NHS

National Treatment Agency
for Substance Misuse

Consultation on the proposed amendments to the dataset collected for alcohol treatment on the National Drug Treatment Monitoring System (NDTMS)

THE NATIONAL TREATMENT AGENCY FOR SUBSTANCE MISUSE

The Drug Strategy 2010 gave the NTA interim responsibilities to build a role in helping to improve the provision of services for severe alcohol dependence. In 2012/13, as part of its transition to Public Health England (PHE), the NTA will achieve this by:

- Supporting existing and emerging commissioning and Public Health infrastructures
- Ensuring that existing alcohol treatment capacity is maintained through the transition from PCTs to Local Authorities and Clinical Commissioning Groups

READER INFORMATION

Document purpose: to seek stakeholder views on the proposals to amend the data collected through NDTMS for Alcohol Treatment. The document contains proposed amendments to data to be collected from April 2013.

Publication date: 19 June 2012

Target audience:
- users of statistics relating to drug and alcohol treatment.
- alcohol treatment data managers
- alcohol treatment service providers
- alcohol treatment commissioners.

Circulation list: this is a public document. All users of NDTMS alcohol treatment data are invited to respond to proposed changes. The NTA and Department of Health alcohol policy team have invited the following to respond: local NDTMS teams, Drug and Alcohol Partnerships, NTA local support teams.

Action required: none, but responses invited

Timing: 12 weeks from date of issue.

Contact details:
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CONTENTS

1 ABOUT THE DOCUMENT

1.1 Background

The National Drug Treatment Monitoring System (NDTMS) collects client activity data from drug and alcohol treatment services in England. The data is collated by the NTA and is used to provide information to support the local delivery of drug and alcohol treatment, with a focus on improving client outcomes. The system collects and reports on activity data within a wide range of settings, within both the NHS and the third sector (voluntary agencies).

Alcohol treatment data is collected in order to help local partnerships make decisions about how well their treatment services are meeting local needs and is used for local performance monitoring purposes.

Nationally the data informs policy development by providing information on the general functionality of the treatment system.

We are seeking to consult with the alcohol sector for a three month period on proposed amendments to the alcohol dataset. These amendments aim to ensure that the data remains relevant to the delivery of alcohol treatment and associated outcomes and would be implemented from April 2013.

1.2 Rationale for amending the alcohol dataset

Commissioners and providers of alcohol treatment services will need the right information available to them to continue to strengthen their planning and delivery of care. Currently for alcohol treatment, the NDTMS reports process measures of success, such as numbers entering treatment and average waiting times. The collection of outcome data is limited to the outcome measure of successful completion and going forward non re-presentation to treatment.

Drug services currently have more detailed information available through NDTMS and in the current period of health reforms it will become increasingly important for local commissioners and providers to be able to report on the outcomes for specialist alcohol treatment and be able to use these to demonstrate efficiency and value for money. The proposed changes to the alcohol dataset will:

- Give commissioners and providers the right information in order to continue making improvements in the planning and delivery of care to ensure quality of care and provision
- Through collecting outcome data, allow reports to be provided to local areas that will assist them in monitoring and improving performance and value for money by benchmarking of appropriate outcomes.
- Provide national level outcome data which can be used to inform policy developments.

The proposed measures do not aim to replace the need for appropriate local clinical outcome tools that assist clinicians and treatment providers to monitor individuals as part of their personal care-planned treatment and it is outside the remit of this consultation to recommend such an approach. Appropriate assessment and

monitoring tools should be determined locally by relevant clinical guidance and guidelines.

1.3 Process for amending the alcohol dataset

The content of this consultation document has been guided by an expert working group made up of clinicians, service providers academics and policy makers (see Appendix B for list). This group met in May 2012 to discuss the broad proposal to collect outcomes data and to consider in detail which outcomes might provide the most meaningful national and local data. The proposals outlined in this document arise out of these discussions.

This consultation document summarises the outcomes that are being proposed and the rationale behind their inclusion. Methods for completion are included in section 1.4.

Once consultation responses have been analysed the expert working group will be reconvened to review the results and comments from the field. They will use the responses to agree a consensus across and inform the final decision regarding which items will be collected and how any agreed changes will be implemented. This group will meet in autumn 2012.

It is currently envisaged that any agreed changes will be implemented in April 2013.

1.4 Scope

This document contains proposed amendments to the NDTMS dataset that is collected for alcohol treatment.

The amendments proposed in Section 2 propose options and potential benefits of expanding the alcohol dataset to include the collection and reporting of measures of treatment outcome.

The amendments proposed in Section 3 would simply introduce for alcohol a number of data items from the drugs data set, where these appear to be equally relevant for alcohol service.

We are asking stakeholders to review the proposals contained in this document. In doing so, we ask that people provide comments by:

- completing the pro-forma provided
- saving it to your own pc
- sending it electronically to ndtms.changes@nta-nhs.org.uk

The document contains a number of specific questions in Appendix A but respondents are welcome to comment on any other aspect of this document.

It is anticipated that these proposed changes will be of interest to a wide range of stakeholders within the substance misuse field. This is likely to include clinicians, service users, commissioners, performance managers and researchers, responses are invited from all interested parties.

1.5 Comments on the process

If you have concerns or comments you would like to make on the process itself please write to:

Dianne Draper
National Treatment Agency
6th floor Skipton House
London Road
London SE1 6LH
e-mail: dianne.draper@nta-nhs.org.uk

Please do not use this postal address for responses. These should only be sent electronically, and using the supplied pro-forma, to the email address ndtms.changes@nta-nhs.org.uk

1.6 Confidentiality of information

Information provided in response to this document, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA).

If you wish the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential.

If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances.

An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the NTA. The NTA will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties

2 PROPOSED CHANGES

2.1 Introduction

At a national level, the collection of data provides information on the general functionality of the alcohol treatment system to policy makers and those concerned with its improvement. At a local level, it provides treatment services, commissioners and local communities with meaningful data about their own systems.

The view of the expert group was that consumption measures are the key outcomes that are most relevant to national and local monitoring of specialist alcohol treatment services. The group also recommended a series of secondary outcome measures, felt to be most relevant to the field, which would help to inform the functionality of the treatment system.

In line with this advice, the consultation focuses on consumption as the primary outcome measure and makes some recommendations for considering secondary measures.

2.2 Introduction of primary outcome measures on consumption

The view of the expert group was that alcohol consumption is the key criterion for judging treatment outcome. Most agreed that reducing consumption is highly correlated with improvements in health and social functioning and that the assessment of outcomes without such a measure would be inadequate.

The expert group therefore recommended using alcohol consumption as the primary measure.

Currently, the NDTMS core alcohol dataset collects the following data items about consumption at treatment entry:

- How many days in the last 28 have you had an alcoholic drink?
- On an average drinking day in the last 28, how many units of alcohol were consumed?

The expert group considered the validity of repeating the collection of these consumption data items at intervals during treatment and at discharge as they could then supply sufficient data to indicate the outcome of treatment.

1. Do you agree or disagree with the inclusion of *number of days drinking in the last 28* as an outcome measure?
2. Do you agree or disagree with the inclusion of *units of alcohol consumed on an average drinking day in the last 28* as an outcome measure?

2.3 Introduction of secondary outcome measures

The expert group discussed the possibility of including a more holistic approach to alcohol outcome monitoring, which emphasizes not just the reduction of alcohol consumption but also decreases in alcohol–related problems.

2.3.1 Outcome questions on physical and psychological health

There are a number of immediate and long-term health effects that are associated with chronic alcohol consumption. In addition to these it is estimated that less than 1% of the general UK household population report being moderately or severely dependent on alcohol, but this figure rises to 2% for people with any neurotic disorder, 5% among those with a phobia and 6% in those with two or more neurotic disorders. Due to these figures, and a perceived belief that alcohol treatment can positively impact on a person's physical and psychological well being, the expert group recommended that outcome measures in relation to psychological and physical health be considered as part of this consultation.

3. Do you agree or disagree with the inclusion of a measure of the change in *physical health* as a national outcome?
4. Do you agree or disagree with the inclusion of a measure of the change in *psychological health* as a national outcome measure?

One suggested approach to reporting on health and psychological well being is by using the scale which is currently part of the Treatment Outcome Profile:

> *Client's rating of physical health status (extent of physical symptoms and bothered by illness) – scored 0-20 (poor to good)*
>
> *Client's rating of psychological health status (anxiety, depression and problem emotions and feelings) – scored 0-20 (poor to good)*

5. Do you agree or disagree with the use of the TOP health and psychological well being scale as a national outcome measure?

2.3.2 Outcome question on accommodation

The view of the expert group was also that there is a strong correlation between treatment outcomes and stable and secure accommodation. The consultation is therefore seeking views as to whether to include a measure of change in housing status as an outcome. We are recommending using the same dataset as in the drug dataset.

Accommodation need: this refers to the current situation (28 days prior to treatment start) of the client with respect to housing and the following provides guidance as to the sub-categories that make-up the recording of the 'accommodation need' response:

NFA – urgent housing problem

Live on streets

Use night hostels (night-by-night basis)

Sleep on different friend's floor each night

Housing problem

Staying with friends/family as a short term guest

Night winter shelter

Direct Access short stay hostel

Short term B&B or other hotel

Squatting

No housing problem

Local Authority (LA)/Registered Social Landlord (RSL) rented

Private rented

Approved premises

Supported housing/hostel

Traveller

Own Property

Settled with friends/family

6. Do you agree or disagree with the inclusion of a measure of change in *housing status* as a national outcome?

2.4 Frequency of collection

NICE recommend that clinicians routinely use outcome measurements to ensure that service users are involved in reviewing the effectiveness of their treatment. This consultation differentiates between clinical practice and the benefit of national outcome monitoring and proposes that outcome information is reported:

- At the start of structured treatment
- At the end of structured treatment

The benefit of reporting outcomes at review stage as well would primarily be that commissioners and service managers/clinicians would be able to monitor changes in client behaviour during their time in specialist treatment regardless of whether they go onto complete treatment in a planned way.

Change during treatment can be a very good predictor of longer term outcomes, and if change is only monitored at end of treatment, information on those clients not completing would not be collected. The discussion within the expert group revolved around the benefit of having this information versus the burden of collecting it and whether meaningful change would be identified given the average duration of alcohol treatment is approximately six months. This consultation therefore also seeks views on whether monitoring of outcomes at review would be helpful and, if so, the regularity of reporting them.

7a. Should outcomes be monitored at other points in treatment?
7b. If yes how frequently?

2.5 Additional outcome questions

In order to ensure that any important outcome questions that are currently being used in specialist alcohol treatment are not being missed, the consultation asks respondents to outline whether there are any additional outcomes that they think could be included. The consultation asks respondents to provide a rationale for collecting any additional outcome measures, and the expected utility at both a local and national level.

8a. Are there *any other outcomes* that you think should be considered by the expert working group for inclusion in the dataset?
8b. Can you provide a rationale for your response and explain the utility of the additional outcome at both a local and national level

3 Proposed collection of additional data items

3.1 Data items currently in the drugs dataset

It is also proposed to introduce the following additional data items that are currently collected as part of the drugs dataset which also have relevance to alcohol treatment.

Dual diagnosis: this refers to whether the client is currently receiving care from mental health services for reasons other than substance misuse

9. Do you agree or disagree with the inclusion of *dual diagnosis* as an additional data item?

3.1 Collection of employment status as a core field

Employment status is currently a regional field in both the alcohol and the drugs database. Employment status is already routinely recorded as part of normal clinical practice, and employment is recognised as an important means by which many people are able to maintain or enhance the recovery that they have achieved within treatment.

The proposal is to change the employment status field from a regional to a core field, in line with the recognised importance of employment for promoting and supporting recovery. This will allow access to analysis of this data centrally and locally for planners, commissioners and providers. The data will be incorporated into existing

periodic reports allowing local areas to access the data as is currently, adding no additional burden.

10. Do you agree or disagree with the inclusion of *employment status* as a core field in the dataset?

4 CONCLUSION

This document proposes a number of changes to alcohol core dataset for collection as of April 2013, endorsed and recommended by the expert working group.

The NDTMS alcohol treatment data is used by a wide range of stakeholders and the impact of any changes to the dataset must be carefully considered prior to their introduction. We are therefore consulting with stakeholders and asking them to review the proposals presented here and comment back to us in line with the timescales outlined below:

- 19 June 2012 – Document issued
- 20 September 2012 – Deadline for responses
- Autumn 2012 – Evaluation published online

ANNEX A: RESPONSE PRO-FORMA

Please complete responses on this form and e-mail to:

ndtms.changes@nta-nhs.org.uk

Collection of outcome data	**Your answer/comment**
The introduction of consumption outcome measures to the alcohol dataset	
1. Do you agree or disagree with the inclusion of *number of days drinking in the last 28* as an outcome measure?	
2. Do you agree or disagree with the inclusion of *units of alcohol consumed on an average drinking day in the last 28* as an outcome measure?	
The introduction of physical and psychological health outcome measures to the alcohol dataset	
3. Do you agree or disagree with the inclusion of a measure of the change in *physical health* as a national outcome?	
4. Do you agree or disagree with the inclusion of a measure of the change in *psychological health* as a national outcome measure?	
5. Do you agree or disagree with the use of the TOP health and well being scale as a national outcome measure?	
The introduction of an outcome question on accommodation	
6. Do you agree or disagree with the inclusion of a measure of change in *housing status* as a national outcome?	
Frequency of collection	
7a. Should outcomes be monitored at other points in treatment?	
7b. If yes how frequently?	
Additional outcome questions	
8a. Are there *any other outcomes* that you think should be considered by the expert working group for inclusion in the dataset?	

8b. Can you provide a rationale for your response and explain the utility of the additional outcome at both a local and national level	
The proposed collection of additional data items	**Your answer/comment**
Data items currently in the drugs dataset	
9. Do you agree or disagree with the inclusion of *dual diagnosis* as an additional data item?	
Collection of employment status as a core field	
10. Do you agree or disagree with the inclusion of *employment status* as a core field in the dataset?	
Other further comments	
11. If you would like to make *any further comments*, please make them here.	

Appendix B - Expert Working Group attendees

Helen Garrett	Aquarius
Dr. Frank Ryan	Camden and Islington NHS Foundation Trust
Colin Drummond	Institute of Psychiatry at the Maudsley
Steve Morton	Blackpool NHS
Steve Hall	Foundation 66
Paul Brand	East of England Public Health Observatory
Carolyn Turner	Lincolnshire Partnership
Jim McVeigh	Centre for Public Health
Anne Charlesworth	Rotherham Drug and Alcohol Commissioning Team
Kellie Peters	Solutions for Public Health
Ramanprit Sandhu	Crime Reduction Initiative
Andrew Kilkerr	Crime Reduction Initiative
Clive Henn	Department of Health
Don Lavoie	Department of Health
Chris Gibbins	Department of Health
Helen Clark	National Treatment Agency
Jon Knight	National Treatment Agency
Christopher Whiteley	National Treatment Agency
Helen Willey	National Treatment Agency
Dianne Draper	National Treatment Agency
Sharon Dowe	National Treatment Agency
Jez Stannard	National Treatment Agency