



***National Treatment Agency  
for Substance Misuse***

---

**Treatment Outcomes Profile (TOP)**

The protocol for reporting TOP

A keyworkers guide

2010

---

<p>The NTA</p>	<p>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.</p> <p>The NTA is in the frontline of a cross-government drive to reduce the harm caused by drugs. Its task is to improve the quality of treatment in order to maximise the benefit to individuals, families and communities. Going forward, the NTA will be judged against its ability to deliver better treatment and outcomes for a diverse range of drug misusers.</p>
<p>This document is for:</p>	<p>This guide is for all drug treatment staff responsible for completing the TOP with a client and may be useful for those that have a responsibility for NDTMS reporting. We recommend that the guide be read in combination with other TOP material available from the NTA website, <a href="http://www.nta.nhs.uk/TOP">www.nta.nhs.uk/TOP</a></p> <p>This document imposes no new demands or requirements on anyone working in the drug treatment system.</p>
<p>This document is about:</p>	<p>The Treatment Outcome Profile, (TOP). The TOP provides a standardised method for monitoring client outcomes within the drug treatment system in England. Outcome measurements are based on changes in substance use, injecting risk behaviour, crime, health and social functioning during the course of treatment i.e. things that make a real difference to clients lives and the wider community.</p>
<p>The purpose of this document is:</p>	<p>To update the TOP protocol since its initial implementation in 2007.</p> <p>This guide forms part of a wider suite of revised TOP guidance. It describes the treatment stages and time-periods in which TOP should be reported to the NDTMS. It also aims to clarify issues around care planning and coordination in relation to TOP reporting, identifying the most common situations where a TOP may not be required. Reporting the TOP according to this protocol will help providers reach a higher level of compliance and provide more information for use in the care plan review. All recent protocol changes have been included in this guide.</p>
<p>This document can be used:</p>	<p>Can be used by clinicians and those with NDTMS reporting responsibilities to improve compliance on TOP reporting thereby facilitating more meaningful feedback on outcomes at a service and partnerships level.</p>

## Contents

1	Key messages.....	4
2	Executive summary.....	5
3	The TOP eligibility criteria .....	6
4	Exclusion criteria for TOP reporting via the NDTMS.....	6
5	Completing the Treatment Outcomes Profile.....	7
6	TOP protocol & care coordination .....	11
7	Feedback .....	13

# 1 Key points

---

Experience has shown that several key points if noted by agencies can be beneficial in achieving a high standard of TOP completion. This information is summarised in five key messages:

## TOP five key messages

### **TOP: five key messages**

An important outcome from the NTA's consultations with a number of partnerships and providers has been the development of five key messages that everybody involved with completing and reporting TOP should be familiar with.

**All staff responsible for completing TOPs need to be aware of the following:**

**1**

The NTA designed the TOP in partnership with the field. The TOP provides clients and clinicians with an additional way of seeing whether their current care plan is working, and commissioners with more suitable information to assess the impact of treatment.

**2**

You should complete TOPs at the start of a client's time in treatment, then around every 26 weeks as part of the care plan review process, and finally when the client exits treatment.

**3**

When completing a TOP, remember that 'NA' means 'not answered'. Use NA when the client cannot remember a particular detail or refuses to disclose information relating to any or all of the items in the TOP.

**4**

Section 1 of the TOP should report all illicit drug use. This includes methadone and buprenorphine (subutex) that the client has obtained on the street rather than by prescription – record these in the opiates section.

**5**

Information we collect about clients via 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, as it will encourage them to report their behaviour accurately.

## 2 Executive summary

---

A summary of the main points of the document is below. We recommend that readers refer to the full document and other TOP guidance material where necessary.

### Eligibility criteria for TOP

- ❑ All clients aged 16-years and over who are accessing, or currently engaged in, Tier 3 and 4 structured treatment interventions are eligible to have the TOP completed and reported to the National Drug Treatment Monitoring System (NDMTS).

### Exclusion criteria

- ❑ The reporting of the TOP for adult primary alcohol users is not required
- ❑ There is no requirement for TOP to be completed with young people (under 16-years) as the instrument was not validated for this population. Providers may use the TOP with under 16's if they think it is a useful tool but this data should not be reported via the NDTMS.

### When to report the TOP to NDTMS

- ❑ The TOP should be completed at each stage of the treatment journey.
  - Treatment Start TOP
  - Treatment Review TOP
  - Treatment Exit TOP
- ❑ The Treatment Start TOP should be completed within two weeks (+/- two wks) either side of the first modality start date and reported to the NDTMS.
- ❑ The Review TOP should be reported to the NDTMS in no less than 26-week (six-month) cycles. This is independent of the frequency of routine care plan review.
- ❑ The TOP can be completed more frequently to complement the care plan review but not less frequently than 6-monthly, as this is required for NDTMS reporting.
- ❑ Completing the TOP more frequently, in line with the care plan review will ensure the maximum amount of information is available for populating the TOP Progress Tracker and feeding back to clients/other professionals during the review (where consent has been obtained)
- ❑ The Treatment Exit TOP should be completed within two weeks (+/- two weeks) of the client exiting the treatment system (discharge date). This means the client is not receiving any structured treatment interventions from any treatment provider.
- ❑ A Treatment Exit TOP should be completed when a client is transferred from a Tier 3 to Tier 2 intervention, such as aftercare, and is no longer receiving any Tier 3 intervention. Tier 2 is not a structured treatment intervention.
- ❑ Before aggregated data is made available to providers and partnerships it is expected that the TOP will be reported to NDTMS for 80% of the corresponding eligible clients, at each of the three treatment stages (treatment start, treatment review and treatment exit). This measure helps to prevent analysis and interpretation being distorted.

## **Exclusions for the Treatment Start and Treatment Exit TOP**

- ❑ A Treatment Start TOP is not required if a client is being transferred from one provider to another. As treatment is continuous it is treated as a continuous treatment journey and the recipient provider should continue with the review TOP. It may be good practice to share date of last TOP completion when referring clients (providing client consent is obtained).
- ❑ Similarly a Treatment Exit TOP is not required when treatment is being transferred from one structured treatment provider to another for the reasons outlined above. The referring provider should obtain consent and share the date that the last TOP was completed with the recipient provider as part of the referral process.

### **Care coordination**

- ❑ The TOP aims primarily to monitor outcomes for individual clients during a single treatment journey. It is not a direct outcomes assessment of the provider. With this in mind, it may be useful to consider the TOP protocol as synonymous with care planning and care coordination practices.
- ❑ The TOP should be completed and reported by a single provider (this will usually be the provider who is responsible for care coordination and reviewing the care plan with the client). As the TOP is reported by a single provider, it may be good practice to share TOP information between agencies at each care plan review.

## **3 The TOP eligibility criteria**

---

### **3.1 Eligibility criteria for TOP reporting via the NDTMS**

---

All clients aged 16-years and over who are accessing or are currently engaged in Tier 3 and 4 structured treatment interventions as currently reported to the NDTMS.

- ❑ Structured treatment interventions are described in Models of Care 2006 2006:update
- ❑ For additional information and descriptions of structured treatment interventions you can access Models of Care via the following link [http://www.nta.nhs.uk/publications/documents/nta\\_modelsofcare\\_update\\_2006\\_moc3.pdf](http://www.nta.nhs.uk/publications/documents/nta_modelsofcare_update_2006_moc3.pdf)

## **4 Exclusion criteria for TOP reporting via the NDTMS**

---

### **4.1 Young people (under 16)**

---

The initial validation did not include young people under 16-yrs, so providers are not required to report the TOP for this population.

Some services, providing interventions to young people may find it a useful clinical tool. The NTA does not object to its use in such circumstances, although caution is required when interpreting outcomes data.

Note: if providers do choose to use the TOP with under 16's this data should not be reported to the NDTMS. Any analysis of data would need to be undertaken internally.

## 4.2 Primary alcohol users

---

The reporting of the TOP for adult primary alcohol users is not required

# 5 Completing the Treatment Outcomes Profile

---

## 5.1 Treatment Stage

---

Treatment stage is used within this protocol to describe a specific time-point within a treatment journey when the TOP is completed with the client and reported to the NDTMS.

**Table 1: Treatment stages for TOP completion<sup>1</sup>**

Treatment Stage	Description
Treatment Start TOP	<b>Complete at the start of a structured treatment intervention</b> – this TOP should always focus on the 28-days before the start of treatment
Treatment Review TOP	<b>Complete periodically throughout the structured treatment journey</b> – this TOP should always focus on drug use during treatment in the 28-days before the review
Treatment Exit TOP	<b>Complete when the client exits the treatment system</b> – this TOP should always focus on drug use in the 28-days before the date the client is discharged

## 5.2 What is meant by TOP compliance

---

This relates to the volume and quality of TOP data reported to the NDTMS. In order for a TOP to count towards the compliance threshold, it must be compliant with the TOP protocol (outlined in sections 5.3 – 5.5 below).

### 5.2.1 Why compliance is important

It is important that the analysis and interpretation of the data accurately reflect what is really happening in services and the outcomes achieved with clients. Otherwise, it may distort the reality and show that the treatment system is performing better or worse than is the case.

---

<sup>1</sup> **Post Treatment Exit TOP** – Providers may continue to complete and report the TOP to the NDTMS following the completion of treatment. This will allow providers to measure the long-term impact of treatment.

## 5.2.2 80% compliance threshold

Before aggregated data is made available to providers and partnerships, it is expected that the TOP will be reported to NDTMS for 80% of the corresponding eligible clients, at each of the three treatment stages (treatment start, treatment review and treatment exit).

## 5.2.3 Where does the 80% come from?

80% is a typical threshold used in the academic literature to determine a level of data returns that are more likely to be reliable.

For example, there are approximately 200,000 people accessing treatment. If TOP data is reported for 30% (60,000) of clients, it is unlikely to show the true picture. But if data are available for 160,000 (80%) of the 200,000 people accessing structured treatment, we can be much more certain that the true picture has been captured

## 5.3 Treatment Start TOP

---

A Treatment Start TOP is completed at the start of a new treatment journey. This is defined by an absence of structured treatment in the previous 21 days.

- ❑ If a client has been engaged in structured treatment within the last 21 days with any treatment provider, a Treatment Start TOP is not required as this would be defined as a continuous treatment journey.

Note: This should be ascertained at initial assessment between the clinician and the client. The client may be in a position to provide information on when their last TOP was completed but it may be good practice to obtain consent to liaise with the previous provider to access this information.

A Treatment Start TOP is completed within two weeks (+/- 2 wks) either side of the first modality start date (see diagram 1) and reported to the NDTMS. A TOP completed outside this period will not count towards the 80% compliance threshold for the treatment stage.

### Diagram 1: Treatment Start



- ❑ At this stage, the TOP collects information about drug use and related behaviour in the 28-days before starting treatment. This is known as the recall period.
- ❑ The recall period begins from the 'date of first modality start' even when completed after this date i.e. + 2 weeks. This prevents overlap with a period when the client is in treatment.
- ❑ The Treatment Start TOP provides a baseline measure for comparing review and exit TOPs. This is how progress during treatment is identified.

- ❑ If a client has been engaged in structured treatment during the previous 21-days, a Treatment Start TOP is not required. The review cycle should be continued.
- ❑ If a client is transferred from one structured treatment provider to another, the provider receiving the client does not need to complete a Treatment Start TOP. A client transfer represents a continuous treatment journey, so it is more appropriate to continue the review cycle as the TOP is primarily about client progress and not the providers' performance.

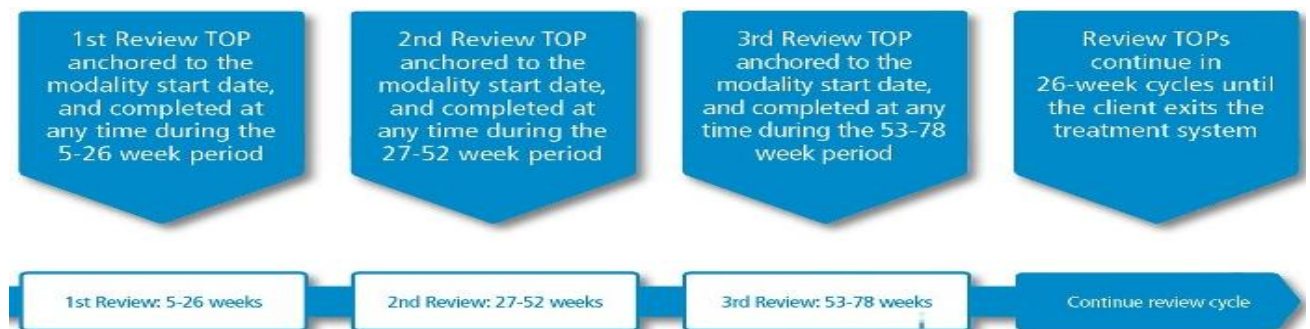
#### **5.4 Treatment Review TOP**

---

All eligible clients engaged in a structured treatment intervention as defined in Models of Care, will have a TOP completed periodically throughout their treatment journey. This usually takes place as part of the care plan and review process and is known as the **Review TOP**.

- ❑ It is good practice to conduct regular care plan reviews. We recommended that the TOP be completed as part of this process. Guidance on good practice on care planning can be found in the NTA care planning practice guide 2007
- ❑ The Review TOP collects information about the clients' drug use during the 28 days before it is completed. This is always a period when the client is engaged in treatment.
- ❑ Avoid completing a Review TOP during the first four weeks following the start of treatment. This will overlap with the recall period for the Treatment Start TOP and may distort the identification of any early treatment gains.
- ❑ By comparing the Review TOP to the Treatment Start TOP scores, you will begin to see the progress made during treatment (the [TOP Progress Tracker](#) will summarise TOP scores reported to NDTMS for each individual client and show change in a graph for each of the 20 TOP items). It will also provide important information for the care plan review.
- ❑ It is recognised that the care plan may be reviewed more or less frequently depending on individual client need. It is important that you are familiar with the protocol for reporting TOP, described below.
- ❑ All clients engaged in structured treatment should have a Review TOP reported to NDTMS at a minimum every 26-weeks (six-months). This is independent of the frequency of routine care plan review.

**Diagram 2: Review TOP reporting protocol**



- ❑ A TOP reported outside of this protocol will not count towards the provider's 80% compliance which may contribute to a delay in data being reported back to the field.
- ❑ However, if input into the Data Entry Tool (DET) it will be available for the TOP Progress Tracker and will be useful for informing the care plan review.

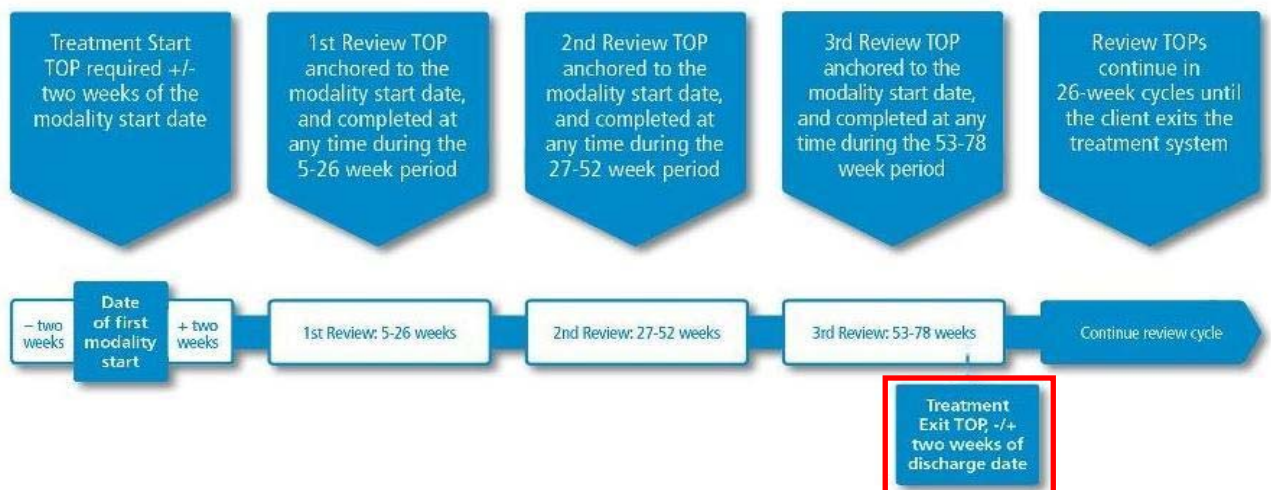
## 5.5 Treatment Exit TOP

All eligible clients should have a TOP completed when they exit the treatment system, after a period of structured treatment. This is known as the **Treatment Exit TOP**. It is valid only where a client is no longer receiving Tier 3 or 4 treatment interventions from any provider.

### 5.5.1 Completing the Treatment Exit TOP

A TOP at this treatment stage should be completed within two weeks (+/- 2 wks) either side of the discharge date (see diagram 3) and reported to the NDTMS. A TOP completed outside of this period will not count towards the 80% compliance threshold.

**Diagram 3: Treatment Exit TOP**



At this treatment stage, the TOP gathers information about drug use in the 28-days before completing treatment. When compared to earlier TOP scores, the outcome of treatment can be identified for each individual client as well as aggregate outcome scores.

- ❑ It is commonly reported that clients often miss their last appointment. This may affect TOP compliance, especially where completion is routinely planned for the final session. To reduce this risk, it is recommended that the Treatment Exit TOP be completed during the penultimate session, where practicable.
- ❑ Where a client is referred into a Tier 2 intervention such as unstructured aftercare after a period of structured treatment, a Treatment Exit TOP will be expected from the structured treatment provider.
- ❑ If a client is discharged from one provider but referred to another where structured treatment will continue, a Treatment Exit TOP will not be expected. This is valid regardless of the treatment setting e.g. community, custody or residential treatment.

### 5.5.2 Treatment exits and compliance

A treatment exit can be either 'planned' or 'unplanned'. A Treatment Exit TOP is valid in either circumstance. But there are different expectations in terms of compliance in reporting.

### 5.5.3 Planned treatment exit

All clients exiting the treatment system in a planned way should be discharged using the discharge codes shown in table 2 (below). It is expected that 80% of clients exiting the treatment system in a **planned** way will have a Treatment Exit TOP completed and reported to the NDTMS according to the protocol outlined above.

**Table 2: Adult discharge codes from 1 April 2009**

Discharge code	Definition
<b>Treatment completed- drug free</b>	The client no longer requires structured drug treatment interventions and is judged by the clinician not to be using heroin (or any other opioids) or crack cocaine or any other illicit drug.
<b>Treatment completed- occasional user (not heroin and crack)</b>	The client no longer requires structured drug treatment interventions and is judged by the clinician not to be using heroin (or any other opioids) or crack cocaine. There is evidence of use of other illicit drug use but this is not judged to be problematic or to require treatment

### 5.5.3 Unplanned treatment exits

When a client leaves the treatment system in an unplanned way, it is recognised that completing a Treatment Exit TOP may in some cases be problematic.

- ❑ We recommend that, where possible, an attempt to complete the Treatment Exit TOP is made (e.g. by telephone).
- ❑ Unplanned treatment exits are not taken into account for compliance purposes.

## 6 TOP protocol & care coordination

---

The TOP aims primarily to monitor the planning and outcomes for individual clients during a single treatment journey. It is not a direct outcomes assessment of the provider. With this in mind, it may be useful to consider the TOP protocol as synonymous to care planning and care coordination practices.

## **6.1 Care planning and coordination**

---

Care planning and coordination is a basic, ongoing component of an effective treatment system. Its purpose is to identify the range of needs of the client, to agree goals and actions to be taken and to engage the client in the development of a care plan, and to identify any other services that can address the client's needs or concerns.

The keyworker or case manager will normally be the person who liaises and collaborates with other providers to coordinate care. This may include referral, liaison or joint working towards goals with other service providers and tracking client progress across a range of providers as identified on the care plan.

### **6.1.1 TOP, care planning and coordination**

The TOP, like care planning and coordination, is usually undertaken by a single, designated keyworker or case manager. This is usually the person responsible for developing, coordinating, monitoring and reviewing progress.

We recommend that, the TOP is integrated into existing care planning and coordination policies and procedures.

- It may be helpful for the provider/keyworker with the most frequent, long-term client contact to undertake care planning and coordination, including TOP responsibilities.
- A care coordination field has been included in information management systems that report data to the NDTMS. This is a categorical (yes/no) field. Populating this field indicates that a provider is the sole provider of structured treatment or is agreed to be the provider that is responsible for the care planning/care coordinator for the client and is responsible for TOP reporting.
- Using the care coordination field will allow the NDTMS to identify, in cases where a client is engaged in structured treatment with more than one provider, which provider is expected to submit the TOP. Populating this field will prevent NDTMS exception reports identifying a missing TOP that is the responsibility of another provider.

Some providers have found it useful to integrate the 20 TOP items into their care planning documentation. See [www.nta.nhs.uk/TOP](http://www.nta.nhs.uk/TOP) for some examples.

## **6.2 Community treatment – care coordination and client transfer**

---

### **6.2.1 Care coordination: a single treatment provider**

- The majority of clients (around 70%) start and exit structured treatment with a single treatment provider. However, they may be receiving more than one structured treatment intervention. In such cases, the standard TOP protocol (described above, in section 5) is valid and should be followed until the client exits the treatment system.

- ❑ Only the keyworker or case manager responsible for developing and reviewing the care plan needs to complete the TOP with the client. This means that it is only completed once at each of the treatment stages.

### 6.2.2 Core coordination: multiple providers

Around 30% of clients receive structured treatment interventions during the course of their treatment journey from more than one provider simultaneously.

- ❑ Only the keyworker or case manager, responsible for developing and reviewing the care plan needs to complete and report the TOP at each treatment stage.
- ❑ Although one provider is completing and reporting the TOP, it is good practice to share the information with other providers during the care plan review. It is important that information is shared according to local protocols and that client consent is obtained before doing so.
- ❑ All providers involved in the client's treatment should populate the (yes/no) care coordination field in the data management system.
- ❑ In the case that more than one provider is involved in providing different elements of structured treatment then it is recommended that TOP information is built into information sharing protocols and the clients' progress, as displayed in the progress tracker, shared between agencies. This prevents the need for multiple TOPs to be completed and reduces the potential administrative burden for providers.

## 7 Feedback

---

Your feedback is important in helping us continue to develop in the area of outcomes monitoring and help us shape the future of TOP implementation. If you have any comments or suggestions on this guide or any other area of the Treatment Outcomes Profile then please use the electronic TOP feedback form available at:

[www.nta.nhs.uk/areas/outcomes\\_monitoring/top\\_feedback\\_form.aspx](http://www.nta.nhs.uk/areas/outcomes_monitoring/top_feedback_form.aspx)

### General queries

If you have general queries relating to TOP protocol, data, and reports, contact your regional NTA/NDTMS team in the first instance. You can find details of your regional NTA/NDTMS team at [www.nta.nhs.uk/areas/regions/default.aspx](http://www.nta.nhs.uk/areas/regions/default.aspx)

National Treatment Agency

6th floor, Skipton House, 80 London Road, London SE1 6LH.

Email: [nta.enquiries@nta-nhs.org.uk](mailto:nta.enquiries@nta-nhs.org.uk)

Tel 020 7972 1999 Fax 020 7972 1997

[www.nta.nhs.uk](http://www.nta.nhs.uk)