

## Improving Implementation of the Treatment Outcomes Profile (TOP)

### Suggested process for conducting a TOP audit at partnership level

#### **Part 1: A shared understanding of the role of TOP in drug treatment**

Step 1: Meeting of the partnership level TOP Group to establish shared understanding

#### **Part 2: Analysis of current performance**

Step 2.1 Agree the management framework for review

Step 2.2 Agree the standard care pathway into and through treatment for users of the service(s) provided by the organisation and how this fits with the wider treatment system.

Step 2.3 – Data comparing ideal with actual TOP completion

#### **Part 3: Establish and improve data quality**

Step 3.1 – Meeting of key staff at a service level to discuss the data

Step 3.2 - Check the data out with other treatment providers delivering components of the service user's journey

Step 3.3 - If data is not accurate – action plan to improve data/implement audit

#### **Part 4: Review data and resources to support service improvement**

Step 4.1 – Meeting of the partnership level TOP group to discuss data

Step 4.2 – Meeting of key staff at a service level to discuss the data and emerging practice issues

## Introduction

This document has been developed to support local improvements in the implementation of the TOP at partnership level. The NTA will be working with partnerships and providers to enable all services to reach a minimum level of 80% compliance for treatment start, treatment review, and treatment exit TOPs.

This document describes a framework for monitoring and developing improvements in TOP implementation and compliance and provides guidance on useful suggestions for action so that it can also be used as a supportive tool. The NTA are currently working to review and refresh existing TOP and commissioning guidance to further support TOP implementation at provider and partnership level.

Specifically, this document aims to:

- provide a framework within which services can stimulate discussion about and promote the TOP as a clinically useful tool
- enable services to undertake local reviews of TOP performance
- provide a model and tools for analysing local data (based on currently available exception reports)
- enable services to identify strategies to promote the clinical usefulness of the TOP and improve overall compliance

It is intended to lead services through a number of steps enabling them to answer the following questions:

- What do we see as the role of TOP in drug treatment?
- What is the current situation/performance in relation to TOP compliance?
- Is the data informing us about this situation accurate?
- How does this compare to what is known about regional/national benchmarks?
- What questions flow from the analysis?
- What can the data tell us about current treatment practice?
- How can practice be improved?
- What actions and performance targets are appropriate given current performance?

### TOP Demonstration Site Visits

To inform the development of this document, the NTA undertook a series of site visits to six partnerships, interviewing service users, keyworkers, service managers, data managers and commissioners in order to identify any barriers to the effective implementation of TOP and examples of good practice. These visits identified the following issues:

Barriers to implementation	Examples of good practice
<ul style="list-style-type: none"> <li>• Lack of clarity as to purpose of TOP and TOP reporting requirements</li> <li>• Lack of consistent performance management of TOP implementation at partnership and provider level</li> <li>• Lack of conviction among keyworkers, team leaders and service managers as to clinical utility of TOP</li> <li>• Lack of conviction about the validity of TOP, particularly in relation to crime items</li> <li>• Lack of confidence among keyworkers to approach crime items with service users.</li> <li>• Inconsistent approach to care co-ordination among providers within the local treatment system</li> </ul>	<ul style="list-style-type: none"> <li>• Production of clear, user-friendly reporting formats for TOP compliance data</li> <li>• Regular, partnership-led provider meetings focussing on TOP compliance</li> <li>• Regular (weekly) monitoring of TOP completion by keyworkers in services</li> <li>• Admin function in services able to monitor above</li> <li>• Clear messages from service managers about reasons for and importance of timely and accurate TOP reporting</li> <li>• TOP embedded in care planning and care-coordination processes and paperwork</li> </ul>

The strategies suggested in this audit toolkit are intended to help you utilise practice examples while addressing identified barriers. The tool is designed for partnerships and providers to use and adapt as they see fit.

## **Part 1 – What is the role of TOP in drug treatment?**

### **This section explores the following areas:**

- Is there a shared understanding of the value of the TOP questions for assessing the needs and treatment goals of the service user at treatment start and to support review with service users of progress on a regular basis and to inform shared understanding of progress at treatment completion?
- Is there a shared understanding of the role of the case manager / care coordinator and how the service user's plan will be coordinated between different services within the treatment system?
- Have opportunities been taken to integrate the TOP into existing mainstream assessment and review paperwork and delivery systems?
- Have providers taken steps to promote the use of TOP to improve the focus/structure of keyworking?

### **Step 1 – Meeting of the partnership level TOP group**

The partnership level TOP group can be any partnership meeting where TOP is regularly tabled. It is suggested that this group includes both partnership officers and provider representatives. This meeting can focus on discussing the areas above, seeking to capture the partnership wide view of TOP, as well as views held by service providers and service users. This discussion can identify what areas in particular may warrant further discussion/investigation.

## Part 2 - What is our current performance?

This section outlines a series of steps that can be undertaken to gain an overall picture of the performance of a local service in relation to TOP compliance. The information required to undertake these steps is derived from the National Drug Treatment Monitoring System (NDTMS) and is returned to providers and partnerships as part of TOP exception and surveillance reports.

### Step 2.1 – Agree the management framework for the review

Agree at partnership/service level who is going to lead the review and who needs to be involved.

This document is aimed at both partnerships and, (where appropriate) individual drug treatment service providers. One of the aims of the review is to support the effective implementation of the TOP within a care coordinated treatment system, therefore the inclusion of the commissioner (either personally or through delegated presence) should be a normal assumption. The review is also intended to cover issues of clinical good practice, so the involvement of clinical governance (or other clinical lead) is also suggested.

- Joint Commissioning Manager (or appropriate representative)
- Clinical lead
- Partnership data lead
- Team leader
- Keyworker (x2 if possible)
- Service Data leads
- Service users
- NTA Deputy Regional Manager
- Data entry person
- Regional NDTMS

Whilst the review could be led by a single individual it would benefit from a small group of staff meeting to work through the steps and in particular to ask questions of the data. It might be that an existing management group or partnership meeting could be

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used for this purpose. It will be important to involve staff at all levels in the partnership, including administrative staff who often have a key role to play in TOP compliance.

It is suggested that findings are reported at partnership level as well as at service level to provide:

- clarity of purpose
- consistency of approach
- cross referencing of findings, and
- a forum for shared learning

To minimise additional commitments this project group could be set up as an electronic network and/or routinely report into existing structures such as those in place for joint commissioning. It might be helpful at this stage for the wider project group to agree a timeline so that services are in a position to benchmark their results against each other at a similar time.

### **Step 2.2 – Agree the standard care pathway into and through treatment for users of the service(s) provided by the organisation, and how this fits with the wider treatment system**

At this stage services should:

- Outline the client journey and proposed points for TOP completion.
- Identify TOP care co-ordination recommendations as per guidance.

### **Step 2.3 – Data comparing ideal with actual TOP completion**

The aim of this step is to review TOP completion rates at various stages along a care pathway, to enable services to gain a picture of how TOP completion might need to improve to ensure completion within guidance leading to outcome data reports. This should include current trajectories for outcomes data, and encourage providers to set challenging (but realistic) targets for achievement of at least 80% compliance at all three stages. Data sources available are listed in Appendix A.

### **Step 2.3 – Data comparing TOP and NDTMS completion**

At this stage partnerships and providers can review data collected at treatment start and treatment exit and identify:

- Any discrepancy between main problem drug entered on NDTMS at treatment start and reported levels of use of the main problem drug reported using the TOP in the 28 days prior to treatment start.

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- Any instances of clients recorded as successfully completing treatment on NDTMS and the treatment exit TOP indicates continued use of heroin and/or crack cocaine, or continued injecting drug use or both.

### **Useful resources**

#### TOP trend tool:

This is a spreadsheet tool populated with performance data which enables partnerships to plot their TOP compliance trajectory and inform the target-setting process.

#### Opening Doors programme:

For those services and DA(A)Ts that were involved in the opening doors programme with NIMHE the process of mapping the pathway into treatment for service users is similar to undertaking a high or mid-level process map.

#### TOP Reports:

Data from Level 0 treatment start discrepancy reports (zero use of problem drug at treatment start, any other significant incongruence with NDTMS) by providers in the partnership.

Data from Drug use at planned treatment exit report (use of opiates and/or crack at planned treatment exit) by provider and partnership.

### **Part 3 – Is the data of good quality?**

Before moving on to ask what the data is telling you it is important to pause and ask whether the data is of good quality. This may be a matter of data accuracy and/or completeness. Data sources available are listed in Appendix A.

- Is the issue a matter of data and management systems?
- How good and confident are staff about asking difficult questions?
- Are people clear about the distinction between ‘no’ and ‘not answered’?
- Are service users able to report that they are confident regarding the way questions are asked, and about the choice not to answer?
- Are there significant numbers in which no answer of any kind is recorded to aspects of the profile?

One of the key questions at this stage is to ask whether key staff and stakeholders have confidence in the data. Sometimes ways of collecting, or collating data become common practice but everyone is aware that they build bias into the system. At this stage it is important to review whether improvements can be made to the way data are collected in the service. In order to ensure any proposed TOP data improvements are feasible, it is important to have confidence in the baseline data and to continue to monitor or repeat the data collection over time. This enables feedback to those involved in implementing changes and celebration of success.

#### **Step 3.1 – Meeting of key staff at a service level to discuss the data**

Key questions to staff are:

- Does the data seem right? i.e. in looking at the data does it make sense and check out with your experiences of service delivery?
- Does the data collection and recording we currently use accurately and fairly reflect the amount and the quality of the work undertaken by the staff?

#### **Step 3.2 - Check the data out with other treatment providers delivering components of the service user’s journey**

Having checked the validity of data with staff and service users it may be useful to check whether it matches the experience of those referring into the service. For example, it may be the case that two separate providers both think the other has responsibility for TOP

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completion for a given client, with the potential result that TOP is not completed at all. It is suggested that reference is made to the agreed local TOP care coordination protocol. The TOP guidance provides examples which may help to clarify best practice in TOP and care coordination.<sup>1</sup>

### **Step 3.3 - If data is not accurate – action plan to**

#### **Improve data and/or undertake a local audit to obtain accurate data**

Regional NDTMS teams are able to offer support with this process.

#### **Address gaps in workforce competence around use of TOP**

These may relate to issues around the use of the TOP form itself, or in the delivery of effective keyworking and care planning, or may relate to issues of practitioner style. A number of resources are available on the NTA website to assist with these issues:

<http://www.nta.nhs.uk/areas/workforce/resources/main.aspx>

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<sup>1</sup> Examples of TOP completion as part of a care co-ordinated client journey can be found in the Interim revised guidance: [http://www.nta.nhs.uk/areas/outcomes\\_monitoring/docs/top\\_interim\\_guidance\\_sept08.pdf](http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/top_interim_guidance_sept08.pdf) NB: This should be read in conjunction with the following TOP bulletin outlining recent changes to the reporting protocol <http://www.nta.nhs.uk/publications/documents/topbulletin0709.pdf>

## **Part 4 – What questions flow from the TOP performance data, and what resources exist to support service improvement?**

This section aims to pre-empt some of the questions that flow from the analysis stage of the review process and link them with existing resources and examples of good practice. This is not an exhaustive list of possible links, resource materials, examples of good practice, etc., and includes examples that are not substance misuse specific but provide principles (e.g. patient involvement) and models of service development (e.g. improving access) that are transferable.

### **Step 4.1 – Meeting of the partnership level TOP group**

This meeting should focus on discussing results, sharing learning, identifying what are partnership wide issues and what are local service issues, supporting action planning. It may also be helpful to compare the practice of services that demonstrate a range of good practices and outcomes, including more effective TOP implementation, with services that are struggling; this will enable the sharing of good practice examples or ideas, which may support more effective TOP implementation

### **Step 4.2 – Meeting of key staff at a service level to discuss the data**

The following questions will aid the discussions of the data which need to take place at a local level. They are broken down into sections to enable services to focus on the parts of the system that the data indicates may need improvement, and to suggest tools/resources which may be of use. The lists are not intended to be exhaustive.

<p><b>TOP completion, care planning and the client journey<sup>2</sup></b></p>	
<p><b>Questions</b></p>	<p><b>Support materials/resources</b></p>
<ul style="list-style-type: none"> <li>• What 'script' do keyworkers typically use when introducing TOP at the start of the client journey?</li> <li>• Are treatment start TOPs completed within guidance?</li> <li>• How do they deal with issues of NDTMS and consent?</li> <li>• Are treatment start TOPs completed for all clients beginning treatment in your service even if the client is already in treatment elsewhere?</li> <li>• Is TOP integrated into the Care planning process?</li> <li>• Are there comprehensive care plans in place?</li> <li>• Are service users actively involved in drawing up their care plan?</li> <li>• Are service users aware and in agreement with the care plans in place?</li> <li>• Have they been given a signed copy (by both parties) of the care plan?</li> <li>• Are TOP reviews incorporated into regular care plan reviews with clients?</li> <li>• What system do keyworkers use to remind them when TOP reviews are due for clients?</li> <li>• In cases where clients are also receiving treatment at another service, do you know who is responsible for TOP completion?</li> </ul>	<ul style="list-style-type: none"> <li>• TOP keyworker guide <a href="http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_keyworker_guide_270907.pdf">http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_keyworker_guide_270907.pdf</a></li> <li>• Interim revised guidance <a href="http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/top_interim_guidance_sept08.pdf">http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/top_interim_guidance_sept08.pdf</a> NB: This should be read in conjunction with the following TOP bulletin outlining recent changes to the reporting protocol <a href="http://www.nta.nhs.uk/publications/documents/topbulletin0709.pdf">http://www.nta.nhs.uk/publications/documents/topbulletin0709.pdf</a></li> <li>• TOP introductory pack for new staff (currently in draft)</li> <li>• Care Planning – section 6 MoC Update <a href="http://www.nta.nhs.uk">www.nta.nhs.uk</a></li> </ul>

<sup>2</sup> It is suggested that any local care-coordination protocols agreed are referred to if using the questions below as part of the review process. Examples of TOP completion as part of a care co-ordinated client journey can be found in the Interim revised guidance: [http://www.nta.nhs.uk/areas/outcomes\\_monitoring/docs/top\\_interim\\_guidance\\_sept08.pdf](http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/top_interim_guidance_sept08.pdf) NB: This should be read in conjunction with the following TOP bulletin outlining recent changes to the reporting protocol <http://www.nta.nhs.uk/publications/documents/topbulletin0709.pdf>

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<b>TOP completion, care planning and the client journey</b>	
<b>Questions</b>	<b>Support materials/resources</b>
<ul style="list-style-type: none"> <li>• In cases where clients are referred on to another structured treatment provider would you complete a treatment exit TOP?</li> <li>• In cases where clients are referred on to other treatment services by you, does the TOP follow them to the new service? How is the information communicated?</li> <li>• Where/who do workers refer questions to?</li> <li>• If you are planning to discharge a client and you have concerns that they will not attend their last scheduled appointment would you complete the TOP earlier (penultimate session)?</li> <li>• Are there any aspects of TOP that you find particularly helpful?</li> <li>• Are there any aspects of TOP that you find particularly difficult?</li> <li>• What procedures (if any) exist in your service for checking the accuracy of TOP completion? E.g. are TOP checked as part of service audit processes?</li> </ul>	<ul style="list-style-type: none"> <li>• Good practice in care planning – NTA <a href="http://www.nta.nhs.uk/publications/documents/nta_good_practice_in_care_planning_gpccp1.pdf">http://www.nta.nhs.uk/publications/documents/nta_good_practice_in_care_planning_gpccp1.pdf</a></li> <li>• Improvement review assessment framework – care planning and care co-ordination <a href="http://www.healthcarecommission.org.uk">www.healthcarecommission.org.uk</a></li> </ul>

<b>TOP and clinical utility</b>	
<b>Questions</b>	<b>Support materials/resources</b>
<ul style="list-style-type: none"> <li>• What contribution do you think TOP makes to existing care planning processes?</li> <li>• Is TOP used to inform discussion in supervision/clinical meetings?</li> <li>• Is TOP used in keywork sessions to demonstrate client progress and increase client motivation?</li> <li>• Is TOP used to highlight any problem areas which might require attention?</li> <li>• Where service users decline to answer questions, is this used proactively by workers in the treatment session?</li> <li>• Is TOP used as an additional source of objective evidence that can be used when negotiating a specific care plan or acquiring funding for a specific treatment?</li> </ul>	<ul style="list-style-type: none"> <li>• TOP keyworker guide <a href="http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_keyworker_guide_270907.pdf">http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_keyworker_guide_270907.pdf</a></li> <li>• TOP introductory pack for new staff (currently in draft)</li> <li>• Care Planning – section 6 MoC Update <a href="http://www.nta.nhs.uk">www.nta.nhs.uk</a> Good practice in care planning – NTA <a href="http://www.nta.nhs.uk/publications/documents/nta_good_practice_in_care_planning_gpccp1.pdf">http://www.nta.nhs.uk/publications/documents/nta_good_practice_in_care_planning_gpccp1.pdf</a></li> </ul>

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<b>TOP and Staff competency</b>	
<b>Questions</b>	<b>Support materials/resources</b>
<ul style="list-style-type: none"> <li>• What messages have staff been given about the purpose/importance of TOP?</li> <li>• What training have staff within your service received in using the TOP? What form did this training take e.g. shadowing, formal training inputs? Who delivered this training? E.g. own organization, commissioning partnership, NTA etc.</li> <li>• Has relevant TOP guidance been disseminated/effectively communicated to staff?</li> <li>• Are staff competent/trained to deliver the task?</li> <li>• Are staff engaged in continuing professional development?</li> <li>• Do you discuss TOP completion as part of supervision with frontline staff?</li> <li>• Do you use the TOP to inform clinical discussions/caseload allocation in your service?</li> <li>• Is there a case load management system?</li> </ul>	<ul style="list-style-type: none"> <li>• TOP managers implementation guide <a href="http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_manager%27s_guide_010607.pdf">http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_manager%27s_guide_010607.pdf</a></li> <li>• Clinical guidelines <a href="http://www.nta.nhs.uk/publications/documents/clinical_guidelines_2007.pdf">http://www.nta.nhs.uk/publications/documents/clinical_guidelines_2007.pdf</a></li> <li>• Drug and Alcohol National Occupational Standards <a href="http://www.skillsforhealth.org.uk">www.skillsforhealth.org.uk</a></li> <li>• TOP keyworker guide <a href="http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_keyworker_guide_270907.pdf">http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_keyworker_guide_270907.pdf</a></li> </ul>

All staff with a responsibility for completing the TOP should be aware of the following messages

1

The Treatment Outcome Profile (TOP) was designed alongside wide consultation in the field. It provides clinicians and clients with an additional tool to see if their current care plan is working and commissioners with more suitable information to assess the impact of treatment.

2

TOP is designed to be completed at the **start** of the client's time in treatment, then around every 26 weeks as part of the care plan **review** process and when the client **exits** treatment

3

When completing the TOP **NA** means "Not Answered". Use NA when the client can't remember something or refuses to disclose information relating to a specific item or all items in the TOP.

4

Section 1 should report all **illicit** drug use. This includes methadone and buprenorphine (subutex) bought on the street rather than by prescription – these should be recorded in the opiates section.

5

Information about clients collected using the TOP is subject to the same confidentiality safeguards as all other drug treatment and health data. It is important that clients feel reassured of this fact to enable accurate reporting of behaviour

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## **Annex A – TOP data available by partnership/agency**

**The following data is available to all partnerships via NDTMS.net:**

- TOP trend tool

**The following data is available to all agencies/partnerships via DAMS/NDTMS.net:**

- Performance data (start, review and exit TOPs exception reports) by partnership and provider
- Data from Level 0 treatment start discrepancy reports (zero use of problem drug at treatment start, any other significant incongruence with NDTMS) by providers in the partnership.
- Data from Drug use at planned treatment exit report (use of opiates and/or crack at planned treatment exit) by provider and partnership.
- Level 0 review report demonstrating what outcomes data will be available when 80% compliance is reached
- Level 1 exit report (where partnership has achieved 80% compliance)

*If you have any problems accessing the data you need, please contact your NTA regional team.*

## TOP audit tool for partnerships

Question	Answer
What is the document?	TOP audit tool provides a framework for optional use by partnerships to support TOP implementation and improve TOP data compliance
What is its purpose?	technical toolkit for use by partnerships and providers
Publisher and date	NTA, August 2009
Who is it addressing? How big/wide is the audience?	Joint commissioning managers in 149 DATs Treatment providers in the NHS and voluntary sector
What is it asking them to do?	Use the toolkit to take local action if appropriate to improve TOP compliance
What is the business reason?	Supporting improvement of TOP compliance, enabling partnerships to implement outcome-based commissioning
What if anything does this update, replace or complement?	Complements current suite of TOP Implementation guidance: TOP keyworker guide <a href="http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_keyworker_guide_270907.pdf">http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_keyworker_guide_270907.pdf</a> TOP Manager's implementation guide <a href="http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_manager%27s_guide_010607.pdf">http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/TOP_manager%27s_guide_010607.pdf</a> Interim revised guidance <a href="http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/top_interim_guidance_sept08.pdf">http://www.nta.nhs.uk/areas/outcomes_monitoring/docs/top_interim_guidance_sept08.pdf</a>
Disclaimer if possible	This document imposes no new demands or requirements on anyone working in the drug treatment field, but is intended to help commissioners and providers meet existing commitments by providing an optional framework to self-audit and to plan actions to improve TOP compliance.
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