



Public Health  
England

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# **Consultation on proposed amendments to the data set collected on alcohol and drug treatment by the National Drug Treatment Monitoring System (NDTMS) for CDS-P**

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## Reader information

Document purpose	Seek stakeholder views on the proposals to amend the data collected through NDTMS for alcohol and drug treatment
Title	Consultation on the proposed amendments to the data collected for alcohol and drugs treatment on the National Drug Treatment Monitoring System (NDTMS)
Lead author	Laura Hughes
Publication date	14 March 2019
Target audience	Staff in alcohol and drug adult community treatment providers Staff in alcohol and drug young persons community treatment providers Staff in secure settings providing drug and alcohol treatment Users of statistics relating to alcohol and drug treatment Alcohol and drug treatment commissioners and other relevant local authority/ NHS-England staff Alcohol and drug treatment service users
Circulation list	This is a public document. All users of NDTMS alcohol and drug treatment data are invited to respond to proposed changes. The following have been proactively contacted by PHE, with an invitation to respond: local NDTMS teams; local authority-based and NHS England Health and Justice commissioners; alcohol and drug residential rehab and community treatment providers; treatment providers in secure settings including the children and young people secure estate, Public Health Centre-based Alcohol and Drug teams, regional service user support groups.
Description	This document contains proposed amendments to data to be collected through NDTMS from 1 <sup>st</sup> April 2020.
Action required	None required but responses invited – <a href="https://surveys.phe.org.uk/TakeSurvey.aspx?PageNumber=1&amp;SurveyID=76KJ7n31H&amp;Preview=true#">https://surveys.phe.org.uk/TakeSurvey.aspx?PageNumber=1&amp;SurveyID=76KJ7n31H&amp;Preview=true#</a>
Timing	4 weeks from issue
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# About the document

## Background

The National Drug Treatment Monitoring System (NDTMS) collects activity data from alcohol and drug treatment services in England. The data is collated by Public Health England (PHE) on behalf of the Department of Health and used to provide information to support local delivery of the objectives set out in relevant national strategies and local implementation of NICE guidelines.

The system collects and reports on activity data within a wide range of settings, including primary and secondary care within the NHS, the criminal justice sector and the third sector (voluntary agencies).

Proposed changes to the data collected from April 2020, are detailed within this document, including additional data items, removal of data items and amendments to reference data of existing data items. These changes are relevant to adult and young people's treatment providers in the community and/or secure settings, and/or residential treatment providers. They are being proposed following feedback and requests from a number of sources.

This is a public consultation and anyone is welcome to contribute, but we are particularly interested in feedback from drug and alcohol treatment providers and commissioners.

## Comments on the process

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

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Please do not use this postal address for responses. These should only be sent electronically using the supplied proforma to [ndtms.changes@phe.gov.uk](mailto:ndtms.changes@phe.gov.uk) or preferably using the select survey:

<https://surveys.phe.org.uk/TakeSurvey.aspx?PageNumber=1&SurveyID=76KJ7n31H&Preview=true#>

## Additional burden of new data items

Public Health England is committed to ensuring that data collected through the NDTMS is always of value to commissioners and treatment providers and the impact of collecting it is proportional to the benefits that users of NDTMS receive from the reports, toolkits, commissioning support packs and other outputs that are produced using the data.

It is important that the additional burden of any new data items is considered alongside their utility. Therefore, it is requested that when you complete this consultation that you consider for each data item the likely time and resource it will take for clinical and administrative staff to collect and process them, as well as the benefits of their use.

In an effort to reduce burden on providers we have undertaken a thorough review of the dataset and have proposed to remove any questions that are no longer a priority for national collection.

# Proposed changes – community datasets

## Proposed changes applicable to both adult & YP community datasets

### Changes to client review process

At present community providers are required to complete several updates for NDTMS at various times. These include:

- client information review (CIR) – completed to notify NDTMS of any updates to selected episode level fields including BBV information, mental health treatment and parent and children information. A CIR needs to be completed whenever information changes
- sub intervention review (SIR) – completed at least every 6 months to notify NDTMS of the sub interventions that a client has received in the last 6 months/ since their last sub intervention review
- treatment outcomes profile (TOP) – for adult providers - completed at treatment start and at least every 6 months with clients to review their substance using behaviour, injecting behaviour and health and social functioning
- young persons outcomes record (YPOR) – for YP providers - completed at treatment start and exit with the client to review their substance using behaviour, injecting behaviour and health and social functioning

In order to simplify and streamline this process for providers, clinicians and administrative staff we are proposing to combine these 3 reviews into 1 review, during which the TOP/YPOR, SIR and CIR will be completed and returned to NDTMS as a 'Client Review'.

Adult services will be required to complete the new Client Review at least every 6 months and on treatment exit. Young people's services will be required to complete it at exit only (equivalent TOP/ YPOR questions will still be asked at treatment start).

The TOP/YPOR and the former CIR questions will be on the front of the form and need to be done with the client, the former SIR questions will be on the rear of the form and can be completed by the keyworker without the client present. We anticipate that combining these 3 reviews into 1 process will be more straightforward and less burdensome for providers.

- |   |
|---|
| <ol style="list-style-type: none"><li>1. Do you agree with combining the CIR, SIR and TOP/YPOR into 1 review to streamline the review process? Yes / No</li></ol> |
|---|

## Introduction of new field - HIV status question

NDTMS do not currently collect HIV status information.

The diagnosis and treatment rates of HIV in the general population is higher and improving compared to the rates for people who inject drugs, where late diagnosis and delayed (or no) treatment start result in poorer clinical outcomes. Co-infection with HCV is also a complicating factor for many people who inject drugs.

Most HIV testing is combined with hepatitis C testing and therefore is data that the provider should have available to them.

The information collected will be used to monitor the national and local level of HIV prevalence among the treatment population and to ensure it is being addressed appropriately.

The question will be at episode level and on the Client Review. The proposed question is:

Is the client HIV positive? Yes / No / Unknown / Client declined to answer

2. Do you agree with the addition of a new HIV question to the adult community dataset? Yes / No
3. Do you agree with the addition of a new HIV question to the YP community dataset? Yes / No

## Removal of field - route of administration

The NDTMS dataset collects information on the route of administration of problem substance one. We are able to obtain information on injecting through other episode and TOP/ YPOR questions and therefore propose to remove route of administration from the dataset to reduce burden on providers.

4. Do you agree with the removal of route of administration of problem substance one? Yes / No

## Healthcare assessment date to be added to the Client Review

The healthcare needs of clients should be regularly reviewed during treatment, especially for individuals in treatment for many years who may be suffering from multiple health problems. By adding healthcare assessment date to the Client Review providers will be able to record when the initial healthcare assessment has taken place



but also when subsequent assessments have taken place. This information can be used to ensure that the healthcare needs of clients are being identified and addressed.

5. Do you agree with drug treatment healthcare assessment date being added to the Client Review so providers are able to record when they reassess a client's healthcare needs? Yes / No

### Removal of reference data - hep B & C status 'offered and accepted but refused at a later date'

We are proposing to remove the reference data 'offered and accepted but refused at a later date' from the Hep B and Hep C status fields as with the introduction of the Client Review this option is not required (where this has happened the episode will show 'offered and accepted' and the Client Review should be updated to show 'offered and refused').

6. Do you agree with the removal of hep B & C status reference data 'offered and accepted but refused at a later date'? Yes / No

### Proposed changes applicable to community adult dataset

#### Pre structured treatment support

There are currently gaps in understanding the support that individuals are receiving before they start structured treatment and therefore in many places the data collected through NDTMS does not necessarily reflect what is being received by service users. Therefore, it is proposed that NDTMS will now collect information on whether someone is receiving any form of support while they are waiting for structured treatment or in advance of being assessed as appropriate for structured treatment and then being referred for a pharmacological or psychosocial intervention.

This will be collected as an additional intervention, with a start and end date recorded to denote how long it has lasted, in the same way the other 3 structured treatment high level interventions (pharmacological, and psychosocial and recovery support) are reported currently.

Providers will also provide a one-off return as part of their agency details on the range of support that is being offered in advance of structured treatment when people are assessed as not suitable for structured treatment or if they are waiting for a structured treatment intervention to commence.

7. Do you agree with the addition of a new intervention to capture details of support received by clients prior to the commencement of structured treatment? Yes / No

## Introduction of new field - referral for liver disease investigation

Liver disease is a major health problem for substance users. Treatment providers are ideally placed to ensure that clients access the screening and treatment needed where necessary. Inclusion of this data item will provide data to inform national liver strategic plans. Local Authority Public Health teams and their partners will also be able to use the data to inform local plans to reduce liver disease. Using this data PHE, local authorities, NHS-E and providers will be able to demonstrate the role that treatment services can play in reducing liver disease.

The question would be asked at episode start (any referral in last 4 weeks) and would be updateable on the Client Review (any referral since last review). The proposed question is:

Has the client been referred to a GP or specialist for investigation for liver disease? Yes / No / Unknown / Client declined to answer

8. Do you agree with the addition of a new question regarding whether the client has been referred to a GP or specialist for liver disease investigation? Yes / No

## Introduction of new field - armed forces veteran

PHE have been working with DHSC, MoD and NHS England in relation to the Ministerial Covenant and Veterans Board (MCVB) where it has become apparent that although there is compelling anecdotal evidence about the high incidence of drug and alcohol problems among the veteran population, but we have no NDTMS data about their treatment engagement and outcomes. Therefore, we are proposing to introduce a new data item to capture this information to inform this important piece of work, to be asked at episode start only.

The proposed question is:

Is the client a veteran of the British armed forces? Yes / No / Client declined to answer

9. Do you agree with the introduction of an armed forces veteran question? Yes / No

## Introduction of new fields - revised naloxone questions

The issuing of naloxone is currently recorded on the SIR. We are proposing to amend this so that providers are able to record it at episode start and then record any later issuing/ reissuing on the Client Review.

Following feedback from providers that have found it difficult to report their full activity in relation to Naloxone provision, we are proposing to remove the existing sub intervention and introduce new questions as follows:

- has the client been issued with nasal naloxone and training? Yes / No / Client offered but declined
- has the client been issued with injectable naloxone (prenoxad) and training? Yes / No / Client offered but declined
- if yes to either of the above questions, please record the date that this was last issued

10. Do you agree with the proposed new naloxone questions? Yes / No
11. Would recording the issuing of Naloxone at an episode level (and recording any reissuing on the Client Review) be more favourable than recording it as a sub intervention (the current process)? Yes / No
12. Would you prefer to record the date issued or not? Record date / Don't record date
13. Would it also be useful to record the expiry date? Yes / No
14. Would it also be useful to collect whether the client has ever administered/ been administered with naloxone? Yes / No

## Changes to prescribing information collected

We are proposing to change the prescribing information that is currently collected and also collect the prescribing intention for each prescribed medication. The prescribing information is currently difficult to complete and does not give sufficient clarity about what is being provided, because some of the definitions are not precise enough or mutually exclusive. For example, it was not possible to accurately determine the number of people receiving a detox for alcohol dependence. It is important for providers and commissioners to be able to see the proportion of the in-need treatment population receiving appropriate evidence based pharmacological interventions.

It is therefore proposed that pharmacological sub interventions collected on the Client Review will be as follows:

Medication	Intention	Tick all pharmacological interventions delivered in the last 6 months
Methadone (oral solution)*	Opioid assessment & stabilisation	
	Opioid withdrawal	
	Opioid maintenance	
Buprenorphine (tablet/ wafer)*	Opioid assessment & stabilisation	
	Opioid withdrawal	
	Opioid maintenance	
Buprenorphine (tablet/ wafer) with naloxone*	Opioid assessment & stabilisation	
	Opioid withdrawal	
	Opioid maintenance	
Buprenorphine depot injection (rods or fluid)*	Opioid withdrawal	
	Opioid maintenance	
Diamorphine injection*	Opioid assessment & stabilisation/ opioid withdrawal/ opioid maintenance	
Methadone injection*	Opioid assessment & stabilisation/ opioid withdrawal/ opioid maintenance	
Benzodiazepine	Benzodiazepine maintenance	
	Stimulant withdrawal	
	GHB/ GBL withdrawal	
Stimulant (eg dexamfetamine)	Stimulant withdrawal	
Pregabalin	Gabapentinoid withdrawal	
Gabapentin	Gabapentinoid withdrawal	
Naltrexone (oral)	Opioid relapse prevention	
Naltrexone (oral)	Alcohol relapse prevention/ consumption reduction	
Chlordiazepoxide	Alcohol withdrawal	
Diazepam	Alcohol withdrawal	
Carbamazepine	Alcohol withdrawal	
Other prescribed medication for alcohol withdrawal	Alcohol withdrawal	
Acamprosate	Alcohol relapse prevention	
Disulfiram	Alcohol relapse prevention	
Vitamin B & C supplement	Prevent/ treat Wernicke's encephalopathy/ Wernicke-Korsakoffs	
Other medication	Any other medication for the treatment of drug misuse/ dependence/ withdrawal/ associated symptoms	

Providers will be required to tick all interventions that the client has received as part of the Client Review.

Supervision will be separated out into a question of its own and should be completed for all clients where OST has been selected in the table above (indicated with \*).

The proposed supervision question is:

Is consumption of OST medication currently supervised? Yes / No

15. Do you agree with the changes being proposed to the prescribing information?  
Yes / No

### Introduction of new fields - dosage information

We are proposing to start collecting dosage information because receiving a dose within recommended therapeutic ranges can have a significant impact on outcomes. It is important for commissioners and providers to monitor whether practice is in line with guidelines and within the appropriate parameters, which allow for clinical discretion and personalised care.

The proposed new questions are:

- current or last daily dose of oral methadone medication
- current or last daily dose of oral buprenorphine medication

With a numeric free text box to record in mg the dosage. If these medications were not prescribed in the review period then these fields would be left blank.

This will be completed as part of the Client Review.

16. Do you agree with the introduction of the dosage questions? Yes / No

### New recovery support sub intervention for prescribing of relapse prevention medication

We are proposing to add a new recovery support sub intervention of 'Prescribing for relapse prevention' to enable providers to record when clients are receiving relapse prevention medication.

17. Do you agree with the introduction of a new sub intervention of 'Prescribing relapse prevention medication'? Yes / No

## Streamlining of referral sources

The NDTMS dataset captures the method by which the client is referred to the treatment provider under 'referral source'. Over time the list of reference data for this item has become excessively long. For the national dataset we do not require this level of information and therefore have reviewed all referral sources and propose the reference data is rationalised as follows (please also refer to the proposed CDS-P referral source lists in Appendix A):

Referral sources to be removed from community adult dataset:

- criminal justice other
- sex worker project
- Connexions

18. Do you agree with the removal of the following referral sources from the community adult dataset:
- criminal justice other? Yes / No
  - sex worker project? Yes / No
  - Connexions? Yes / No

Referral sources to be added to community adult dataset:

- recommissioning transfer - to be used when an existing agency is recommissioned and the clients are transferred to a new provider
- hospital alcohol care team / liaison nurse
- YP structured treatment provider (to be used when clients transfer from a YP service to an adult service)
- housing/ homelessness service
- domestic abuse service

19. Do you agree with the addition of the following referral sources to the community adult dataset:
- recommissioning transfer? Yes / No
  - hospital alcohol care team / liaison nurse? Yes / No
  - YP structured treatment provider? Yes / No
  - housing/ homelessness service? Yes / No
  - domestic abuse service? Yes / No

Referral sources to be combined in the community adult dataset:

Current referral sources	Proposed referral source
Drug Service Statutory Drug Service Non-Stat Community Alcohol Team Adult Treatment Provider	Adult drug / alcohol service
Primary Care GP	Primary care/ GP
A&E Hospital	Hospital
Relative Peer Concerned other	Relative/ peer/ concerned other
Job centre plus Employment service Education service	Employment/ education service
Social services Children & family services Children's social services CLA – Child Looked After Community care assessment	Social services
Psychiatry Psychological services	Mental health services

20. Do you agree with combining the above referral sources in the community adult dataset? Yes / No

## Changes to hepatitis fields

The reference data for the adult dataset and the YP dataset for hepatitis B status and hepatitis C status are different, necessitating 4 questions in the adult dataset compared to only 2 questions in the YP dataset.

In the YP dataset, hep B intervention status 'offered and accepted' is broken down to include the vaccination count (negating the need for the hep B vaccination count field).

In the YP dataset, hep C status 'offered and accepted' is broken down include whether the client has received a test (negating the need for the hep C tested field).

The table below shows the differences across the current datasets:

Question	Reference data	
	Community adult	Community YP
Hep B intervention status	Offered and accepted	Offered and accepted – not yet had any vaccinations Offered and accepted – started vaccinations Offered and accepted – completed vaccination course
	Offered and refused Immunised already Not offered Assessed as not appropriate to offer Offered and accepted but refused at a later date Deferred due to clinical reasons	Offered and refused Immunised already Not offered Assessed as not appropriate to offer Offered and accepted but refused at a later date Deferred due to clinical reasons
Hep B vaccination count	1 vaccination 2 vaccinations 3 vaccinations Course completed	
Hep C intervention status	Offered and accepted	Offered and accepted – not yet had a test Offered and accepted – had a hep C test
	Offered and refused Not offered Assessed as not appropriate to offer Offered and accepted but refused at a later date Deferred due to clinical reasons	Offered and refused Not offered Assessed as not appropriate to offer Offered and accepted but refused at a later date Deferred due to clinical reasons
Hep C tested	No Yes Not asked	

We are proposing to bring the reference data in line across the datasets so that the adult dataset is consistent with the YP dataset. We can then remove the hep B vaccination count and Hep C tested fields from the adult dataset.

The new questions and options are proposed to be as follows:



Question	Reference data
	Community adult & YP
What is the client's Hep B intervention status?	Offered and accepted – not yet had any vaccinations Offered and accepted – started vaccinations Offered and accepted – completed vaccination course Offered and refused Offered and accepted but refused at a later date Immunised already Not offered Assessed as not appropriate to offer Deferred due to clinical reasons
What is the client's Hep C intervention status?	Offered and accepted – not yet had a test Offered and accepted – had a hep C test Offered and refused Not offered Assessed as not appropriate to offer Offered and accepted but refused at a later date Deferred due to clinical reasons

These changes would also apply to the associated Client Review questions.

21. Do you agree with the expansion of 'offered and accepted' for hepatitis B & hepatitis C status and the subsequent removal of hep B vaccination count and hep C tested? Yes / No

### Addition of latest hep C test date to Client Review

For consistency and ease we are proposing to add the latest hep C test date to the Client Review so that all updateable fields are in 1 place. This will also mean that its completion is consistent with all of the other BBV fields. The provider will be required to populate the episode level field with the most recent test date at treatment start and then update the Client Review with any subsequent test dates. The episode level field will no longer be updateable.

22. Do you agree with the addition of hep C latest test date to the Client Review? Yes / No

### Removal of alcohol drinking days and alcohol drinking units

The NDTMS dataset currently collects information at an episode level on the amount of alcohol consumed by the client in the 28 days prior to assessment, including the number of drinking days and the number of units consumed on a typical drinking day.

The TOP and the YPOR both include very similar questions and are completed for 80-90% of clients. Therefore, the collection of this information at an episode level is duplication and placing additional burden on providers. We propose to remove the episode level questions and retain the well completed TOP and YPOR questions only.

23. Do you agree with the removal of alcohol drinking days and alcohol drinking units?  
Yes / No

### Removal of time in treatment information

Time in treatment is used very little in NDTMS analysis and requiring providers to complete this information places a disproportionate burden upon them. We are proposing that all data items under 'Time in treatment' are removed. This would include:

- time in treatment assessment date (TITDATE)
- time in treatment ID (TITID)
- time in treatment (TITREAT)

24. Do you agree with the removal of time in treatment fields? Yes / No

### Termination of alcohol dataset & removal of associated items

NDTMS has historically supported the collection of a subset of NDTMS data for alcohol only services. With changes to commissioning resulting in more combined drug and alcohol treatment services the number of services completing the alcohol minimum dataset is now greatly reduced. Having a separate dataset for just a few services, including all the documentation and infrastructure that that requires is not a viable use of PHE resources. We are therefore proposing to cease the alcohol dataset and all adult structured treatment services will be required to submit the full NDTMS dataset regardless whether they treat alcohol clients, drug clients or a combination of both.

As part of this we also propose to remove the non structured intervention 'alcohol brief intervention'. This intervention is only applicable to the alcohol dataset and therefore will no longer be required.

We are also proposing to remove the Alcohol Outcomes Record (AOR). This was originally introduced for use with alcohol only clients. Nationally there are only a tiny proportion of providers using the AOR and therefore it would be preferable to remove the AOR so that all adult treatment providers are consistently using the Treatment Outcome Profile (TOP).

25. Do you agree with the termination of the minimum dataset for alcohol only services? Yes / No  
26. Do you agree with the termination of the Alcohol Outcome Record (AOR)? Yes / No

## Proposed changes applicable to community young persons dataset

### Introduction of new fields – gangs & county lines

We are proposing to add 2 new questions:

- has the YP been affected by gangs? Yes / No / Unknown / Client declined to answer
- has the YP been affected by county lines? Yes / No / Unknown / Client declined to answer

27. Do you agree with the addition of a question on YP involvement in gangs? Yes / No

28. Do you agree with the addition of a question on YP involvement in county lines? Yes / No

### Addition of new fields to the Client Review

The Client Review contains the majority of the updateable fields in the NDTMS community datasets. For consistency and ease we are proposing to add the following currently updateable fields to the Client Review so that all updateable fields are in 1 place:

- YP offered a screen for sexually transmitted infections - the provider will populate the episode level field with the status at treatment start and then any updates will be recorded on the Client Review. The episode level field will no longer be updateable.

29. Do you agree with the addition of 'YP offered a screen for sexually transmitted infections' to the Client Review? Yes / No

- YP has been offered a screen for chlamydia - the provider will populate the episode level field with the status at treatment start and then any updates will be recorded on the Client Review. The episode level field will no longer be updateable.

30. Do you agree with the addition of 'YP offered a screen for chlamydia' to the Client Review? Yes / No

- YP subject to a child protection plan (community YP) – this is not currently an updateable field but we are proposing to add it to the Client Review so that providers are able to record any updates during treatment.

31. Do you agree with the addition of 'YP subject to a child protection plan' to the Client Review? Yes / No

- healthcare assessment date - the health care needs of clients should be regularly reviewed during treatment. By adding this to the Client Review providers will be able to record when the initial healthcare assessment has taken place but also when subsequent assessments have taken place.

32. Do you agree with drug treatment healthcare assessment date being added to the Client Review? Yes / No

### Changes to YP vulnerabilities reference data

We are proposing to remove 'Not known' from the reference data of the following questions in the community YP dataset as it is expected that the keyworker will know this information as the questions ask about the client being offered screening. The questions and reference data will be as follows:

- has the YP been offered a screen for sexually transmitted infections? Offered and accepted / Offered and refused / Assessed as not appropriate to offer
- has the YP been offered a screen for chlamydia? Offered and accepted / Offered and refused / Assessed as not appropriate to offer

33. Do you agree with the removal of 'Not known' from the STI screening and chlamydia screening questions? Yes / No

For the following questions a 'client declined to answer' option will be added to capture scenarios where the question is asked but the client declines to answer. We also propose to add 'unknown' to the sexually exploited and unsafe sex questions and remove 'not asked' from the unsafe sex question so that the reference data for these questions is consistent:

- has YP been sexually exploited at treatment start? Yes / No / Unknown / Client declined to answer
- has the YP self-harmed? Yes / No / Unknown / Client declined to answer
- is the YP registered with a GP at treatment start? Yes / No / Unknown / Client declined to answer
- YP engaged in unsafe sex at treatment start? Yes / No / Unknown / Client declined to answer

34. Do you agree with the proposed changes to the reference data for the questions about sexual exploitation, self harm and GP registration? Yes / No

### Streamlining of referral sources

The NDTMS dataset captures the method by which the client is referred to the treatment provider under 'referral source'. Over time the list of reference data for this

item has become excessively long. For the national dataset we do not require this level of information and therefore have reviewed all referral sources and propose the reference data is rationalised as follows (please also refer to the proposed referral source lists in Appendix A):

Referral sources to be added to the community YP dataset:

Recommissioning transfer - to be used when an existing agency is recommissioned and the clients are transferred to a new provider

35. Do you agree with the introduction of the above referral source? Yes / No
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Referral sources to be combined in the community YP dataset:

Current referral sources	Proposed referral source
Children & family services CLA - Child Looked After	Children & family services
Relative Peer Concerned other	Relative/ peer/ concerned other
Primary care GP	Primary care/ GP
Hospital A&E	Hospital
Secure children's home Youth Offender Institute Secure Training Centre	Children and YP secure estate
Drug service statutory Drug service non stat Community alcohol team Adult treatment provider	Adult drug/ alcohol service
Helpline Website FRANK	Helpline/ website/ FRANK

36. Do you agree with the combining of the above referral sources? Yes / No
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The proposed new referral source lists can be found in Appendix A.

### Removal of YP intervention 'YP non structured intervention'

This is a legacy data item that is no longer required. The only non-structured interventions that should be reported to NDTMS for YPs can be recorded under multi agency working.

- |   |
|---|
| 37. Do you agree with the removal of the non-structured intervention 'YP non structured intervention'? Yes / No |
|---|

## Proposed changes – secure setting datasets

### Proposed changes applicable to secure setting adult & YP datasets

#### Removal of alcohol drinking days and alcohol drinking units

The NDTMS dataset currently collects information at an episode level on the amount of alcohol consumed by the client in the 28 days prior to assessment, including the number of drinking days and the number of units consumed on a typical drinking day. The TOP and the YPOR both include very similar questions and are completed for 80-90% of clients. Therefore, the collection of this information at an episode level is duplication and placing additional burden on providers. We propose to remove the episode level questions and retain the TOP and YPOR questions only.

38. Do you agree with the removal of the episode level fields alcohol drinking days and units of alcohol? Yes / No

#### Remove pre-release review date from secure setting dataset

This is no longer required by NDTMS as targets relating to it are no longer in the **service specification**. Therefore, we propose that it is removed from the national dataset.

39. Do you agree with the removal of pre-release review date? Yes / No

### Proposed changes applicable to secure setting adult dataset

#### Introduction of new field - HIV status

NDTMS do not currently collect HIV status information.

The diagnosis and treatment rates of HIV in the general population is higher and improving compared to the rates for people who inject drugs, where late diagnosis and delayed (or no) treatment start result in poorer clinical outcomes. Co-infection with HCV is also a complicating factor for many people who inject drugs.

Most HIV testing is combined with hepatitis C testing and therefore is data that the provider should have available to them.

The proposed question is:

Is the client HIV positive? Yes / No / unknown / client declined to answer

To be completed at treatment start.

40. Do you agree with the addition of the new HIV question? Yes / No
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### Introduction of new field - referral for liver disease investigation

Liver disease is a major health problem for substance users. Treatment providers are ideally placed to ensure that clients access the screening and treatment needed where necessary. Inclusion of this data item will provide data to inform national liver strategic plans. Local Authority Public Health teams and their partners will also be able to use the data to inform local plans to reduce liver disease. Using this data PHE, local authorities, NHS-E and providers will be able to demonstrate the role that treatment services can play in reducing liver disease.

The proposed question is:

Has the client been referred to GP or specialist for investigation for liver disease? Yes / No / Unknown / Client declined to answer

This would be completed at prison exit to include any referral whilst in the prison or on exit.

41. Do you agree with the addition of a new question regarding whether the client has been referred to a GP or specialist for liver disease investigation? Yes / No
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### Introduction of new field - armed forces veteran

PHE have been working with DHSC, MoD and NHS England in relation to the Ministerial Covenant and Veterans Board (MCVB) where it has become apparent that although there is compelling anecdotal evidence about the high incidence of drug and alcohol problems among the veteran population, but we have no NDTMS data about their treatment engagement and outcomes. Therefore, we are proposing to introduce a new data item to capture this information to inform this important piece of work.

The proposed question is:

Is the client a veteran of the British armed forces? Yes / No / Client declined to answer

42. Do you agree with the introduction of an armed forces veteran question? Yes / No
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## Introduction of new field - NPS use during treatment

Anecdotally we hear of prison clients using NPS during their treatment in prison. At present this is not captured in the NDTMS dataset as the dataset only captures problem substances at treatment start. However, NPS use adds to the complexity of treatment delivery and services have reported that it would be easier to discuss such issues with NHS E commissioners if they were able to evidence NPS use during treatment.

The proposed question is:

Did the client use NPS during their episode of treatment? Yes / No

This would be completed at prison exit.

43. Do you agree with the introduction of a new question on NPS use during treatment? Yes / No

## Introduction of new fields - new mental health treatment questions

There are currently gaps in understanding whether clients in secure settings have mental health needs and/or are receiving mental health interventions. With the focus on co-existing conditions this would allow us to better understand whether need is being met and bring the dataset more in line with the community datasets. The existing dual diagnosis question will remain and we are proposing to add 2 new mental health questions.

The proposed new questions are:

In the 28 days prior to custody was the client engaged in any mental health interventions outside of substance misuse treatment? Yes / No (to be asked at treatment start)

Did the client receive treatment for their mental health during the current stay? Yes / No (asked on exit)

## Changes to hepatitis fields

The reference data for the adult dataset and the YP dataset for hepatitis B status and hepatitis C status are different, necessitating 4 questions in the adult dataset compared to only 2 questions in the YP dataset.

In the YP dataset, hep B intervention status 'offered and accepted' is broken down to include the vaccination count (negating the need for the hep B vaccination count field).

In the YP dataset, hep C status 'offered and accepted' is broken down to include whether the client has received a test (negating the need for the hep C tested field).

The table below shows the differences across the current datasets:

Question	Reference data	
	Secure setting adults	Secure setting YP
Hep B intervention status	Offered and accepted	Offered and accepted – not yet had any vaccinations Offered and accepted – started vaccinations Offered and accepted – completed vaccination course
	Offered and refused Immunised already Not offered Assessed as not appropriate to offer Offered and accepted but refused at a later date Deferred due to clinical reasons	Offered and refused Immunised already Not offered Assessed as not appropriate to offer Offered and accepted but refused at a later date Deferred due to clinical reasons
Hep B vaccination count	1 vaccination 2 vaccinations 3 vaccinations Course completed	
Hep C intervention status	Offered and accepted	Offered and accepted – not yet had a test Offered and accepted – had a hep C test
	Offered and refused Not offered Assessed as not appropriate to offer Offered and accepted but refused at a later date Deferred due to clinical reasons	Offered and refused Not offered Assessed as not appropriate to offer Offered and accepted but refused at a later date Deferred due to clinical reasons
Hep C tested	No Yes Not asked	

We are proposing to bring the reference data in line across the datasets so that the adult dataset is consistent with the YP dataset. We can then remove the hep B vaccination count and Hep C tested fields from the adult dataset.

The new questions and options are proposed to be as follows:

Question	Reference data
	Secure Setting adult & YP
What is the client's Hep B intervention status?	Offered and accepted – not yet had any vaccinations Offered and accepted – started vaccinations Offered and accepted – completed vaccination course Offered and refused Offered and accepted but refused at a later date Immunised already Not offered Assessed as not appropriate to offer Deferred due to clinical reasons
What is the client's Hep C intervention status?	Offered and accepted – not yet had a test Offered and accepted – had a hep C test Offered and refused Not offered Assessed as not appropriate to offer Offered and accepted but refused at a later date Deferred due to clinical reasons

44. Do you agree with the expansion of 'offered and accepted' for hepatitis B & hepatitis C status and the subsequent removal of hep B vaccination count and hep C tested? Yes / No

## Proposed changes applicable to secure setting YP dataset

### Addition of YP vulnerabilities

We are currently missing information on a range of risks and vulnerabilities for YPs in secure settings. These fields are all collected and reported on for YPs in the community. These issues are as, or more, prevalent amongst children in secure settings and we should be capturing this information consistently across the treatment system.

The YP vulnerabilities that will be added to bring the secure setting dataset more in line with the community YP dataset are as follows:

- what was the YP's care status prior to custody? Looked after child / Child in need / Client was not a looked after child or a child in need
- was the client being sexually exploited prior to custody? Yes / No / Unknown / Client declined to answer
- has the YP self-harmed prior to custody? Yes / No / Unknown / Client declined to answer
- what was the YPs education / employment / training status prior to custody?  
Mainstream education / Alternative education / Temporarily excluded / Permanently excluded / persistent absentee / Apprenticeship or training / Economically inactive caring role / Economically inactive health issue / Voluntary work / Regular employment / Not in employment, education or training (NEET) / Client declined to answer
- was the YP registered with a GP prior to custody? Yes / No / Unknown / Client declined to answer
- has YP engaged in unsafe sex prior to custody? Yes / No / Unknown / Client declined to answer
- was the YP subject to a child protection plan prior to custody? Currently subject to CPP / Never been subject to CPP / Previously been subject to CPP
- was the YP affected by substance misuse in their close family/ members of their household prior to custody? Yes / No
- had the YP been affected by domestic abuse prior to custody? Yes / No
- what was the accommodation need of the client prior to custody?
  - YP living with relative
  - independent YP – settled accommodation
  - independent YP – unsettled accommodation
  - independent YP - no fixed abode
  - YP supported housing
  - YP living in care
  - YP living in secure care

## New YP vulnerabilities questions

We are proposing to add 2 new questions to the YP vulnerabilities:

- has the YP been affected by gangs? Yes / No / Unknown / Client declined to answer
- has the YP been affected by county lines? Yes / No / Unknown / Client declined to answer

45. Do you agree with the addition of a question on YP involvement in gangs? Yes / No
46. Do you agree with the addition of a question on YP involvement in county lines? Yes / No

## Proposed changes – all datasets

### Changes to parental status questions

There is often confusion amongst providers regarding the parental status question and the subsequent number of children living with the client question, which is sometimes mistakenly completed to show the number of the client's children living with the client rather than the total number of children living with the client. To try and make this clearer for providers we are considering adding expanding the parental status question so there will be 3 questions about children, as follows:

- is the client a parent of a child aged under 18? Yes / No / client declined to answer (to include biological parents, step-parents, foster parents, adoptive parents and guardians as per current definition)
- if yes, how many of their children live with the client? All of the children / some of the children / none of the children / client declined to answer (with 'not a parent' removed as a reference data item as this is no longer required due to the question above)
- how many children in total under 18 live in the same household as the client?

This would be applicable to the episode and CIR for the community datasets and the episode only in the secure setting.

47. Would the proposed amendments to the parent/child questions make these questions more straightforward to complete for providers? Yes / No
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### Amendment to children receiving early help or in contact with children's social care

The NDTMS dataset collects information on whether any of the client's children or any children living with the client are receiving early help or are in contact with children's social care. At present this option only permits the recording of 1 safeguarding option for 1 child. We have received feedback from providers that there are often multiple safeguarding mechanisms in place and it is difficult to be able to prioritise just 1. PHE would like to be able to report on all safeguarding mechanisms in place. Therefore we are proposing to amend this question to enable the recording of up to 3 safeguarding options (similar in format to the existing problem substance and disability questions).

The provider will not be required to complete this question 3 times if there are fewer than 3 safeguarding mechanisms in place.

48. Do you agree with providers being able to record up to 3 safeguarding options (in the episode for secure setting and episode and Client Review for community)? Yes / No
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### New reference data - discharge reason 'Recommissioning transfer'

We are proposing to add a new discharge reason of 'recommissioning transfer' to be used by the outgoing agency in a recommissioning scenario for all clients who are transferred to the new provider. This will enable us to identify clients who have been transferred as part of the recommissioning as opposed to transferred due to other reasons.

49. Do you agree with the new discharge reason 'recommissioning transfer'? Yes / No

### Removal of data item - care plan started date

The NDTMS dataset currently collects the date that the client's care plan is created and agreed by the client. This information is no longer required by NDTMS in the national collection and its collection increases burden on providers, therefore we are proposing that it is removed from the dataset.

50. Do you agree with the removal of care plan started date? Yes / No

### Removal of data item - intervention exit status

This is a legacy data item in the NDTMS dataset that is now used very little in analysis. There is some overlap with discharge reason which is our benchmark for the successful completion of treatment. We are proposing to remove the intervention exit status to reduce burden on providers.

51. Do you agree with the removal of intervention exit status? Yes / No

## Proposed Treatment Outcomes Profile and Young Persons Outcome Record changes (applicable to community and secure setting)

### Removal of crime questions from the Treatment Outcomes Profile (TOP)

The TOP form includes a number of questions on crime that the client has committed in the previous 28 days/ 28 days prior to custody. These are self-reported questions and the responses provided are in the main unreliable and not consistent with other information. Feedback from keyworkers is that these questions are not easy to get accurate answers from clients. Therefore, we are proposing to remove all crime questions under section 3 of the TOP form.

We are proposing to remove the following questions from the TOP form:

- shoplifting (SHOTHEFT)
- selling drugs (DRGSELL)
- theft from or of a vehicle (OTHTHEFT)
- other property theft or burglary (OTHTHEFT)
- fraud, forgery or handling stolen goods (OTHTHEFT)
- committing assault or violence (ASSUALT)

52. Do you agree with the removal of crime questions from the TOP? Yes / No
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### Removal of question from Young Persons Outcome Record (YPOR)

The YPOR includes a question on how worthwhile the young person feels their life is. We have received feedback from providers that this is a difficult question for a young person to answer and therefore we are proposing to remove it from the YPOR.

53. Do you agree with the removal of the YPOR question 'To what extent do you feel that the things you do in your life are worthwhile?' Yes / No
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## Splitting of YPOR question about friends and family

The YPOR contains a question on how well the young person gets on with their friends and family. We have received feedback from providers that it would be preferable if this question were split into 2 questions as the way a YP feels about their friends can be very different to the way they feel about their family members.

Therefore, we are proposing to remove the existing question and replace it with 2 separate questions:

- overall, how well do you get on with your friends? (score 0-10)
- overall, how well do you get on with your family? (score 0-10)

This would be applicable to:

- community YP
- secure setting YP

54. Do you agree with the removal of the existing YPOR question 'Overall, how well do you get on with your family / friends?' and the introduction of 2 new questions: 'Overall, how well do you get on with your friends?' and 'Overall, how well do you get on with your family members?' Yes / No

55. Do you have any further comments you would like to make on any aspect of this consultation? *If your comment relates to a specific question please ensure you indicate the question number*

## Appendix A – proposed CDS-P referral sources

Community adult dataset	Community YP dataset
Self	Universal Education
Primary care/ GP	YOT
Prison	Children and Family services
Other	Self
Adult Drug/ Alcohol Service	Children's Mental Health Service
Hospital	Relative/ Peer/ Concerned Other
Social Services	Alternative Education
Self-referred via health professional	Targeted Youth Support
Criminal Justice Other	Crime Prevention
National Probation Service	Young People's Treatment Provider
Arrest Referral/ Police	School Nurse
Mental Health Service	Hospital
Relative/ Peer/ Concerned other	Children and YP Secure Estate
DRR	YP Housing
ATR	Primary care/ GP
Employment/ Education service	Outreach
Employer	Non treatment substance misuse
Outreach	Adult Drug/ Alcohol Service
Community Rehabilitation Company (CRC)	Non Child Mental Health Service
Liaison and Diversion	Self-referred via health professional
Domestic abuse service	Helpline/ Website/ FRANK
Housing service	Employer
Hospital alcohol care team/ liaison nurse	Recommissioning
YP structured treatment provider	
Recommissioning	