NDTMS DATA SET
GUIDANCE FOR PRISON DRUG AND ALCOHOL TREATMENT PROVIDERS

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EXTERNAL REFERENCES

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This document uses the convention that any external references are indicated by square brackets e.g. [1].
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1 INTRODUCTION

The Department of Health has requested the National Treatment Agency (NTA) implement data collection on all clients receiving specialist substance misuse treatment in all prisons from 1st April 2012.

Currently, all providers of community specialist drug and alcohol treatment services, including young persons treatment services, provide a basic level of information on their activities each month to the National Drug Treatment Monitoring System (NDTMS) - this data is known as the Core Data Set. NDTMS has been extended to include information on treatment services delivered in prisons. The information is to be collected from clinical case management systems on all drug and alcohol treatment activity (both clinical and psychosocial) from every prison in England, as well as from the four Immigration Removal Centres and 21 Young Offenders Institutions which form part of the prison estate.

In support of evolving business requirements, the data items which are collected via NDTMS are reviewed on an annual basis.

2 BACKGROUND TO THE NDTMS

NDTMS was initially developed to collect data on adults receiving specialist drug treatment services in the community. The system now supports data from providers of specialist drug and alcohol treatment, covering both adults and young people in 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 public (as national statistics) and to local and national commissioning structures to support effective performance monitoring arrangements.

The system captures information on individuals presenting to specialist treatment and follows their journey through treatment services. The data is collected by substance misuse and administrative staff working in organisations treating individuals for problematic substance misuse.

At present approximately 1,500 community-based drug and alcohol treatment services in England report to NDTMS. The data is supplied to regional-based 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 WHO SHOULD REPORT TO NDTMS?

All providers of specialist substance misuse services (both clinical and psychosocial) in the HM Prison estate should report to NDTMS from April 2012. This includes all Young Offenders Institutions (including Juvenile Centres) and the Immigration Removal Centres which form part of the prison estate.
4 WHAT SHOULD BE REPORTED TO NDTMS?

Specialist treatment for substance misuse includes a care planned medical or psychosocial intervention aimed at resolving dependence or the reduction of harm.

For adults receiving substance misuse treatment in prisons the following interventions should be reported to NDTMS:

- Opioid prescribing and prescribing for alcohol misuse;
- Other clinical interventions, such as detoxification from benzodiazepines;
- Formal psychosocial therapies, such as social behavior network therapy, to address drug or alcohol dependence, and psychosocial interventions to address mental disorder;
- Structured drug treatment programmes, including 12-Step programmes and Therapeutic Communities; and
- Other structured interventions delivered within the context of a care plan (which includes, as a minimum, regular planned therapeutic sessions with the keyworker or other drugs worker).

For young persons (under 18s) in the prisons estate the interventions to be reported to NDTMS are:

- Specialist pharmacological interventions;
- Psychosocial interventions; and
- Specialist harm reduction.

The treatment interventions ("modalities") are defined in more detail in the Business Definitions document for Prisons Drug and Alcohol Treatment Providers [1]. There are three high-level categories of modality in NDTMS applicable to the prisons:

- Adult drug treatment modalities
- Adult alcohol treatment modalities
- Young Persons (under 18s) treatment modalities

NDTMS defines adults as those aged 18 and over.

Adult prisons and Young Offender Institutions (YOIs) with no juvenile (under 18s) population should only use the adult drug and alcohol treatment modalities for recording the interventions they deliver. YOIs that have a juvenile population (under 18s) should use the Young Persons (YP) modalities for any clients aged under 18. Therefore, YOIs with both a juvenile and adult (18-21) population may record interventions from any of the three modality categories, but only using the YP modalities for clients under 18.

Non-structured treatment, i.e. treatment which is not care planned, should not be reported to NDTMS; with the exception of brief interventions work with alcohol clients - providers may choose to include this in their extracts to NDTMS, however the data will not appear in any central reporting on structured treatment.

5 WHY DOES THIS DATA NEED TO BE COLLECTED?

The collection of data on specialist substance misuse treatment in prisons enables monitoring and reporting on drug and alcohol treatment to support the performance management of prison treatment activity. It enables national and local-level reporting on substance misuse treatment to support the National Drug Strategy and local needs analysis. Data reporting will facilitate policy formulation and will support the development of efficient commissioning systems at a local level.
6 WHAT DATA IS TO BE COLLECTED?

The NDTMS Data Set I for Prisons is comprised of 42 data items, including some system-generated items to identify record type.

Appendix A contains a list of supporting NDTMS documentation for prisons, including the Business Definitions for Prison Drug and Alcohol Treatment Providers – this document lists each of the data items in the Prisons Data Set and their definitions. In summary, the data items in the Prisons Data Set include information on:

- Client details
- Treatment Episode details (including client details which may vary over time)
- Treatment modality (intervention) details
- Care Plan Review details

When a client starts treatment the provider should record the type of intervention/s that the client is receiving by selecting from the modality types listed in the NDTMS reference data for prisons-based treatment.

All items should be recorded as described within the Business Definitions document and the NDTMS Reference Data (See Appendix A)

7 WHAT NDTMS SOFTWARE IS AVAILABLE TO SUPPORT DATA COLLECTION?

Prisons treatment data will be supplied to NDTMS from local clinical / case management information systems maintained by local providers. In many cases the data will be extracted from the NHS clinical information system used in Prison Healthcare (SystmOne), but the data can be extracted from any local case management system so long as an NDTMS Prisons Data Set-compliant extract can be outputted.

Where prisons will submit data to NDTMS from a local case management system, rather than SystmOne, the NDTMS Prisons Support Hubs and the NTA will work with third party software providers to embed the NDTMS data set standard within their software, and test and accredit that the software supplies the relevant data file output required.

The data captured on provider clinical or case management information systems is to be supplied to the NDTMS Prisons Support Hubs – see Section 8. The method of transmission of data from provider to Support Hub 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 so.

The NDTMS Prisons Support Hubs will train and support providers new to NDTMS in the use of DAMS. Prison worker access to DAMS is set up by the Hubs, although where possible, such rights will also be devolved down to prison data entry staff or administrators. All access mechanisms for DAMS will be subject to user id / password security.

8 REGISTERING WITH NDTMS

Prisons will be registered with NDTMS by the NDTMS Support Hubs – there are two Hubs, one ‘Northern’ Hub covering prisons in the North West, North East, Yorkshire and Humber, East Midlands and West Midlands, and one ‘Southern’ Hub covering prisons in the East, London, South East and South West.

Contact details for the Hubs are available within the NDTMS section of the NTA’s website – Navigate to the NDTMS page at http://www.nta.nhs.uk/ndtms.aspx. The North West NDTMS Team provide the ‘Northern’ Hub for prisons and the South East NDTMS team provide the ‘Southern’ Hub.
9 CONFIDENTIALITY AND CONSENT

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

All substance misuse treatment providers should have clear policies on:

a) Confidentiality or information sharing; and b) Consent to treatment.

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

9.1 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.

9.2 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.

Services 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 above guidance.

9.3 ANONYMITY AND NDTMS DATA

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

9.4 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

Prisons substance misuse treatment services will need to refer to the following guidance which provides more technical information in relation to NDTMS; these are available from the NTA website and are updated regularly.

- **NDTMS Data Set - Business Definition for Prisons Drug and Alcohol Treatment Providers** - guidance for treatment providers on the Prisons Data Set.
- **NDTMS Data Set - Reference Data** - this guidance defines the meaning of codes in the Data Set such as 'modality' and 'discharge' codes.
- **NDTMS Data Set - Technical Definition** - guidance to IT managers within treatment providers and/or IT companies on the Data Set.
- **NDTMS CSV Input File Format** - definition of the file format for the Comma Separated Variable (CSV) file used as the primary means of inputting the Data Set items into the NDTMS database.
APPENDIX B  CONFIDENTIALITY AND CONSENT

Prisons substance misuse treatment services will need to refer to the following guidance, which provides guidance on confidentiality and consent issues in relation to NDTMS.
