NHS
National Treatment Agency
for Substance Misuse

The Treatment Outcomes Profile (TOP)

An implementation guide for managers

National Treatment Agency for Substance Misuse

May 2007

CONFERENCE DRAFT

The National Treatment Agency for Substance Misuse

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001, to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

Treatment can reduce the harm caused by drug misuse to individuals' well-being, to public health and to community safety. The Home Office estimates that there are approximately 250,000–300,000 problematic drug misusers in England who require treatment.

The overall purpose of the NTA is to:

- Double the number of people in effective, well-managed treatment between 1998 and 2008
- Increase the percentage of those successfully completing or appropriately continuing treatment year-on-year.

Background and summary

Over the past five years, the National Treatment Agency for Substance Misuse (NTA) and drug treatment services have successfully increased numbers in treatment, reduced waiting times and improved retention in treatment. The NTA has, however, shared a long-term goal with treatment providers and commissioners to demonstrate the impact of treatment on clients with a focus on real outcomes. There is also a need (as demonstrated in the 2005/06 NTA and Healthcare Commission Improvement Reviews) to improve assessment and care planning.

The NTA has therefore developed a new national treatment outcomes monitoring tool (the Treatment Outcomes Profile or TOP). The TOP will be administered at the start of treatment, at care plan reviews, discharge and can also be used post-discharge. It is designed to improve clinical practice around outcomes. TOP data will also be reported via the National Drug Treatment Monitoring System (NDTMS). Further information on the project is on the NTA website at www.nta.nhs.uk/areas/outcomes_monitoring.

TOP was designed by outcomes experts Dr John Marsden and Dr Michael Farrell. Between November 2006 and April 2007, it was tested by a national team of structured drug treatment service keyworkers with nearly 1,000 clients in around 90 different sites. The goal was to ensure that the set of questions worked with a wide range of keyworkers and clients across all structured drug treatment modalities.

Having successfully validated the TOP, the NTA is producing a range of information and training materials to ensure that keyworkers, service managers and others understand how and when to use the tool, and how to integrate it into care planning and performance monitoring.

This document is for managers of structured (Tier 3 and Tier 4) drug treatment services. The aim of this document is to provide managers with the information they need to understand the TOP and its requirements, and how to integrate it into their services' clinical practices.

Other resources provide information and guidance for clients, keyworkers, commissioners and information managers. These are listed at Appendix A.

What is the Treatment Outcomes Profile?

Introduction

The NTA has developed the TOP as a resource for structured (Tier 3 and Tier 4) drug treatment services to monitor treatment outcomes. Drug treatment services are used to collecting measures such as numbers in treatment, waiting times and retention, but until now have had to devise their own systems for measuring outcomes of their clients or use existing validated tools. However, many existing tools are relatively long and complex and there is no widespread agreement on which is most suitable in what context. The challenge in devising the TOP was to develop a simple but effective, validated tool that can be incorporated into both NDTMS and regular care plan reviews by keyworkers. The TOP will be used with all service users receiving structured treatment. It provides a nationally standardised way of asking questions and recording answers, which will show how well clients are doing and how effective each service is.

The information recorded by the TOP can be used by services to make changes and improvements to clinical practice. At a local, regional and national level, the information will be used to monitor the effectiveness of services and partnerships.

What is the TOP?

The TOP is a brief, keyworker administered interview which can be used in structured substance misuse treatment interventions as part of the care planning and review process. The TOP contains a set of questions based on the four domains established internationally and described in the NTA's guidance on care planning and review. These are drug and alcohol use, physical and psychological health, offending and criminal involvement, and social functioning. TOP will allow keyworkers and service users to track progress on objective measures and compare pre-treatment behaviour with behaviour in treatment.

The TOP has been designed with the following principles and requirements in mind:

- It must reflect the main problems (risks and harms) that clients in structured substance misuse interventions experience
- It must be straightforward to complete
- It should be in a form that is useful in clinical practice and can provide helpful feedback to clients to build and maintain change motivation
- It must be as brief as possible so as to minimise the time taken to collect the information.

The design of the TOP allows drug treatment service staff and service users to readily monitor changes in the four domains. It is not designed to replace reviews of the full range of issues that may be relevant to a client's assessment and care planning (including risk assessment).

Who is the TOP for?

Service users often share information relevant to the care planning process as relationships build with drug treatment service staff, for example levels of motivation to make changes in their drug treatment. The TOP has not been designed to replace the gathering of this information but to enhance it. It is designed to ensure regular and systematic review of outcomes at care plan reviews.

It is therefore important for both the service user and the keyworker that repetition is avoided but that questions are asked in a way that enables the collection of all the required information.

When should the TOP be used clinically?

The TOP should be used with service users at all stages, from the start of their treatment through to their discharge from treatment (and beyond). The information is collected by recording:

- The number of days in the past four weeks on which a particular event occurred, for example, when a client injected
- Whether or not an event occurred in the past four weeks, for example a client committing an offence of violence
- Ratings of clients' perception of their psychological health, physical health and quality of life.

As the service users' treatment progresses, they will be able to readily monitor the changes since the last review with their keyworkers, allowing them both to objectively measure progress in sessions and enabling decisions to be made as to whether a change in treatment is appropriate or required.

New clients

The TOP should be completed with every new client starting a completely new treatment episode. Therefore, the initial TOP should capture behaviour in the four weeks before drug treatment commences. The TOP should be completed at treatment modality start and then every three months, usually at the same time as a care plan review. A new treatment episode is defined as an individual not having been in any structured treatment within the partnership area's treatment system during the preceding 21 days. If a client has already started their treatment journey with another agency within the local treatment system and is being referred on, then a new TOP should not be administered at an internal assessment stage by the agency receiving the referral, just at the regular three-monthly intervals.

Clients already in treatment

For clients already in treatment the TOP should be completed every three months from implementation. It is acknowledged that care plan reviews may not be completed three months to the day from the previous review and therefore there will be a two-week window either side for the submission of TOP data. Therefore, exception reports from NDTMS will only flag up a zero return for an individual who does not have a discharge date and does not have TOP data submitted for a given four-month period. These exception reports will operate on a rolling basis and are based on the assumption that every client remaining in treatment over a 12-month period should have at least thee TOP scores submitted within that timeframe.

In the cases where an individual is simultaneously the client of more than one treatment service, agreement should be secured locally as to which agency should lead on submitting a single TOP score for a service user. This is because the focus of TOP is on the outcome for the client and not the specific agency.

This timescale for the completion of the TOP should ideally be adhered to even in situations where care plan reviews may be at shorter or longer intervals than three months.

What is in TOP?

The questions to be asked for TOP are divided into four sections:

Section 1: Substance use

The client is asked to provide information on the numbers of days substances have been used within the past four weeks and the average amount on a using day.

Section 2: Injecting risk behaviour

The client is asked for the number of days they have injected non-prescribed drugs in the past four weeks. If the client has injected in this period they are asked some more specific questions relating to the sharing of injecting equipment and paraphernalia.

Section 3: Crime

The client is asked for information on the number of days within the past four weeks when they may have been involved in shoplifting and drug selling. They are also asked whether they have been involved in other crimes.

Section 4: Health and social functioning

The client is asked to rate their psychological health, physical health and quality of life on a scale from 0 to 20. In this section, they are also asked how many days during the past four weeks they have been in paid work or attended college or school. Questions are also asked relating to housing issues.

Implementation of the TOP

Timetable

May–June 2007:

- Receive and consider relevant documentation
- Service managers are advised to determine a process for incorporating the TOP in clinical practice now and in the future
- Train relevant staff (those who carry out assessments and care plan reviews) using the TOP training manual
- Start to use TOP with clients at modality start and care plan review
- Review completed TOP forms and processes with staff.

Each service will need to consider how best to implement these stages and devise an appropriate timetable.

As from 1 October 2007, the Data Entry Tool for NDTMS will be ready to accept TOP data. Services using other software for data collection will need to work with their software providers and local NDTMS agencies to determine when their systems will be ready to accept TOP data.

Incorporation in care planning

Paperwork

There are essentially two ways in which the TOP data can be incorporated in the care planning process:

Option A: Separate TOP form

Services may feel that they would prefer to keep the TOP form and its completion separate from their existing care plan review processes and paperwork. In some cases, services may not have set care plan review forms and may wish to use the TOP form as an adjunct to their existing paperwork. This may make sense in the initial stages of TOP implementation, when staff and clients are getting used to the form and the information it collects, and before services have had an opportunity to decide whether and how to integrate the TOP. Managers should be aware that some keyworkers may forget or avoid issues not included in the TOP. It will be vital in this scenario that keyworkers still address the full range of issues relevant to a client's care plan (including risk assessment)[1] which may not be in TOP, for example:

- Overdose
- Sexual activity and risk
- Relationships with children, families and partners.

It will be important to remind keyworkers to ensure assessment and care planning covers all aspects of a client's life and TOP is designed only to pick up key outcome domains. Wider care plan reviews will also involve detailed reviews of other treatment and behaviour goals.

Option B: Integrated process and paperwork

The TOP questions can be incorporated in existing intake and care plan review processes and paperwork. It is important to remember that the initial TOP data is to be completed at modality start. For some services this may mean a separate keyworker appointment will be necessary to collect the required information. In principle it is important to:

- Ensure that a full range of relevant issues is covered at intake and care plan reviews, beyond the limited range of TOP
- Work towards a more seamless and less repetitive intake and review sessions, as keyworkers use a single set of questions rather than ask TOP questions separately from the service's assessment and review questions.

The NTA expects that services will be more likely to move to this scenario as the TOP is established in clinical practice.

Frequency

The TOP should be completed every three months. The NTA appreciates that in some situations, clients participate in a care

plan review less often than this. Ideally, the service user should not meet with their keyworker just to collect information required for TOP. Instead, TOP should be integrated into keyworking sessions to ensure that the keyworker does not have to offer extra appointments to their clients which, in turn, will affect their workload and caseload sizes.

Decisions on how to incorporate TOP in care planning should be made after consultation with staff and service users. Once incorporated into care planning, service managers will need to consider how to use the information collected over time with clients and staff teams.

How to introduce the TOP into services

Staff competence

The TOP should only begin to be used in clinical practice as soon as staff are competent and confident in its use. This will usually mean that managers will need to ensure services have:

- Received all the relevant documentation
- Considered a process for incorporating the TOP in their clinical practice now and in the future
- Ensured that relevant staff have been trained using the TOP training pack
- Included TOP in induction, training and personal development arrangements of keyworkers and TOP completion rates are discussed in supervision sessions
- Considered implications of introducing the TOP on workloads.

In this instance, relevant staff will mean staff who carry out assessments and care plan reviews (see the Care Planning Practice Guide: Update 2007 (NTA, 2007) for DANOS requirements). NDTMS data entry staff will need to be trained in order to ensure accurate data submission.

The NTA will be supporting the implementation of TOP with a range of resources, including a training pack. The TOP training pack covers:

- Interviewing techniques (for example open questions)
- How and when to assess and review
- The nature and importance of outcomes and their monitoring
- Using the TOP
- Dealing with difficult situations and clients (for example, uncommunicative clients and disclosure of sensitive issues)

The training pack, provided by the NTA, can be used in staff team training facilitated by a competent member of staff, for example a senior clinician, organisational trainer or independent trainer bought in by the service to deliver the course.

Maximising implementation into clinical practice

Prior to TOP implementation it will be vital to raise client awareness about TOP. This can be done by use of leaflets and posters and through local service user groups. The NTA has produced a TOP service user guide which can be shared with all clients before their first TOP interview.

Managers will need to work with their staff to set targets for TOP completion and this should be monitored in supervision sessions.

If services choose to use the TOP form and its completion separate from their existing review processes and paperwork, they should ensure that each counselling room has an adequate supply of TOP forms and pens.

Confidentiality

It is very important that careful thought is given as to how the concept of TOP is introduced to clients. There is a risk that if presented poorly, a high proportion of clients will refuse to give consent to have their TOP data collected and reported. It is important to stress to the client that TOP data has the same level of confidentiality as all other casenote and NDTMS information. Managers will need to ensure that the relevant policies and procedures to gain client consent for NDTMS reporting is modified to include TOP requirements.

Using other outcomes monitoring tools

Some drug treatment services may wish to continue to use other outcome monitoring tools relevant to their clients and the treatment they provide although it will be important to minimise the bureaucratic burden on both staff and clients.

How keyworkers will be able to use TOP results with their clients

As the TOP will be completed at three monthly intervals, the keyworker will be able to evidence changes made by the client in the four problem domains. TOP forms may be useful in enabling keyworkers and clients to discuss progress and plan appropriate changes to a treatment package as required. In addition, keyworkers will be able to use the TOP progress reports as part of the psychosocial interventions they use to build and maintain change motivation and recovery.

In addition to being a valuable monitoring tool, the TOP should also be of direct benefit in helping clients to see their progress through treatment. The NTA is planning to develop a graphical tool to help with this process.

How service managers will be able to use TOP results with their staff

Once the TOP has been integrated into drug treatment service, managers will be able to use TOP results to support and monitor their staff.

Managers should work with staff to set up systems for collecting the information required for TOP which, as far as possible, do not overly increase workloads. This may involve amending existing paper or database systems to incorporate the information required for TOP.

It may be useful for managers to incorporate TOP results into their supervision processes. For example, caseloads may need to be reshaped or extra support given to staff who are working with a population of clients whose outcomes are not improving.

It will also be beneficial for service managers to:

- Monitor the timely and appropriate completion of TOP to comply with NDTMS requirements and ensure that non adherence or drift from protocols is addressed and resolved
- Review data sharing and transfer policies and protocols with other relevant local treatment agencies, as are relevant to TOP to ensure that the patient journey is subject to comprehensive outcome monitoring.

The information collected from TOP can be used to inform the care planning process and monitor service performance in a number of ways. These include:

- Periodically subjecting the care planning process and TOP data to an audit cycle by assessing the quality and completeness of client care plans, setting targets and subsequently re-auditing against the targets
- Opportunistic or spot checking of individual care plans and TOP data
- Regular team presentations and discussion of individual care plans, using TOP progress reports to trigger case review discussion among the clinical team about client risk behaviours or unmet need
- Allowing managers to compare keyworkers on service user outcome results (using TOP data)
- Adjusting clinicalpractice to meet the wider needs of service users. For example, if many service users show no improvement in alcohol misuse, a service may implement a new programme of alcohol-focused interventions.

The information collected from the TOP will contribute to wider performance management. Managers can use the information to work with commissioners to ensure that they are offering treatment services appropriate to the needs of the client group in their area, if, for instance, the results show unmet need.

In addition, the DANOS framework provides tools to integrate care planning into workforce development and training. These specify the standards of performance to which people in the drugs and alcohol field should be working and describe the knowledge and skills that workers need. Skills in care planning are integral to knowledge and skills frameworks for service deliverers, service managers and commissioners. (See Care Planning Practice Guide: Update 2007.) Training, support and review of competencies in relation to care planning should be integral to workforce development plans.

Checklist for managers

- Work with staff to prepare for TOP implementation
- Work with service users to prepare for TOP implementation
- Modify confidentiality and consent procedures and protocols to include TOP
- Receive and consider relevant documentation
- Train relevant staff
- Work with software providers and local NDTMS agencies to determine when local systems will be ready to accept TOP data
- Modify existing assessment and care plan tools and out TOP forms and pens in each counselling room (when using the standalone form)
- Start to use TOP with clients at modality start and care plan review
- Review completed TOP rates and processes with staff in supervision
- Incorporate TOP in clinical governance and audit mechanisms
- Prepare to receive regular TOP data outcome data from March 2008.

Appendix A: Publications and other resources to support the implementation of TOP

Title	Brief description and notes	When and where
TOP Training Pack	A half-day training course on administering the TOP, and supporting materials. The TOP Training Pack covers: • Interviewing techniques (open questions, etc) • How and when to assess and review • The nature and importance of outcomes and their monitoring • Using the TOP • Dealing with difficult situations and clients (for example, uncommunicative clients, disclosure of sensitive issues)	Now. Delivered direct to drug services. Additional copies available to download
TOP Keyworker Guidance	Detailed guidance describing the TOP and its use by keyworkers. Copies should be given to every keyworker	Now. Delivered direct to drug services. Additional copies available to download
TOP Service User Guide	Brief TOP guide for service users. Copies should be made available for every client.	Now. Delivered direct to drug services. Additional copies available to download
Care Planning Practice Guide	Revised version of the NTA's August 2006 publication to reflect TOP requirements	Now. Delivered direct to drug services. Additional copies available to order or download
eCare Planning	Revised version of the online learning resource to reflect TOP requirements	Autumn 2007. Available online
TOP NDTMS Guidance Notes	Detailed NDTMS guidance. Clarifies the procedures that should be followed to report the 20 TOP data items to NDTMS. In addition to this guidance there are also NDTMS business and technical definitions available on the NTA website.	Now. Available to download

Additional training/learning materials may follow if there is an expressed need for them.

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