select all patients from the specified population who have a learning disability diagnosis up to and including the reporting start date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB004	Number of patients diagnosed with a learning disability as at the reporting period start date who had a registration status of deceased at the end of the reporting period.	LDO2_REG

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If LD_DAT <= RPSD	Next rule	Reject	Pass to the next rule all patients from the specified population who have a learning disability diagnosis up to and including the reporting period start date. Reject the remaining patients.
2	If ACTIVEEND_VAL = D	Select	Reject	Select patients passed to this rule who died up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB006	Number of patients recorded on their general practice's QOF learning disabilities register who had an immunisation against seasonal influenza in the preceding 1 August to 31 March.	LDOB003A

404102

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	(If FLU_DAT_SFLUINT_DAT >= FLUCOM_DAT AND If FLU_DAT_SFLUINT_DAT <= FLUEND_DAT) OR (If FLUDRUG_DAT_SFLUINTGPDRUG_DAT >= FLUCOM_DAT AND If FLUDRUG_DAT_SFLUINTGPDRUG_DAT <= FLUEND_DAT)	Select	Reject	Select patients from the specified population who had a flu vaccination between 1 August and 31 March (inclusive). Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB009	Number of patients recorded on their general practice's QOF learning disabilities register whose most recent BMI assessment classification (or Down syndrome BMI centile classification), in the 15 months up to and including the end of the reporting period, is underweight (BMI <= 18.4).	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If BMI_VAL > 18.4 AND If BMI_DAT > BMIDOWNS_DAT AND If BMI_DAT > BMIUNDER_DAT	Reject	Next rule	Reject patients from the specified population who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a BMI value of greater than 18.4; • a Down syndrome BMI centile classification; • a BMI assessment of 'underweight'; where the BMI value is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
2	If DS_DAT ≠ Null AND If BMIDOWNS_VAL > 1.9 AND If BMIDOWNS_DAT > BMI_DAT AND If BMIDOWNS_DAT > BMIUNDER_DAT	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a diagnosis of Down syndrome; • a Down syndrome BMI centile classification of greater than 1.9; • a BMI value; • a BMI assessment of 'underweight'; where the Down syndrome BMI centile classification is the latest of the three BMI recordings. Pass all remaining patients to the next rule.

3	<p>(If BMIHEALTHY_DAT > BMI_DAT AND If BMIHEALTHY_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIOVER_DAT > BMI_DAT AND If BMIOVER_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIOBESE_DAT > BMI_DAT AND If BMIOBESE_DAT > BMIDOWNS_DAT)</p>	Reject	Next rule	<p>Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • a Down syndrome BMI centile classification; • a BMI value; • a BMI assessment of healthy, overweight or obese; <p>where the BMI assessment is the latest of the three BMI recordings. Pass all remaining patients to the next rule.</p>
4	<p>If BMI_VAL <= 18.4</p> <p>OR</p> <p>(If BMIDOWNS_DAT ≠ Null AND If BMIDOWNS_VAL <= 1.9)</p> <p>OR</p> <p>If BMIUNDER_DAT ≠ Null</p>	Select	Reject	<p>Select patients passed to this rule who had any of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • A BMI value of 18.4 or less. • A Down syndrome BMI centile classification of 1.9 or less. • A BMI assessment of 'underweight'. <p>Reject the remaining patients.</p>
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB010	Number of patients in the control cohort whose most recent BMI assessment classification (or Down syndrome BMI centile classification), in the 15 months up to and including the end of the reporting period, is underweight (BMI <= 18.4).	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If BMI_VAL > 18.4 AND If BMI_DAT > BMIDOWNS_DAT AND If BMI_DAT > BMIUNDER_DAT	Reject	Next rule	Reject patients from the specified population who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a BMI value of greater than 18.4; • a Down syndrome BMI centile classification; • a BMI assessment of 'underweight'; where the BMI value is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
2	If DS_DAT ≠ Null AND If BMIDOWNS_VAL > 1.9 AND If BMIDOWNS_DAT > BMI_DAT AND If BMIDOWNS_DAT > BMIUNDER_DAT	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a diagnosis of Down syndrome; • a Down syndrome BMI centile classification of greater than 1.9; • a BMI value; • a BMI assessment of 'underweight'; where the Down syndrome BMI centile classification is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
3	(If BMIHEALTHY_DAT > BMI_DAT AND If BMIHEALTHY_DAT > BMIDOWNS_DAT)	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date:

	<p>OR</p> <p>(If BMIOVER_DAT > BMI_DAT AND If BMIOVER_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIORBESE_DAT > BMI_DAT AND If BMIORBESE_DAT > BMIDOWNS_DAT)</p>			<ul style="list-style-type: none"> • a Down syndrome BMI centile classification; • a BMI value; • a BMI assessment of healthy, overweight or obese; <p>where the BMI assessment is the latest of the three BMI recordings. Pass all remaining patients to the next rule.</p>
4	<p>If BMI_VAL <= 18.4</p> <p>OR</p> <p>(If BMIDOWNS_DAT ≠ Null AND If BMIDOWNS_VAL <= 1.9)</p> <p>OR</p> <p>If BMIUNDER_DAT ≠ Null</p>	Select	Reject	<p>Select patients passed to this rule who had any of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • A BMI value of 18.4 or less. • A Down syndrome BMI centile classification of 1.9 or less. • A BMI assessment of 'underweight'. <p>Reject the remaining patients.</p>
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB011	Number of patients recorded on their general practice's QOF learning disabilities register whose most recent BMI assessment classification (or Down syndrome BMI centile classification), in the 15 months up to and including the end of the reporting period, is healthy weight (BMI 18.5 – 24.9).	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	(If BMI_VAL < 18.5 OR If BMI_VAL > 24.9) AND If BMI_DAT > BMIDOWNS_DAT AND If BMI_DAT > BMIHEALTHY_DAT	Reject	Next rule	Reject patients from the specified population who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a BMI value of less than 18.5 or greater than 24.9; • a Down syndrome BMI centile classification; • a BMI assessment of 'healthy'; where the BMI value is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
2	If DS_DAT ≠ Null AND (If BMIDOWNS_VAL < 2.0 OR If BMIDOWNS_VAL > 74.9) AND If BMIDOWNS_DAT > BMI_DAT AND If BMIDOWNS_DAT > BMIHEALTHY_DAT	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a diagnosis of Down syndrome; • a Down syndrome BMI centile classification of less than 2.0 or greater than 74.9; • a BMI value; • a BMI assessment of 'healthy'; where the Down syndrome BMI centile classification is the latest of the three BMI recordings. Pass all remaining patients to the next rule.

3	<p>(If BMIUNDER_DAT > BMI_DAT AND If BMIUNDER_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIOVER_DAT > BMI_DAT AND If BMIOVER_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIOBESE_DAT > BMI_DAT AND If BMIOBESE_DAT > BMIDOWNS_DAT)</p>	Reject	Next rule	<p>Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • a Down syndrome BMI centile classification; • a BMI value; • a BMI assessment of underweight, overweight or obese; <p>where the BMI assessment is the latest of the three BMI recordings. Pass all remaining patients to the next rule.</p>
4	<p>(If BMI_VAL >= 18.5 AND If BMI_VAL <= 24.9)</p> <p>OR</p> <p>(If DS_DAT ≠ Null AND If BMIDOWNS_VAL >= 2.0 AND If BMIDOWNS_VAL <= 74.9)</p> <p>OR</p> <p>If BMIHEALTHY_DAT ≠ Null</p>	Select	Reject	<p>Select patients passed to this rule who had any of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • A BMI value between 18.5 and 24.9 (inclusive). • A Down syndrome BMI centile classification between 2.0 and 74.9 (inclusive). • A BMI assessment of 'healthy'. <p>Reject the remaining patients.</p>
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB012	Number of patients in the control cohort whose most recent BMI assessment classification (or Down syndrome BMI centile classification), in the 15 months up to and including the end of the reporting period, is healthy weight (BMI 18.5 – 24.9).	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	(If BMI_VAL < 18.5 OR If BMI_VAL > 24.9) AND If BMI_DAT > BMIDOWNS_DAT AND If BMI_DAT > BMIHEALTHY_DAT	Reject	Next rule	Reject patients from the specified population who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a BMI value of less than 18.5 or greater than 24.9; • a Down syndrome BMI centile classification; • a BMI assessment of 'healthy'; where the BMI value is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
2	If DS_DAT ≠ Null AND (If BMIDOWNS_VAL < 2.0 OR If BMIDOWNS_VAL > 74.9) AND If BMIDOWNS_DAT > BMI_DAT AND If BMIDOWNS_DAT > BMIHEALTHY_DAT	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a diagnosis of Down syndrome; • a Down syndrome BMI centile classification of less than 2.0 or greater than 74.9; • a BMI value; • a BMI assessment of 'healthy'; where the Down syndrome BMI centile classification is the latest of the three BMI recordings. Pass all remaining patients to the next rule.

3	<p>(If BMIUNDER_DAT > BMI_DAT AND If BMIUNDER_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIOVER_DAT > BMI_DAT AND If BMIOVER_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIOBESE_DAT > BMI_DAT AND If BMIOBESE_DAT > BMIDOWNS_DAT)</p>	Reject	Next rule	<p>Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • a Down syndrome BMI centile classification; • a BMI value; • a BMI assessment of underweight, overweight or obese; <p>where the BMI assessment is the latest of the three BMI recordings. Pass all remaining patients to the next rule.</p>
4	<p>(If BMI_VAL >= 18.5 AND If BMI_VAL <= 24.9)</p> <p>OR</p> <p>(If DS_DAT ≠ Null AND If BMIDOWNS_VAL >= 2.0 AND If BMIDOWNS_VAL <= 74.9)</p> <p>OR</p> <p>If BMIHEALTHY_DAT ≠ Null</p>	Select	Reject	<p>Select patients passed to this rule who had any of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • A BMI value between 18.5 and 24.9 (inclusive). • A Down syndrome BMI centile classification between 2.0 and 74.9 (inclusive). • A BMI assessment of 'healthy'. <p>Reject the remaining patients.</p>
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB013	Number of patients recorded on their general practice’s QOF learning disabilities register whose most recent BMI assessment classification (or Down syndrome BMI centile classification), in the 15 months up to and including the end of the reporting period, is overweight (BMI 25.0 – 29.9).	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	(If BMI_VAL < 25.0 OR If BMI_VAL > 29.9) AND If BMI_DAT > BMIDOWNS_DAT AND If BMI_DAT > BMIOVER_DAT	Reject	Next rule	Reject patients from the specified population who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a BMI value of less than 25.0 or greater than 29.9; • a Down syndrome BMI centile classification; • a BMI assessment of ‘overweight’; where the BMI value is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
2	If DS_DAT ≠ Null AND (If BMIDOWNS_VAL < 75.0 OR If BMIDOWNS_VAL > 90.9) AND If BMIDOWNS_DAT > BMI_DAT AND If BMIDOWNS_DAT > BMIOVER_DAT	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a diagnosis of Down syndrome; • a Down syndrome BMI centile classification of less than 75.0 or greater than 90.9; • a BMI value; • a BMI assessment of ‘overweight’; where the Down syndrome BMI centile classification is the latest of the three BMI recordings. Pass all remaining patients to the next rule.

3	<p>(If BMIUNDER_DAT > BMI_DAT AND If BMIUNDER_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIHEALTHY_DAT > BMI_DAT AND If BMIHEALTHY_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIOBESE_DAT > BMI_DAT AND If BMIOBESE_DAT > BMIDOWNS_DAT)</p>	Reject	Next rule	<p>Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • a Down syndrome BMI centile classification; • a BMI value; • a BMI assessment of underweight, healthy or obese; <p>where the BMI assessment is the latest of the three BMI recordings. Pass all remaining patients to the next rule.</p>
4	<p>(If BMI_VAL >= 25.0 AND If BMI_VAL <= 29.9)</p> <p>OR</p> <p>(If DS_DAT ≠ Null AND If BMIDOWNS_VAL >= 75.0 AND If BMIDOWNS_VAL <= 90.9)</p> <p>OR</p> <p>If BMIOVER_DAT ≠ Null</p>	Select	Reject	<p>Select patients passed to this rule who had any of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • A BMI value between 25.0 and 29.9 (inclusive). • A Down syndrome BMI centile classification between 75.0 and 90.9 (inclusive). • A BMI assessment of 'overweight'. <p>Reject the remaining patients.</p>
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB014	Number of patients in the control cohort whose most recent BMI assessment classification (or Downsyndrome BMI centile classification), in the 15 months up to and including the end of the reporting period, is overweight (BMI 25.0 – 29.9).	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	(If BMI_VAL < 25.0 OR If BMI_VAL > 29.9) AND If BMI_DAT > BMIDOWNS_DAT AND If BMI_DAT > BMIOVER_DAT	Reject	Next rule	Reject patients from the specified population who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a BMI value of less than 25.0 or greater than 29.9; • a Down syndrome BMI centile classification; • a BMI assessment of 'overweight'; where the BMI value is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
2	If DS_DAT ≠ Null AND (If BMIDOWNS_VAL < 75.0 OR If BMIDOWNS_VAL > 90.9) AND If BMIDOWNS_DAT > BMI_DAT AND If BMIDOWNS_DAT > BMIOVER_DAT	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a diagnosis of Down syndrome; • a Down syndrome BMI centile classification of less than 75.0 or greater than 90.9; • a BMI value; • a BMI assessment of 'overweight'; where the Down syndrome BMI centile classification is the latest of the three BMI recordings. Pass all remaining patients to the next rule.

3	<p>(If BMIUNDER_DAT > BMI_DAT AND If BMIUNDER_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIHEALTHY_DAT > BMI_DAT AND If BMIHEALTHY_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIOBESE_DAT > BMI_DAT AND If BMIOBESE_DAT > BMIDOWNS_DAT)</p>	Reject	Next rule	<p>Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • a Down syndrome BMI centile classification; • a BMI value; • a BMI assessment of underweight, healthy or obese; <p>where the BMI assessment is the latest of the three BMI recordings. Pass all remaining patients to the next rule.</p>
4	<p>(If BMI_VAL >= 25.0 AND If BMI_VAL <= 29.9)</p> <p>OR</p> <p>(If DS_DAT ≠ Null AND If BMIDOWNS_VAL >= 75.0 AND If BMIDOWNS_VAL <= 90.9)</p> <p>OR</p> <p>If BMIOVER_DAT ≠ Null</p>	Select	Reject	<p>Select patients passed to this rule who had any of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • A BMI value between 25.0 and 29.9 (inclusive). • A Down syndrome BMI centile classification between 75.0 and 90.9 (inclusive). • A BMI assessment of 'overweight'. <p>Reject the remaining patients.</p>
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB015	Number of patients recorded on their general practice's QOF learning disabilities register whose most recent BMI assessment classification (or Down syndrome BMI centile classification), in the 15 months up to and including the end of the reporting period, is obese (BMI >=30.0).	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If BMI_VAL < 30.0 AND If BMI_DAT > BMIDOWNS_DAT AND If BMI_DAT > BMIOBESE_DAT	Reject	Next rule	Reject patients from the specified population who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a BMI value of less than 30.0; • a Down syndrome BMI centile classification; • a BMI assessment of 'obese'; where the BMI value is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
2	If DS_DAT ≠ Null AND If BMIDOWNS_VAL < 91.0 AND If BMIDOWNS_DAT > BMI_DAT AND If BMIDOWNS_DAT > BMIOBESE_DAT	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a diagnosis of Down syndrome; • a Down syndrome BMI centile classification of less than 91.0; • a BMI value; • a BMI assessment of 'obese'; where the Down syndrome BMI centile classification is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
3	(If BMIUNDER_DAT > BMI_DAT AND If BMIUNDER_DAT > BMIDOWNS_DAT)	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date:

	<p>OR</p> <p>(If BMIHEALTHY_DAT > BMI_DAT AND If BMIHEALTHY_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIOVER_DAT > BMI_DAT AND If BMIOVER_DAT > BMIDOWNS_DAT)</p>			<ul style="list-style-type: none"> • a Down syndrome BMI centile classification; • a BMI value; • a BMI assessment of underweight, healthy or overweight; <p>where the BMI assessment is the latest of the three BMI recordings. Pass all remaining patients to the next rule.</p>
4	<p>If BMI_VAL >= 30.0</p> <p>OR</p> <p>(If BMIDOWNS_DAT ≠ Null AND If BMIDOWNS_VAL >= 91.0)</p> <p>OR</p> <p>If BMIOBESE_DAT ≠ Null</p>	Select	Reject	<p>Select patients passed to this rule who had any of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • A BMI value of 30.0 or greater. • A Down syndrome BMI centile classification of 91.0 or greater. • A BMI assessment of 'obese'. <p>Reject the remaining patients.</p>
End of rules				

Indicator ID	Description	Applied to population:
LDOB016	Number of patients in the control cohort whose most recent BMI assessment (or Down syndrome BMI centile classification), in the 15 months up to and including the end of the reporting period, is obese (BMI >=30.0).	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If BMI_VAL < 30.0 AND If BMI_DAT > BMIDOWNS_DAT AND If BMI_DAT > BMIIOBESE_DAT	Reject	Next rule	Reject patients from the specified population who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a BMI value of less than 30.0; • a Down syndrome BMI centile classification; • a BMI assessment of 'obese'; where the BMI value is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
2	If DS_DAT ≠ Null AND If BMIDOWNS_VAL < 91.0 AND If BMIDOWNS_DAT > BMI_DAT AND If BMIDOWNS_DAT > BMIIOBESE_DAT	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date: <ul style="list-style-type: none"> • a diagnosis of Down syndrome; • a Down syndrome BMI centile classification of less than 91.0; • a BMI value; • a BMI assessment of 'obese'; where the Down syndrome BMI centile classification is the latest of the three BMI recordings. Pass all remaining patients to the next rule.
3	(If BMIUNDER_DAT > BMI_DAT AND If BMIUNDER_DAT > BMIDOWNS_DAT)	Reject	Next rule	Reject patients passed to this rule who had all of the following recorded in the 15 months up to and including the reporting period end date:

	<p>OR</p> <p>(If BMIHEALTHY_DAT > BMI_DAT AND If BMIHEALTHY_DAT > BMIDOWNS_DAT)</p> <p>OR</p> <p>(If BMIOVER_DAT > BMI_DAT AND If BMIOVER_DAT > BMIDOWNS_DAT)</p>			<ul style="list-style-type: none"> • a Down syndrome BMI centile classification; • a BMI value; • a BMI assessment of underweight, healthy or overweight; <p>where the BMI assessment is the latest of the three BMI recordings. Pass all remaining patients to the next rule.</p>
4	<p>If BMI_VAL >= 30.0</p> <p>OR</p> <p>(If BMIDOWNS_DAT ≠ Null AND If BMIDOWNS_VAL >= 91.0)</p> <p>OR</p> <p>If BMIORSESE_DAT ≠ Null</p>	Select	Reject	<p>Select patients passed to this rule who had any of the following recorded in the 15 months up to and including the reporting period end date:</p> <ul style="list-style-type: none"> • A BMI value of 30.0 or greater. • A Down syndrome BMI centile classification of 91.0 or greater. • A BMI assessment of 'obese'. <p>Reject the remaining patients.</p>
End of rules				

Indicator ID	Description	Applied to population:
LDOB017	Number of patients recorded on their general practice's QOF learning disabilities register who are eligible for cervical cancer screening (female, aged 25 to 64 with no history of hysterectomy) at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If PAT_SEX = 'F'	Next rule	Reject	Pass to the next rule all patients from the specified population who are female. Reject the remaining patients.
2	If PAT_AGE >= 25 AND If PAT_AGE <= 64	Next rule	Reject	Pass to the next rule all patients passed to this rule aged between 25 and 64 years (inclusive) at the reporting period end date. Reject the remaining patients.
3	If NOCX_DAT = Null	Select	Reject	Select patients passed to this rule who do not have a record of complete removal of the cervix up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB018	Number of patients in the control cohort who are eligible for cervical cancer screening (female, aged 25 to 64 with no history of hysterectomy) at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If PAT_SEX = 'F'	Next rule	Reject	Pass to the next rule all patients from the specified population who are female. Reject the remaining patients.
2	If PAT_AGE >= 25 AND If PAT_AGE <= 64	Next rule	Reject	Pass to the next rule all patients passed to this rule aged between 25 and 64 years (inclusive) at the reporting period end date. Reject the remaining patients.
3	If NOCX_DAT = Null	Select	Reject	Select patients passed to this rule who do not have a record of complete removal of the cervix up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB019	Number of patients recorded on their general practice's QOF learning disabilities register who are eligible for cervical cancer screening (female, aged 25 to 64 with no history of hysterectomy), on whom an adequate cervical smear screening test has been performed in the three years and six months up to and including the end of the reporting period for patients aged 25 to 49 and in the five years and six months up to and including the end of the reporting period for patients aged 50 to 64.	LDOB003A

404102

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If PAT_SEX = 'F'	Next rule	Reject	Pass to the next rule all patients from the specified population who are female. Reject the remaining patients.
2	If PAT_AGE >= 25 AND If PAT_AGE <= 64	Next rule	Reject	Pass to the next rule all patients passed to this rule aged between 25 and 64 years (inclusive) at the reporting period end date. Reject the remaining patients.
3	If NOCX_DAT = Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who do not have a record of complete removal of the cervix up to and including the reporting period end date. Reject the remaining patients.
4	If SMEAR_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have had a smear cervical screening test in the three years and six months up to and including the reporting period end date for patients aged 25 to 49 and in the five years and six months up to and including the reporting period end date for patients aged 50 to 64. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB020	Number of patients in the control cohort who are eligible for cervical cancer screening (female, aged 25 to 64 with no history of hysterectomy), on whom an adequate cervical smear screening test has been performed in the three years and six months up to and including the end of the reporting period for patients aged 25 to 49 and in the five years and six months up to and including the end of the reporting period for patients aged 50 to 64.	LDOB003B

404102

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If PAT_SEX = 'F'	Next rule	Reject	Pass to the next rule all patients from the specified population who are female. Reject the remaining patients.
2	If PAT_AGE >= 25 AND If PAT_AGE <= 64	Next rule	Reject	Pass to the next rule all patients passed to this rule aged between 25 and 64 years (inclusive) at the reporting period end date. Reject the remaining patients.
3	If NOCX_DAT = Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who do not have a record of complete removal of the cervix up to and including the reporting period end date. Reject the remaining patients.
4	If SMEAR_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have had a smear cervical screening test in the three years and six months up to and including the reporting period end date for patients aged 25 to 49 and in the five years and six months up to and including the reporting period end date for patients aged 50 to 64. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB021	Number of patients recorded on their general practice's QOF learning disabilities register who are female, aged 50 to 69 and received breast cancer screening in the five years up to and including the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If PAT_SEX = 'F'	Next rule	Reject	Pass to the next rule all patients from the specified population who are female. Reject the remaining patients.
2	If PAT_AGE >= 50 AND If PAT_AGE <= 69	Next rule	Reject	Pass to the next rule all patients passed to this rule aged between 50 and 69 years (inclusive) at the reporting period end date. Reject the remaining patients.
3	If BRCANSCR_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have had breast screening in the five years up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB022	Number of patients in the control cohort who are female, aged 50 to 69 and received breast cancer screening in the five years up to and including the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If PAT_SEX = 'F'	Next rule	Reject	Pass to the next rule all patients from the specified population who are female. Reject the remaining patients.
2	If PAT_AGE >= 50 AND If PAT_AGE <= 69	Next rule	Reject	Pass to the next rule all patients passed to this rule aged between 50 and 69 years (inclusive) at the reporting period end date. Reject the remaining patients.
3	If BRCANSCR_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have had breast screening in the five years up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to populations
LDOB023	Number of patients recorded on their general practice's QOF learning disabilities register who are eligible for colorectal cancer screening (aged 60 to 74) and have a colorectal cancer screening result recorded in the two years and six months up to and including the end of the reporting period.	LDOB003A

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~~This indicator produces a single output in the form of a count.~~

~~The age and sex breakdown required for this indicator count is DPO02~~

Rule number	Rule	Action if true	Action if false	Rule description or comments
1—	If <u>PAT_AGE</u> >= 60 AND If <u>PAT_AGE</u> <= 74	Next rule	Reject	Pass to the next rule all patients from the specified population aged between 60 and 74 years (inclusive) at the reporting period end date. Reject the remaining patients.
2—	If <u>COLCANSKR_DAT</u> ≠ Null	Select	Reject	Select patients passed to this rule who have had colorectal cancer screening in the two years and six months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB025	Number of patients recorded on their general practice's QOF learning disabilities register who have received a blood pressure measurement in the five years up to and including the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If BP_DAT ≠ Null	Select	Reject	Select patients from the specified population who have had a blood pressure reading recorded in the five years up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB026	Number of patients in the control cohort who have received a blood pressure measurement in the five years up to and including the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If BP_DAT ≠ Null	Select	Reject	Select patients from the specified population who have had a blood pressure reading recorded in the five years up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB027	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of gastric oesophageal reflux disease (GORD), as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If GORD_DAT ≠ Null	Select	Reject	Select patients from the specified population who have had a gastric oesophageal reflux disease (GORD) diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB028	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of dysphagia, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DYSPHAG_DAT ≠ Null	Select	Reject	Select patients from the specified population who have had a dysphagia diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB029	Number of patients recorded on their general practice's QOF learning disabilities register who have: a) evidence of diagnosis of chronic constipation in the five years up to and including the end of the reporting period; or b) two constipation medications in the 12 months up to and including the end of the reporting period that are dated more than 6 months apart.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If CHRONCONSTIP_DAT ≠ Null	Select	Next rule	Select patients from the specified population who have had a diagnosis of chronic constipation in the five years up to and including the reporting period end date. Pass all remaining patients to the next rule.
2	If CONSTIPMED_DAT ≠ Null AND If CONSTIPMEDLAT_DAT ≠ Null AND If CONSTIPMED_DAT < (CONSTIPMEDLAT_DAT – 6 months)	Select	Reject	Select patients passed to this rule who have had two constipation medications in the 12 months to the end of the reporting period where these medications are dated more than six months apart. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB030	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of Down syndrome, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DS_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a Down syndrome diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB031	Number of patients recorded on their general practice's QOF learning disabilities register who have both a diagnosis of Down syndrome and hypothyroidism as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DS_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a Down syndrome diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If THY_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have a hypothyroidism diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB032	Number of patients recorded on their general practice's QOF learning disabilities register who have both a diagnosis of Down syndrome and dementia as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DS_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a Down syndrome diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If DEM_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have a dementia diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB033	Number of patients recorded on their general practice's QOF learning disabilities register who have an active diagnosis of asthma, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If AST_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have an asthma diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If ASTRES_DAT = Null OR If AST_DAT > ASTRES_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest asthma diagnosis has not been resolved up to and including the reporting period end date. Reject the remaining patients.
3	If ASTTRT_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have received asthma medication in the 12 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB034	Number of patients in the control cohort who have an active diagnosis of asthma, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If AST_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have an asthma diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If ASTRES_DAT = Null OR If AST_DAT > ASTRES_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest asthma diagnosis has not been resolved up to and including the reporting period end date. Reject the remaining patients.
3	If ASTTRT_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have received asthma medication in the 12 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB035	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of cancer, excluding non-melanotic skin cancer, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If CAN_DAT ≠ Null	Select	Reject	Select patients from the specified population who have had a cancer diagnosis, excluding non-melanotic skin cancer recorded on or after 1 April 2003 and up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB036	Number of patients in the control cohort who have a diagnosis of cancer, excluding non-melanotic skin cancer, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If CAN_DAT ≠ Null	Select	Reject	Select patients from the specified population who have had a cancer diagnosis, excluding non-melanotic skin cancer recorded on or after 1 April 2003 and up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB037	Number of patients recorded on their general practice's QOF learning disabilities register who have an active diagnosis of chronic kidney disease stage 3–5, as at the end of the reporting period.	LDOB003A

400101

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	<p>If CKD_DAT ≠ Null AND If CKD1AND2_DAT = Null AND If CKDRES_DAT = Null</p>	Select	Reject	<p>Select patients from the specified population who meet all of the criteria below:</p> <ul style="list-style-type: none"> • Patient has a chronic kidney disease (CKD) 3-5 diagnosis. • CKD 3-5 diagnosis has not been resolved. • CKD 3-5 diagnosis has not been superseded by a CKD 1-2 diagnosis. <p>Reject the remaining patients.</p>
1	If CKD_DAT ≠ Null	Next rule	Reject	<p>Pass to the next rule all patients from the specified population who have a diagnosis of chronic kidney disease (CKD) stage 3–5 up to and including the reporting period end date. Reject the remaining patients.</p>
2	<p>If CKD1AND2_DAT = Null OR If CKD_DAT > CKD1AND2_DAT</p>	Select	Reject	<p>Select patients passed to this rule whose latest diagnosis of CKD stage 3-5 has not been superseded by a CKD stage 1-2 diagnosis up to and including the reporting period end date. Reject the remaining patients.</p>
End of rules				

Indicator ID	Description	Applied to population:
LDOB038	Number of patients in the control cohort who have an active diagnosis of chronic kidney disease stage 3–5, as at the end of the reporting period.	LDOB003B

400101

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	<p>If CKD_DAT ≠ Null AND If CKD1AND2_DAT = Null AND If CKDRES_DAT = Null</p>	Select	Reject	<p>Select patients from the specified population who meet all of the criteria below:</p> <ul style="list-style-type: none"> • Patient has a chronic kidney disease (CKD) 3-5 diagnosis. • CKD 3-5 diagnosis has not been resolved. • CKD 3-5 diagnosis has not been superseded by a CKD 1-2 diagnosis. <p>Reject the remaining patients.</p>
1	If CKD_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a diagnosis of chronic kidney disease (CKD) stage 3–5 up to and including the reporting period end date. Reject the remaining patients.
2	<p>If CKD1AND2_DAT = Null OR If CKD_DAT > CKD1AND2_DAT</p>	Select	Reject	<p>Select patients passed to this rule whose latest diagnosis of CKD stage 3-5 has not been superseded by a CKD stage 1-2 diagnosis up to and including the reporting period end date. Reject the remaining patients.</p>
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB039	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of chronic obstructive pulmonary disease, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If COPD_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a diagnosis of chronic obstructive pulmonary disease (COPD) up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB040	Number of patients in the control cohort who have a diagnosis of chronic obstructive pulmonary disease, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If COPD_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a diagnosis of chronic obstructive pulmonary disease (COPD) up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB041	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of coronary heart disease, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If CHD_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a diagnosis of coronary heart disease (CHD) up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB042	Number of patients in the control cohort who have a diagnosis of coronary heart disease, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If CHD_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a diagnosis of coronary heart disease (CHD) up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB043	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of dementia, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DEM_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a dementia diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB044	Number of patients in the control cohort who have a diagnosis of dementia, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DEM_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a dementia diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB045	Number of patients recorded on their general practice's QOF learning disabilities register who have an active diagnosis of depression, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DEPR_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a depression diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If DEPRES_DAT = Null OR If DEPR_DAT > DEPRES_DAT	Select	Reject	Select patients passed to this rule whose latest depression diagnosis has not been resolved up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB046	Number of patients in the control cohort who have an active diagnosis of depression, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DEPR_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a depression diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If DEPRES_DAT = Null OR If DEPR_DAT > DEPRES_DAT	Select	Reject	Select patients passed to this rule whose latest depression diagnosis has not been resolved up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB047	Number of patients recorded on their general practice's QOF learning disabilities register who have an active diagnosis of type 1 diabetes mellitus, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DM_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a diabetes diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If DMTYPE1_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who have a diagnosis of type 1 diabetes up to and including the reporting period end date. Reject the remaining patients.
3	If DMNONTYPE1_DAT = Null OR If DMTYPE1_DAT > DMNONTYPE1_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest type 1 diabetes diagnosis has not been superseded by a non-type 1 diabetes diagnosis up to and including the reporting period end date. Reject the remaining patients.
4	If DMRES_DAT = Null OR If DMTYPE1_DAT > DMRES_DAT	Select	Reject	Select patients passed to this rule whose latest type 1 diabetes diagnosis has not been resolved up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB048	Number of patients in the control cohort who have an active diagnosis of type 1 diabetes mellitus, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DM_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a diabetes diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If DMTYPE1_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who have a diagnosis of type 1 diabetes up to and including the reporting period end date. Reject the remaining patients.
3	If DMNONTYPE1_DAT = Null OR If DMTYPE1_DAT > DMNONTYPE1_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest type 1 diabetes diagnosis has not been superseded by a non-type 1 diabetes diagnosis up to and including the reporting period end date. Reject the remaining patients.
4	If DMRES_DAT = Null OR If DMTYPE1_DAT > DMRES_DAT	Select	Reject	Select patients passed to this rule whose latest type 1 diabetes diagnosis has not been resolved up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB049	Number of patients recorded on their general practice's QOF learning disabilities register who have an active diagnosis of non-type 1 diabetes mellitus, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DM_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a diabetes diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If DMNONTYPE1_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who have a diagnosis of non-type 1 diabetes up to and including the reporting period end date. Reject the remaining patients.
3	If DMTYPE1_DAT = Null OR If DMNONTYPE1_DAT > DMTYPE1_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest non-type 1 diabetes diagnosis has not been superseded by a type 1 diabetes diagnosis up to and including the reporting period end date. Reject the remaining patients.
4	If DMRES_DAT = Null OR If DMNONTYPE1_DAT > DMRES_DAT	Select	Reject	Select patients passed to this rule whose latest non-type 1 diabetes diagnosis has not been resolved up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB050	Number of patients in the control cohort who have an active diagnosis of non-type 1 diabetes mellitus, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DM_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a diabetes diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If DMNONTYPE1_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who have a diagnosis of non-type 1 diabetes up to and including the reporting period end date. Reject the remaining patients.
3	If DMTYPE1_DAT = Null OR If DMNONTYPE1_DAT > DMTYPE1_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest non-type 1 diabetes diagnosis has not been superseded by a type 1 diabetes diagnosis up to and including the reporting period end date. Reject the remaining patients.
4	If DMRES_DAT = Null OR If DMNONTYPE1_DAT > DMRES_DAT	Select	Reject	Select patients passed to this rule whose latest non-type 1 diabetes diagnosis has not been resolved up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB051	Number of patients recorded on their general practice's QOF learning disabilities register who have an active diagnosis of diabetes mellitus and a record of IFCC-HbA1c (a measure of effectiveness of blood sugar control in diabetes), in the 12 months up to and including the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DM_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a diabetes diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If DMRES_DAT = Null OR If DM_DAT > DMRES_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest diabetes diagnosis has not been resolved up to and including the reporting period end date. Reject the remaining patients.
3	If IFCCHBAM_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have an IFCC-HbA1c recorded in the 12 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB052	Number of patients in the control cohort who have an active diagnosis of diabetes mellitus and a record of IFCC–HbA1c (a measure of effectiveness of blood sugar control in diabetes), in the 12 months up to and including the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DM_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a diabetes diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If DMRES_DAT = Null OR If DM_DAT > DMRES_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest diabetes diagnosis has not been superseded by a diabetes resolved code up to and including the reporting period end date. Reject the remaining patients.
3	If IFCCHBAM_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have an IFCC-HbA1c recorded in the 12 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB055	Number of patients recorded on their general practice's QOF learning disabilities register, who have an active diagnosis of epilepsy and are currently on drug treatment for epilepsy, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If EPIL_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a diagnosis of epilepsy up to and including the reporting period end date. Reject the remaining patients.
2	If EPILRES_DAT = Null OR If EPIL_DAT > EPILRES_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest diagnosis of epilepsy has not been resolved up to and including the reporting period end date. Reject the remaining patients.
3	If EPILDRUG_DAT ≠ Null	Select	Reject	Select patients passed to this rule who were on drug treatment for epilepsy in the six months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB056	Number of patients in the control cohort, who have an active diagnosis of epilepsy and are currently on drug treatment for epilepsy, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If EPIL_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a diagnosis of epilepsy up to and including the reporting period end date. Reject the remaining patients.
2	If EPILRES_DAT = Null OR If EPIL_DAT > EPILRES_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest diagnosis of epilepsy has not been resolved up to and including the reporting period end date. Reject the remaining patients.
3	If EPILDRUG_DAT ≠ Null	Select	Reject	Select patients passed to this rule who were on drug treatment for epilepsy in the six months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB057	Number of patients recorded on their general practice's QOF learning disabilities register who have an active diagnosis of epilepsy, are currently on drug treatment for epilepsy and have a record of seizure frequency in the 12 months up to and including the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If EPIL_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have an active diagnosis of epilepsy up to and including the reporting period end date. Reject the remaining patients.
2	If EPILRES_DAT = Null OR If EPIL_DAT > EPILRES_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest diagnosis of epilepsy has not been resolved up to and including the reporting period end date. Reject the remaining patients.
3	If EPILDRUG_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who were on drug treatment for epilepsy in the six months up to and including the reporting period end date. Reject the remaining patients.
4	If LSZFREQ_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have a record of seizure frequency in the 12 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB058	Number of patients in the control cohort who have an active diagnosis of epilepsy, are currently on drug treatment for epilepsy and have a record of seizure frequency in the 12 months up to and including the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If EPIL_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have an active diagnosis of epilepsy up to and including the reporting period end date. Reject the remaining patients.
2	If EPILRES_DAT = Null OR If EPIL_DAT > EPILRES_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest diagnosis of epilepsy has not been resolved up to and including the reporting period end date. Reject the remaining patients.
3	If EPILDRUG_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who were on drug treatment for epilepsy in the six months up to and including the reporting period end date. Reject the remaining patients.
4	If LSZFREQ_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have a record of seizure frequency in the 12 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB059	Number of patients recorded on their general practice's QOF learning disabilities register who have an active diagnosis of epilepsy, are currently on drug treatment for epilepsy, have a record of seizure frequency in the 12 months up to and including the end of the reporting period and have been seizure-free during this period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If EPIL_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have an active diagnosis of epilepsy up to and including the reporting period end date. Reject the remaining patients.
2	If EPILRES_DAT = Null OR If EPIL_DAT > EPILRES_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest diagnosis of epilepsy has not been resolved up to and including the reporting period end date. Reject the remaining patients.
3	If EPILDRUG_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who were on drug treatment for epilepsy in the six months up to and including the reporting period end date. Reject the remaining patients.
4	If LSZFREQ_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who have a record of seizure frequency in the 12 months up to and including the reporting period end date. Reject the remaining patients.
5	If LSZFREQ_DAT = LSZ_DAT	Select	Reject	Select patients passed to this rule where their latest seizure frequency recorded in the 12 months up to and including the reporting period end date is that of being seizure free. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB060	Number of patients in the control cohort who have an active diagnosis of epilepsy, are currently on drug treatment for epilepsy, have a record of seizure frequency in the 12 months up to and including the end of the reporting period and have been seizure-free during this period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If EPIL_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have an active diagnosis of epilepsy up to and including the reporting period end date. Reject the remaining patients.
2	If EPILRES_DAT = Null OR If EPIL_DAT > EPILRES_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest diagnosis of epilepsy has not been resolved up to and including the reporting period end date. Reject the remaining patients.
3	If EPILDRUG_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who were on drug treatment for epilepsy in the six months up to and including the reporting period end date. Reject the remaining patients.
4	If LSZFREQ_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who have a record of seizure frequency in the 12 months up to and including the reporting period end date. Reject the remaining patients.
5	If LSZFREQ_DAT = LSZ_DAT	Select	Reject	Select patients passed to this rule where their latest seizure frequency recorded in the 12 months up to and including the reporting period end date is that of being seizure free. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB061	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of heart failure, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If HF_DAT ≠ Null	Select	Next rule	Select patients from the specified population who have a heart failure diagnosis up to and including the reporting period end date. Pass all remaining patients to the next rule.
2	If HFLVSD_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have a record of heart failure due to LVSD up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB062	Number of patients in the control cohort who have a diagnosis of heart failure, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If HF_DAT ≠ Null	Select	Next rule	Select patients from the specified population who have a heart failure diagnosis up to and including the reporting period end date. Pass all remaining patients to the next rule.
2	If HFLVSD_DAT ≠ Null	Select	Reject	Select patients passed to this rule who have a record of heart failure due to LVSD up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB063	Number of patients recorded on their general practice's QOF learning disabilities register who have an active diagnosis of hypertension, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If HYP_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a hypertension diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If HYPRES_DAT = Null OR If HYP_DAT > HYPRES_DAT	Select	Reject	Select patients passed to this rule whose latest diagnosis of hypertension has not been resolved up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB064	Number of patients in the control cohort who have an active diagnosis of hypertension, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If HYP_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have a hypertension diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If HYPRES_DAT = Null OR If HYP_DAT > HYPRES_DAT	Select	Reject	Select patients passed to this rule whose latest diagnosis of hypertension has not been resolved up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB065	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of severe mental illness as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If MH_DAT ≠ Null	Select	Next rule	Select patients from the specified population who have a diagnosis of severe mental illness (psychosis, schizophrenia or bipolar affective disease) up to and including the reporting period end date. Pass all remaining patients to the next rule.
2	If LIT_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who have a prescription of lithium in the six months up to and including the reporting period end date. Reject the remaining patients.
3	If LITSTP_DAT = Null OR If LITSTP_DAT < LIT_DAT	Select	Reject	Select patients passed to this rule whose latest lithium prescription has not been stopped up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB066	Number of patients in the control cohort who have a diagnosis of severe mental illness as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If MH_DAT ≠ Null	Select	Next rule	Select patients from the specified population who have a diagnosis of severe mental illness (psychosis, schizophrenia or bipolar affective disease) up to and including the reporting period end date. Pass all remaining patients to the next rule.
2	If LIT_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients passed to this rule who have a prescription of lithium in the six months up to and including the reporting period end date. Reject the remaining patients.
3	If LITSTP_DAT = Null OR If LITSTP_DAT < LIT_DAT	Select	Reject	Select patients passed to this rule whose latest lithium prescription has not been stopped up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB067	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of stroke or transient ischaemic attack, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If STRTIA_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a stroke or TIA diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB068	Number of patients in the control cohort who have a diagnosis of stroke or transient ischaemic attack, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If STRTIA_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a stroke or TIA diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB069	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of hypothyroidism, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If THY_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a hypothyroidism diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB070	Number of patients in the control cohort who have a diagnosis of hypothyroidism, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If THY_DAT ≠ Null	Select	Reject	Select patients from the specified population who have a hypothyroidism diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB071	Number of patients recorded on their general practice's QOF learning disabilities register who are in need of palliative care and support as at the end of the reporting period.	LDOB003A

SDS-use-only:
Version:

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO01

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If <u>PALCARE_DAT</u> ≠ Null	Select	Reject	Select patients from the specified population who are registered as being in need of palliative care and support on or after 1 April 2008 and up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB072	Number of patients in the control cohort who are in need of palliative care and support as at the end of the reporting period.	LDOB003B

SDS-use-only:
Version:

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO01

Rule number	Rule	Action if true	Action if false	Rule description or comments
1—	If <u>PALCARE_DAT</u> ≠ Null	Select	Reject	Select patients from the specified population who are registered as being in need of palliative care and support on or after 1 April 2008 and up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB077	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of autism, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If AUTISM_DAT ≠ Null	Select	Reject	Select patients from the specified population who have had an autism diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB078	Number of patients in the control cohort who have a diagnosis of autism, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If AUTISM_DAT ≠ Null	Select	Reject	Select patients from the specified population who have had an autism diagnosis up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB079	Number of patients recorded on their general practice's QOF learning disabilities register aged 14 years or over who had a learning disability health check under the learning disabilities Enhanced Service in the 12 months up to and including the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If PAT_AGE >=14	Next rule	Reject	Pass to the next rule patients from the specified population aged 14 years and over at the reporting period end date. Reject the remaining patients.
2	If HLTHCHK_DAT ≠ Null	Select	Reject	Select patients passed to this rule who had a learning disability health check in the 12 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB080	Number of patients recorded on their general practice's Learning Disabilities Register aged 14 years or over who have received an annual learning disability health check and have been provided with a health action plan, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If PAT_AGE >=14	Next rule	Reject	Pass to the next rule patients from the specified population aged 14 years and over at the reporting period end date. Reject the remaining patients.
2	If HLTHAP_DAT ≠ Null	Select	Reject	Select patients passed to this rule who were provided a health action plan on or after the date of their first learning disability health check in the 12 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB081	Number of patients recorded on their general practice's QOF learning disabilities register currently treated with antipsychotics, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ANTIPSYDRUG_DAT ≠ Null	Select	Reject	Select patients from the specified population who were prescribed antipsychotics in the 6 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB082	Number of patients recorded in the control cohort currently treated with antipsychotics, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ANTIPSYDRUG_DAT ≠ Null	Select	Reject	Select patients from the specified population who were prescribed antipsychotics in the 6 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB083	Number of patients recorded on their general practice's QOF learning disabilities register currently treated with benzodiazepines, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If BENZODRUG_DAT ≠ Null	Select	Reject	Select patients from the specified population who were prescribed benzodiazepines in the 6 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB084	Number of patients recorded in the control cohort currently treated with benzodiazepines, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If BENZODRUG_DAT ≠ Null	Select	Reject	Select patients from the specified population who were prescribed benzodiazepines in the 6 months up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB085	Number of patients recorded on their general practice's QOF learning disabilities register without an active epilepsy diagnosis who are currently treated with epilepsy drugs, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If EPIL_DAT = Null OR If EPILRES_DAT > EPIL_DAT	Next rule	Reject	Pass to the next rule patients from the specified population who do not have an epilepsy diagnosis or whose epilepsy has been resolved up to and including the reporting period end date. Reject the remaining patients.
2	If EPILDRUG_DAT = Null OR If EPILRES_DAT > EPILDRUG_DAT	Reject	Select	Reject patients passed to this rule who have not had an epilepsy drug prescription in the 6 months up to and including the reporting period end date or whose epilepsy was resolved after the latest epilepsy drug prescription in the 6 months up to and including the reporting period end date. Select the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB086	Number of patients recorded in the control cohort without an active epilepsy diagnosis who are currently treated with epilepsy drugs, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If EPIL_DAT = Null OR If EPILRES_DAT > EPIL_DAT	Next rule	Reject	Pass to the next rule patients from the specified population who do not have an epilepsy diagnosis or whose epilepsy has been resolved up to and including the reporting period end date. Reject the remaining patients.
2	If EPILDRUG_DAT = Null OR If EPILRES_DAT > EPILDRUG_DAT	Reject	Select	Reject patients passed to this rule who have not had an epilepsy drug prescription in the 6 months up to and including the reporting period end date or whose epilepsy was resolved after the latest epilepsy drug prescription in the 6 months up to and including the reporting period end date. Select the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB087	Number of patients recorded on their general practice's QOF learning disabilities register without an active depression diagnosis who are currently treated with antidepressants, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DEPR_DAT = Null OR If DEPRES_DAT > DEPR_DAT	Next rule	Reject	Pass to next rule patients from the specified population who do not have a depression diagnosis or whose depression has been resolved up to and including the reporting period end date. Reject the remaining patients.
2	If ANTIDEPDRUG_DAT = Null OR If DEPRES_DAT > ANTIDEPDRUG_DAT	Reject	Select	Reject patients passed to this rule who have not had a prescription of antidepressants in the 6 months up to and including the reporting period end date or whose depression was resolved after the latest prescription of antidepressants in the 6 months up to and including the reporting period end date. Select the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB088	Number of patients recorded in the control cohort without an active depression diagnosis who are currently treated with antidepressants, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If DEPR_DAT = Null OR If DEPRES_DAT > DEPR_DAT	Next rule	Reject	Pass to next rule patients from the specified population who do not have a depression diagnosis or whose depression has been resolved up to and including the reporting period end date. Reject the remaining patients.
2	If ANTIDEPDRUG_DAT = Null OR If DEPRES_DAT > ANTIDEPDRUG_DAT	Reject	Select	Reject patients passed to this rule who have not had a prescription of antidepressants in the 6 months up to and including the reporting period end date or whose depression was resolved after the latest prescription in the 6 months up to and including the reporting period end date. Select the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB089	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of ADHD, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ADHD_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have an ADHD diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If ADHDREM_DAT = Null OR If ADHD_DAT > ADHDREM_DAT	Select	Reject	Select patients passed to this rule whose latest diagnosis of ADHD is not in remission up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB090	Number of patients recorded on their general practice's QOF learning disabilities register who have a diagnosis of ADHD and who are currently treated with melatonin, as at the end of the reporting period.	LDOB003A

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ADHD_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have an ADHD diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If ADHDREM_DAT = Null OR If ADHD_DAT > ADHDREM_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest diagnosis of ADHD is not in remission up to and including the reporting period end date. Reject the remaining patients.
3	If MELATONINDRUG_DAT ≠ Null AND If ADHD_DAT <= MELATONINDRUG_DAT	Select	Reject	Select patients passed to this rule who were prescribed melatonin in the 6 months up to and including the reporting period end date whose ADHD was diagnosed prior to the latest prescription of melatonin. Reject the remaining patients
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB091	Number of patients recorded in the control cohort who have a diagnosis of ADHD, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ADHD_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have an ADHD diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If ADHDREM_DAT = Null OR If ADHD_DAT > ADHDREM_DAT	Select	Reject	Select patients passed to this rule whose latest diagnosis of ADHD is not in remission up to and including the reporting period end date. Reject the remaining patients.
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
LDOB092	Number of patients recorded in the control cohort who have a diagnosis of ADHD and who are currently treated with melatonin, as at the end of the reporting period.	LDOB003B

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO01](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If ADHD_DAT ≠ Null	Next rule	Reject	Pass to the next rule all patients from the specified population who have an ADHD diagnosis up to and including the reporting period end date. Reject the remaining patients.
2	If ADHDREM_DAT = Null OR If ADHD_DAT > ADHDREM_DAT	Next rule	Reject	Pass to the next rule all patients passed to this rule whose latest diagnosis of ADHD is not in remission up to and including the reporting period end date. Reject the remaining patients.
3	If MELATONINDRUG_DAT ≠ Null AND If ADHD_DAT <= MELATONINDRUG_DAT	Select	Reject	Select patients passed to this rule who were prescribed melatonin in the 6 months up to and including the reporting period end date whose ADHD was diagnosed prior to the latest prescription of melatonin. Reject the remaining patients
<i>End of rules</i>				

Indicator ID	Description	Applied to population:
<u>LDOB093</u>	<u>Number of patients recorded on their general practice's QOF learning disabilities register who do not have a diagnosis of severe mental illness and who do not require palliative care who are currently being treated with antipsychotics at the end of the reporting period</u>	<u>LDOB003A</u>

SDS use only
Version

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This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO01

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If MH_DAT ≠ Null</u>	<u>Reject</u>	<u>Next rule</u>	<u>Reject patients from the specified population who have a diagnosis of severe mental illness (psychosis, schizophrenia or bipolar affective disease) up to and including the reporting period end date. Pass all remaining patients to the next rule.</u>
<u>2</u>	<u>If LIT_DAT ≠ Null AND (If LITSTP_DAT = Null OR If LITSTP_DAT < LIT_DAT)</u>	<u>Reject</u>	<u>Next rule</u>	<u>Reject patients passed to this rule who have a prescription of lithium treatment in the six months leading up to and including the reporting period end date where the treatment has not subsequently stopped. Pass all remaining patients to the next rule.</u>
<u>3</u>	<u>If PALCARE_DAT ≠ Null AND If PALCARENI_DAT = Null</u>	<u>Reject</u>	<u>Next rule</u>	<u>Reject patients passed to this rule whose latest record of palliative care was on or after 1 April 2008 and who have not been subsequently identified as no longer requiring palliative care, up to and including the reporting period end date. Pass all remaining patients to the next rule.</u>
<u>4</u>	<u>If ANTIPSYDRUG_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who were prescribed antipsychotics in the 6 months up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB094</u>	<u>Number of patients in the control cohort who do not have a diagnosis of severe mental illness and who do not require palliative care and who are currently being treated with antipsychotics at the end of the reporting period.</u>	<u>LDOB003B</u>

SDS use only
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO01

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If MH_DAT ≠ Null</u>	<u>Reject</u>	<u>Next rule</u>	<u>Reject patients from the specified population who have a diagnosis of severe mental illness (psychosis, schizophrenia or bipolar affective disease) up to and including the reporting period end date. Pass all remaining patients to the next rule.</u>
<u>2</u>	<u>If LIT_DAT ≠ Null AND (If LITSTP_DAT = Null OR If LITSTP_DAT < LIT_DAT)</u>	<u>Reject</u>	<u>Next rule</u>	<u>Reject patients passed to this rule who have a prescription of lithium treatment in the six months leading up to and including the reporting period end date where the treatment has not subsequently stopped. Pass all remaining patients to the next rule.</u>
<u>3</u>	<u>If PALCARE_DAT ≠ Null AND If PALCARENI_DAT = Null</u>	<u>Reject</u>	<u>Next rule</u>	<u>Reject patients passed to this rule whose latest record of palliative care was on or after 1 April 2008 and who have not been subsequently identified as no longer requiring palliative care, up to and including the reporting period end date. Pass all remaining patients to the next rule.</u>
<u>4</u>	<u>If ANTIPSYDRUG_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who were prescribed antipsychotics in the 6 months up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB095</u>	<u>Number of patients recorded on their general practice's QOF learning disabilities register who are currently treated with antidepressants, as at the end of the reporting period.</u>	<u>LDOB003A</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO01

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If ANTIDEPDRUG DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select all patients from the specified population who have had a prescription of antidepressants in the 6 months leading up to and including the reporting period end date</u> <u>Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB096</u>	<u>Number of patients recorded in the control cohort who are currently treated with antidepressants, as at the end of the reporting period.</u>	<u>LDOB003B</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO01

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If ANTIDEPDRUG DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select all patients from the specified population who have had a prescription of antidepressants in the 6 months leading up to and including the reporting period end date</u> <u>Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB097</u>	<u>Number of patients registered on their general practice's QOF learning disabilities register as at the start of the reporting period who also have a diagnosis of autism.</u>	<u>LDO2_REG</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO02

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If LD_DAT <= RPSD</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who have a learning disability diagnosis up to and including the reporting start date. Reject the remaining patients.</u>
<u>2</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select all patients passed to this rule who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB098</u>	<u>Number of patients in the control cohort at the start of the reporting period who also have a diagnosis of autism.</u>	<u>LDO2_REG</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO02

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If LD_DAT = Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who do not have a learning disability diagnosis up to and including the reporting start date. Reject the remaining patients.</u>
<u>2</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select all patients passed to this rule who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB099</u>	<u>Number of patients diagnosed with a learning disability as at the reporting period start date, who also have a diagnosis of autism, who had a registration status of deceased at the end of the reporting period.</u>	<u>LDO2_REG</u>

SDS use only
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO02

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If LD_DAT <= RPSD</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who have a learning disability diagnosis up to and including the reporting start date. Reject the remaining patients.</u>
<u>2</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients passed to this rule who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>3</u>	<u>If ACTIVEEND_VAL = D</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who died up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB100</u>	<u>Number of patients in the control cohort as at the reporting period start date who have a diagnosis of autism and who had a registration status of deceased at the end of the reporting period.</u>	<u>LDO2_REG</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO02

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If LD_DAT = Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who do not have a learning disability diagnosis up to and including the reporting start date. Reject the remaining patients.</u>
<u>2</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients passed to this rule who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>3</u>	<u>If ACTIVEEND_VAL = D</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who died up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB101</u>	<u>Number of patients recorded on their general practice's QOF learning disabilities register, who also have a diagnosis of autism, currently treated with antipsychotics, as at the end of the reporting period.</u>	<u>LDOB003A</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>2</u>	<u>If ANTIPSYDRUG_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who were prescribed antipsychotics in the 6 months up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB102</u>	<u>Number of patients recorded in the control cohort, who have a diagnosis of autism, currently treated with antipsychotics, as at the end of the reporting period.</u>	<u>LDOB003B</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>2</u>	<u>If ANTIPSYDRUG_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who were prescribed antipsychotics in the 6 months up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB103</u>	<u>Number of patients recorded on their general practice's QOF learning disabilities register, who also have a diagnosis of autism, currently treated with benzodiazepines, as at the end of the reporting period.</u>	<u>LDOB003A</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO02

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>2</u>	<u>If BENZODRUG_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who were prescribed benzodiazepines in the 6 months up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB104</u>	<u>Number of patients recorded in the control cohort, who have a diagnosis of autism, currently treated with benzodiazepines, as at the end of the reporting period.</u>	<u>LDOB003B</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>2</u>	<u>If BENZODRUG_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who were prescribed benzodiazepines in the 6 months up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB105</u>	<u>Number of patients recorded on their general practice's QOF learning disabilities register, who have a diagnosis of autism, who have an active diagnosis of epilepsy and are currently on drug treatment for epilepsy, as at the end of the reporting period.</u>	<u>LDOB003A</u>

SDS use only:
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO01

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>2</u>	<u>If EPIL_DAT ≠ Null AND (If EPILRES_DAT = Null OR If EPIL_DAT > EPILRES_DAT) AND If EPILDRUG_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who meet all of the criteria below:</u> <ul style="list-style-type: none"> <u>Have an epilepsy diagnosis up to and including the reporting period end date.</u> <u>Latest epilepsy diagnosis is not followed by an epilepsy resolved code.</u> <u>Have an epilepsy drug treatment code in the 6 month period up to and including the reporting period end date.</u> <u>Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB106</u>	<u>Number of patients in the control cohort, who have a diagnosis of autism, who have an active diagnosis of epilepsy and are currently on drug treatment for epilepsy, as at the end of the reporting period.</u>	<u>LDOB003B</u>

SDS use only
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO01

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>2</u>	<u>If EPIL_DAT ≠ Null</u> <u>AND</u> <u>(If EPILRES_DAT = Null</u> <u>OR</u> <u>If EPIL_DAT > EPILRES_DAT)</u> <u>AND</u> <u>If EPILDRUG_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who meet all of the criteria below:</u> <ul style="list-style-type: none"> <u>Have an epilepsy diagnosis up to and including the reporting period end date.</u> <u>Latest epilepsy diagnosis is not followed by an epilepsy resolved code.</u> <u>Have an epilepsy drug treatment code in the 6 month period up to and including the reporting period end date.</u> <u>Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB107</u>	<u>Number of patients recorded on their general practice's QOF learning disabilities register, who have a diagnosis of autism, as at the end of the reporting period.</u>	<u>LDOB003A</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients from the specified population who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB108</u>	<u>Number of patients in the control cohort, who have a diagnosis of autism as at the end of the reporting period.</u>	<u>LDOB003B</u>

SDS use only.
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is [DPO02](#)

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients from the specified population who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB109</u>	Number of patients recorded on their general practice's QOF learning disabilities register who are female, aged 50 to 69, and who have a diagnosis of autism, who have received breast cancer screening in the five years up to and including the end of the reporting period.	<u>LDOB003A</u>

SDS use only:
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO02

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If PAT_SEX = 'F'</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who are female. Reject the remaining patients.</u>
<u>2</u>	<u>If PAT_AGE >= 50 AND If PAT_AGE <= 69</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients passed to this rule aged between 50 and 69 years (inclusive) at the reporting period end date. Reject the remaining patients.</u>
<u>3</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients passed to this rule who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>4</u>	<u>If BRCANSCR_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who have a breast cancer screening code recorded in the five years up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB110</u>	Number of patients in the control cohort who are female, aged 50 to 69, and who have a diagnosis of autism, who have received breast cancer screening in the five years up to and including the end of the reporting period.	<u>LDOB003B</u>

SDS use only:
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO02

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If PAT_SEX = 'F'</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population who are female. Reject the remaining patients.</u>
<u>2</u>	<u>If PAT_AGE >= 50 AND If PAT_AGE <= 69</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients passed to this rule aged between 50 and 69 years (inclusive) at the reporting period end date. Reject the remaining patients.</u>
<u>3</u>	<u>If AUTISM_DAT ≠ Null</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients passed to this rule who have a diagnosis of autism recorded up to and including the reporting period end date. Reject the remaining patients.</u>
<u>4</u>	<u>If BRCANSCR_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who have a breast cancer screening code recorded in the five years up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB111</u>	<u>Number of patients recorded on their general practice's QOF learning disabilities register whose latest palliative care status indicates they are in need of palliative care and support as at the end of the reporting period.</u>	<u>LDOB003A</u>

SDS use only:
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO01

<u>Rule number</u>	<u>Rule</u>	<u>Action if true</u>	<u>Action if false</u>	<u>Rule description or comments</u>
<u>1</u>	<u>If PALCARE_DAT ≠ Null AND If PALCARENI_DAT = Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients from the specified population whose latest record of palliative care was on or after 1 April 2008 and who have not been subsequently identified as no longer requiring palliative care, up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB112</u>	<u>Number of patients in the control cohort whose latest palliative care status indicates they are in need of palliative care and support as at the end of the reporting period.</u>	<u>LDOB003B</u>

SDS use only:
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO01

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	<u>If PALCARE_DAT ≠ Null AND If PALCARENI_DAT = Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients from the specified population whose latest record of palliative care was on or after 1 April 2008 and who have not been subsequently identified as no longer requiring palliative care, up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB113</u>	Number of patients recorded on their general practice's QOF learning disabilities register who are eligible for colorectal cancer screening (aged 60 to 74) and have a colorectal cancer screening result, indicating an adequate sample, recorded in the two years and six months up to and including the end of the reporting period.	<u>LDOB003A</u>

SDS use only:
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO02

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	If <u>PAT_AGE >= 60</u> AND If <u>PAT_AGE <= 74</u>	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population aged between 60 and 74 years (inclusive) at the reporting period end date. Reject the remaining patients.</u>
<u>2</u>	If <u>COLCANSCREV_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who have had colorectal cancer screening indicating a firm result in the two years and six months up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

Indicator ID	Description	Applied to population:
<u>LDOB114</u>	Number of patients in the control cohort who are eligible for colorectal cancer screening (aged 60 to 74) and have a colorectal cancer screening result, indicating an adequate sample, recorded in the two years and six months up to and including the end of the reporting period.	<u>LDOB003B</u>

SDS use only:
Version

100

This indicator produces a single output in the form of a count.

The age and sex breakdown required for this indicator count is DPO02

Rule number	Rule	Action if true	Action if false	Rule description or comments
<u>1</u>	If PAT_AGE >= 60 AND If PAT_AGE <= 74	<u>Next rule</u>	<u>Reject</u>	<u>Pass to the next rule all patients from the specified population aged between 60 and 74 years (inclusive) at the reporting period end date. Reject the remaining patients.</u>
<u>2</u>	<u>If COLCANSCREV_DAT ≠ Null</u>	<u>Select</u>	<u>Reject</u>	<u>Select patients passed to this rule who have had colorectal cancer screening indicating a firm result in the two years and six months up to and including the reporting period end date. Reject the remaining patients.</u>
<u>End of rules</u>				

4.2. Payment count(s)

N/A - there are no payment counts for this service.

4.3. Management information count(s)

N/A - there are no management information counts for this service.

5. Appendix - supporting data for NHS Digital GPSES

Category	Database value
TRUD version	<u>V29_2_0V32_0_0</u>
Document version	<u>3.04.1</u>
Ruleset Database ID	<u>LDO_LDD</u>
Database Service ID	Other
<u>QSRSR</u> Reference if applicable	<u>SR192000+SR2021001_LDD_v4.0</u>
CQRS service short name	LDO1821