

Indicator	Query	Response	Date
LD1	<p>Should Practitioners be seeking the consent of learning disabled patients first, before placing their names on the register?</p> <p>Can patients ask to be removed from the register? Is there guidance available, or are individual Practices to develop their own response to this?</p>	<p>The Learning Disability Register is no different to that for any other clinical area. It is based on a clinical diagnosis. Thus, if the patient has a diagnosis which is recorded in their clinical records (usually electronic), they will be included in the register for this condition. The purpose of all the registers is to improve the clinical management of those patients. For learning disabilities, the QOF does not have indicators which apply to the register population but, as the supporting guidance suggests, this will form the first step in ensuring better clinical management. The issue of consent to be on a register came up in previous years over the mental health register which specified patient consent. This was partly because it was not based only on diagnosis. The criteria for inclusion in the MH register have now been changed to be based on diagnosis and the need for consent has been removed. We would not expect patients to be asked for consent to be on an asthma register for instance, and all the registers are treated in the same way. Where patients do not wish to participate in treatments or monitoring associated with having a condition, they can be exception reported under informed dissent provided the procedure for such dissent has been documented. Please also refer to the Scottish guidance on the contract from April 2006 which has detailed guidance on the QOF.</p> <p>http://www.show.scot.nhs.uk/sehd/pca/PCA2006(M)08Ann.pdf</p>	June 2007