



*National Treatment Agency  
for Substance Misuse*

National Drug Treatment Monitoring System (NDTMS)

## **NDTMS DATA SET**

**GUIDANCE FOR ADULT ALCOHOL TREATMENT PROVIDERS**

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## REVISION HISTORY

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## EXTERNAL REFERENCES

Ref No	Title	Version
1	<a href="#">NDTMS Data Set - Business Definition for Adult Alcohol Treatment Providers</a>	8.02
2	<a href="#">NDTMS Data Set - Technical Definition</a>	8.02
3	<a href="#">NDTMS Data Set - Reference Data</a>	8.02
4	<a href="#">NDTMS Data Set - Guidance for Young People's Treatment Providers</a>	8.00
5	<a href="#">NDTMS CSV Input File Format</a>	8.02
6	<a href="#">Department of Health: (2006). Models of care for alcohol misusers (MoCAM).</a> DH London	0.4
7	<a href="#">Department of Health: (2007). Safe. Sensible. Social. The next steps in the National Alcohol Strategy – a summary.</a> DH London	6.1.1

This document uses the convention that any external references are indicated by square brackets e.g. [3].

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## 1 INTRODUCTION

The Department of Health have requested the National Treatment Agency (NTA) to implement data collection on all clients receiving specialist treatment for their problematic use of alcohol. The National Drug Treatment Monitoring System (NDTMS) has therefore been extended to include data on clients in specialist alcohol treatment where the provision of specialist treatment is in line with that prescribed in Ref [6].

Collection of specialist alcohol treatment data enables monitoring of treatment provision in line with the requirements of the National Alcohol Strategy [7], and will provide a valuable source of information for national, regional and local needs assessment work.

Currently, all providers of specialist drug treatment services, including young persons treatment services, must provide a basic level of information to NDTMS on their activities each month – this data is known as the NDTMS Data Set. In support of evolving business requirements, the data items which are collected via NDTMS are reviewed on an annual basis.

A business case was submitted by the NTA to the Department of Health in June 2007 outlining the options and associated costs of collecting data on specialist alcohol treatment. The option to collect treatment information from providers of specialist alcohol treatment services via the NDTMS was selected as the preferred option. The other option explored was the development of a completely separate system for specialist alcohol treatment.

The alcohol data collection is supported by the Department of Health, the National Audit Office (NAO) and a project Expert Working Group comprised of representatives from the Department of Health, NTA, Liverpool John Moores University, Leeds Addiction Unit, St George's Healthcare NHS Trust, the charity Alcohol Concern, and Rugby House, a drug and alcohol treatment provider.

**To support the National Alcohol Strategy all providers of specialist alcohol treatment services will need to report on their clients to NDTMS from 1st April 2008.**

## 2 BACKGROUND TO THE NDTMS

NDTMS was initially developed to collect data on adult drugs misusers receiving specialist treatment services. The system supports data from providers of both specialist drug and alcohol treatment, and has been extended to include specialist providers of alcohol-specific treatment.

NDTMS collects and reports on activity data within a wide range of settings, including primary and secondary care within the NHS, voluntary sector agencies and the criminal justice sector. Reporting from the data is provided back to the Office for National Statistics (ONS), commissioners, performance managers, and national, regional and local government. The information is used to ensure that treatment services are performance managed effectively and to ensure that they deliver the outcomes for clients that they are designed to achieve.

The system captures information on individuals presenting to specialist treatment and follows their journey through treatment services. The data is collected by clinical and administrative staff working in organisations treating individuals for problematic substance misuse. At present the data is provided by approximately 1500 drug treatment services in England.

The data is supplied to regional NDTMS centres (in most cases the Public Health Observatories) on a monthly basis through a secure web-portal developed and maintained by the NTA. Regional databases are then compiled and provided to the central database at the NTA. National, regional and local-level reporting is produced and disseminated by the NTA or the University of Manchester (ONS reports).

### **3 PURPOSE OF THIS DOCUMENT**

The remainder of this document is broken down into the following sections:

- What is specialist alcohol treatment for adults?
- Which providers of alcohol treatment services should report to NDTMS?
- Why does this data need to be collected?
- What data is to be collected?
- What NDTMS software is available to support data collection?
- Reporting to the NDTMS 'Alcohol Subset' or Young Persons Data Set
- Registering to NDTMS
- Confidentiality and consent issues relating to the data collection

## **4 WHAT IS SPECIALIST ALCOHOL TREATMENT FOR ADULTS?**

Specialist treatment for alcohol misuse is defined as a care-planned medical or psychosocial intervention (Tier 3 or 4) aimed at resolving dependence or the reduction of harm resulting from current alcohol misuse. MoCAM (Ref [6]) summarises these interventions as:

- community-based, structured, care-planned alcohol treatment
- alcohol specialist inpatient treatment and residential rehabilitation.

Only those providing specialist alcohol treatment services, as above, should report to NDTMS. These services should report on the specialist treatment interventions described in Appendix B of Ref [1].

## 5 WHICH PROVIDERS OF ALCOHOL TREATMENT SERVICES SHOULD REPORT TO NDTMS?

All alcohol treatment providers new to NDTMS must collect a subset of the NDTMS Data Set (the 'Alcohol Subset') - these are likely to be providers of alcohol treatment services only. Providers of specialist drug and alcohol treatment should already be reporting to NDTMS for their drug clients and may already be reporting their alcohol clients to NDTMS – these providers are required to complete the full NDTMS Data Set for their alcohol clients.

Together these not only provide a picture of specialist alcohol treatment provision across England, but also enable information to be reported on provision at a local level for commissioning purposes, as well as informing local needs assessment work.

General Practices providing Tier 3 alcohol treatment under Shared Care Arrangements should already be reporting to NDTMS for drug treatment; reporting by these providers should be extended to include alcohol clients if Tier 3 interventions are also being delivered to address alcohol misuse.

The following services should **not** report to NDTMS:

- Providers of Tier 2 interventions in the absence of any specialist alcohol treatment provision – this includes any brief interventions work and advice and information services that are not delivered alongside specialist interventions
- Providers of non-structured alcohol treatment, i.e. treatment which is not care planned (e.g. Alcoholics Anonymous, Drop-in Centres, Tier 2 interventions)
- Treatment in other parts of the NHS for secondary complications arising from the misuse of alcohol (e.g. treatment for liver disease) or affected by alcohol (e.g. pregnancy)

## **6 WHY DOES THIS DATA NEED TO BE COLLECTED?**

The collection of data on specialist treatment for alcohol misuse enables national, regional and local-level reporting on alcohol treatment to support the National Alcohol Strategy and needs analysis. Data reporting facilitates policy formulation and supports the development of efficient commissioning systems at a local level.

It is anticipated that performance measures for alcohol treatment will be developed once comprehensive data collection has been implemented across England. This could include numbers in treatment, treatment availability, and waiting times.

## 7 WHAT DATA IS TO BE COLLECTED?

The 'Alcohol Subset' of the NDTMS Data Set consists of 28 data items - the full NDTMS Data Set for completion by adult drug treatment providers is a larger dataset and contains a number of additional data items that are collected for regional purposes.

APPENDIX A contains a list of supporting NDTMS documentation, including the Business Definition for Adult Alcohol Treatment Providers – this document lists each of the data items in the NATMS Data Set and their definitions, and indicates which items from the complete NDTMS are included in the NATMS.

In summary, the NATMS includes information on:

- client details and circumstances (e.g. DAT (Partnership)/PCT of residence)
- alcohol misuse profile and levels of alcohol use
- treatment episode details, including referral, triage and treatment start and end dates
- treatment intervention details (modality type)

Specialist alcohol treatment providers should report only specialist alcohol treatment provision (i.e. a care-planned medical or psychosocial intervention aimed at resolving dependence or the reduction of harm resulting from current alcohol misuse).

When a client starts a treatment intervention the provider should indicate in the 'Alcohol Subset' the type of intervention that the client is receiving, by selecting one of the alcohol treatment modality types listed in Ref[3] for specialist alcohol; these are:

- |  |   |                                 |
|--|---|---------------------------------|
| <ul style="list-style-type: none"> <li>• ALC - Inpatient treatment</li> <li>• ALC - Residential rehabilitation</li> <li>• ALC - Community prescribing</li> <li>• ALC - Structured psychosocial intervention</li> <li>• ALC - Structured day programme</li> <li>• ALC - Other structured treatment</li> </ul> | } | (structured treatment)          |
| <ul style="list-style-type: none"> <li>• ALC - Brief intervention</li> </ul>   |   | (unstructured treatment marker) |

The above interventions are denoted in Ref[3] with 'ALC' at the beginning of the intervention label in order to differentiate them from the drug modality labels. Ref[1] provides definitions of these interventions based on MoCAM [6].

**Note for providers of specialist drug and alcohol treatment:** When completing the NDTMS Data Set for a client who is receiving specialist treatment to address both problematic drug and alcohol misuse the drug modalities should be used where a drug is the primary substance that brought the client into treatment.

The exception to this is where there is a clear treatment intervention being delivered to address problematic alcohol use specifically, for example 'ALC – Community prescribing' should be used to denote prescribing for community-based medically assisted alcohol withdrawal or relapse prevention.

Providers who are new to NATMS may report all items of the full NDTMS Data Set if they wish to do so.

All items should be recorded as described within Ref[1] and Ref[3].

The full NDTMS Data Set includes the NTA **Treatment Outcomes Profile** (TOP).

TOP was developed in 2006-07 and enables providers to monitor client outcomes relating to their treatment journey. TOP measures changes to clients' alcohol and drug use, health, social needs and criminal and legal issues.

All adult drug treatment providers are required to complete TOP on their clients – this information is part of the full NDTMS Data Set. It is not mandatory for adult alcohol treatment providers to collect TOP data items. However, providers may choose to collect these items if they have had adequate training to do so. TOP has been validated for alcohol clients. Providers of both drug and alcohol treatment services may be planning to collect TOP for all clients and this is strongly encouraged.

**Important:**

All clients that are in treatment when the treatment provider goes 'live' on NDTMS will need to be recorded on the system. This means the Alcohol Subset will need to be completed for all clients with a current open treatment episode on the 'go live' date, i.e. any clients that have been triaged by the provider on or before that date and who have not been discharged prior to that date.

Consent must be obtained from the client before their data can be captured for NDTMS purposes (see Section 11 below) – consent should be obtained from the client as early as possible in anticipation of going live. All relevant fields on the Alcohol Subset should be populated for current clients. With regards to retrospective date fields this data should be gathered from local systems and/or client notes. For the date field 'Date Referred to Modality' the client's Referral Date to the treatment provider should be used as a proxy.

## **8 WHAT NDTMS SOFTWARE IS AVAILABLE TO SUPPORT DATA COLLECTION?**

The majority of the data currently collected by NDTMS (from drug and/or drug and alcohol treatment services) is supplied by clinical information systems maintained by larger treatment providers (e.g. Mental Health Trusts and national Voluntary Sector organisations). The NTA work with third party software suppliers to embed the NDTMS Data Set standard within their software, and test and accredit that the software supplies the relevant data file output required.

Where a treatment provider does not have a clinical information system, the NTA have developed a web-based data entry tool which treatment providers can use to submit data (about 700 services currently do so). This is referred to as the DET (Data Entry Tool).

Although DET is predominantly used in the smaller providers, larger providers and Mental Health Trusts also make use of the system as an interim or contingency measure while clinical information systems are unavailable (e.g. during migration to Trust electronic patient records).

The data entered onto DET, or captured on provider clinical information systems, is supplied to regional NDTMS database centres – the contacts for these centres are listed on the NTA website under the NDTMS pages (<http://www.nta.nhs.uk/ndtms.aspx>). The method of transmission from provider to regional centre is through a secure web application called DAMS (Drug and Alcohol Monitoring System) developed and maintained by the NTA. DAMS provides real-time data quality reporting back to the submitting treatment provider, who may amend and resubmit data if they wish to do.

Each of the regional NDTMS database centres will support providers new to NDTMS in the use of NDTMS software (DET and DAMS). Regional centres and the NTA can also work with third party software providers to embed NDTMS data collection into local systems where needed.

## **9 REPORTING TO THE NDTMS 'ALCOHOL SUBSET' OR YOUNG PERSONS DATA SET**

Specialist alcohol treatment services should determine whether to report to the NDTMS 'Alcohol Subset' or the NDTMS Young Persons Data Set according to the age range of their target client group; they should not report to both Data Sets.

A young person is defined by the NTA as a person under the age of 18. Specialist substance misuse treatment services providing services predominantly to under-18 year-olds should report to the NDTMS Young Persons Data Set.

Specialist substance misuse treatment services providing services predominantly to 18 year-olds and over should report to the NDTMS 'Alcohol Subset' if the provider only provides alcohol treatment services. Further guidance around reporting for young persons can be found in Ref [4].

## **10 REGISTERING TO NDTMS**

Service providers who would like to register to NDTMS should contact their NDTMS Regional Database Manager. Contact details are available within the NDTMS section of the NTA's website –

Navigate to the NDTMS page at <http://www.nta.nhs.uk/ndtms.aspx>

## **11 CONFIDENTIALITY AND CONSENT**

APPENDIX B provides a list of guidance documents which relate to confidentiality and consent. These documents focus on confidentiality and consent issues pertaining to reporting to NDTMS and should not be considered a comprehensive guide to these issues.

All alcohol treatment providers should have clear policies on:

- confidentiality or information sharing
- consent to treatment

These policies should also include reference to confidentiality and consent in relation to NDTMS as outlined below.

### **11.1 CONFIDENTIALITY**

All providers should routinely and explicitly explain their confidentiality and information sharing policy in relation to NDTMS with clients.

Clients entering treatment should sign a confidentiality agreement as part of the care planning process. This statement should also identify what information will be reported to NDTMS.

### **11.2 CONSENT**

In order to provide data to NDTMS, a treatment provider must first request and obtain consent from the client. If a treatment provider offers services which do not involve obtaining consent, NDTMS will not be able to accept data relating to the individuals in receipt of those services.

Treatment providers should determine whether a client should be asked for consent in relation to reporting to NDTMS according to their protocols for determining a client's capacity to give informed consent. These protocols should be in line with the guidance given in APPENDIX B .

### **11.3 ANONYMITY AND NDTMS DATA**

Client records reported to NDTMS are automatically turned into code using initials and relevant dates. This means that it would be extremely difficult to identify individuals based on data reported.

### **11.4 ACCESS TO NDTMS DATA**

Under the Freedom of Information Act, requests for information other than for attributable data may be made to the NTA. Requests for attributable data may be made to the NTA and are governed by the Data Protection Act. An NDTMS record is considered to be attributable data, even though full names are not recorded.

## **APPENDIX A SUPPORTING NDTMS GUIDANCE**

Adult alcohol treatment services should refer to the following guidance, which provides further technical information in relation to NDTMS. These are available from the NTA website and are updated regularly.

- *NDTMS Data Set - Business Definition for Adult Alcohol Treatment Providers* (Ref [1]) - guidance for managers of treatment providers on the NDTMS Data Set
- *NDTMS Core Data - Reference Data* ([Ref [3]) - this guidance defines the meaning of codes in the NDTMS Data Set such as 'modality', 'accommodation needs' and 'referral source'
- *NDTMS Data Set - Technical Definition* (Ref[2]) - guidance on the NDTMS Data Set for IT managers within treatment providers and/or IT companies
- *NDTMS CSV File Format* (Ref[5]) - definition of the file format for the Comma Separated Variable (CSV) data used as the primary means of inputting the NDTMS Data Set items into the NDTMS database

## **APPENDIX B CONFIDENTIALITY AND CONSENT**

Adult alcohol treatment services will need to refer to the following guidance, which provides guidance on confidentiality and consent issues in relation to NDTMS; these are available from the NTA website.

- *NDTMS Confidentiality Toolkit* – available from regional NDTMS teams
- *NTA: Confidentiality and Information Sharing*, September 2003 – publication available on NTA website <http://www.nta.nhs.uk/ndtms.aspx>
- *NTA: Data Protection and Record Retention*, September 2003 – publication available on NTA website <http://www.nta.nhs.uk/ndtms.aspx>
- *Department of Health: Confidentiality – NHS Code of Practice*, November 2003 – available on Department's website [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4069253](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253)