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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-Q

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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	Wendy Richardson
Publication date	14 May 2021
Target audience	Staff in alcohol and drug adult community treatment providers. Staff in alcohol and drug young person’s 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 st April 2022.
Action required	None required but responses invited via the PHE NDTMS core data set Q consultation (May/June 2021) survey
Timing	Four weeks from issue
Contact details	Public Health England 6 th Floor, Wellington House, 133–155 Waterloo Road, London SE1 8UG Tel: 020 7654 8000 Email: ndtms.admin@phe.gov.uk

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 2022, 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 you would like to raise on the process itself, please write to:

Paul Tansley
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London SE1 8UG
e-mail: NDTMS.Admin@phe.gov.uk

Please do not use this postal address for responses to the survey. These should be done via the via the [PHE NDTMS core data set Q consultation \(May/June 2021\)](#) survey.

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 – all datasets

Addition to reference data – Ethnicity

NDTMS currently collects Client Ethnicity with the current responses being the collapsed ONS list. Multiple stakeholders have asked for this to be expanded to include Gypsy or Irish Traveller to enable future measuring of equity of service delivery and to inform local needs assessments.

Q1 – Do you agree in the expansion of the current ethnicity list to include Gypsy or Irish Traveller? Yes / No

Introduction of new field – Gender Identity Code

As has been raised in previous consultations, recording client gender is a specific issue that has been highlighted by multiple stakeholders. We are currently liaising with NHS Digital on the best way of doing this.

Q2 – Would you be supportive of the introduction of a new field to record the client's gender? Yes / No

Changes to accommodation need

The NDTMS dataset currently collects information on a client's accommodation need. In order to enable planners/commissioners locally, and policy makers nationally, to understand better whether people have the right home to support their recovery, the current questions will need to be updated. Any updates would provide us with the granularity that would better enable us to change/influence housing policy by understanding more about the connectivity with treatment outcomes. Dame Carol Black's review has highlighted how little we know about this dynamic outside of rough sleeping, and has meant that recommendations in this area have had to be quite broad and high level.

NDTMS proposes to remove the current data item 'Accommodation need' and replace it with 2 new questions (in the episode for secure setting and episode and client information review for community).

1. What tenure is the client's current home?
 - a. Owns home
 - b. Rented home only – self-contained:
 - Rents from a private landlord
 - Rents from a housing association
 - Rents from a local authority
 - c. Rented home only – shares facilities with others, for example, shared kitchen or bathroom:
 - Rents from a private landlord
 - Rents from a housing association
 - Rents from a local authority
 - d. Rented home with support (supported housing):
 - Rents from a private landlord
 - Rents from a housing association
 - Rents from a local authority
 - e. Other:
 - University or college accommodation
 - Living with friends
 - Living with family
 - Sofa surfing (sleeps on different friends floor each night)
 - Health care setting, for example, mental health institution, hospital
 - Accommodation tied to job (including Armed Forces)
 - Approved premises
 - Authorised Gypsy and Traveller site
 - f. No home of their own – not included in above:
 - Living with friends as a short-term guest
 - Living with family as a short-term guest
 - Lives on the streets/rough sleeping
 - Squatting
 - Night/winter shelter
 - Bed and breakfast, or other hotel
 - Hostel
 - Temporary housing
 - Unauthorised Gypsy and Traveller encampment
2. Are you threatened with homelessness in the next 56 days?
 - Yes
 - No

Q3 – Do you agree with removing the current accommodation need questions and replacing with 2 new questions: 'What tenure is the client's current home' and 'Are you threatened with homelessness in the next 56 days' (at episode for secure estates and episode & CIR for community)? Yes / No

Changes to domestic abuse

Substance misuse and abusive behaviour often co-occur. Home Office statistics show that 48% of convicted domestic abuse perpetrators had a history of alcohol dependence, and 73% had consumed alcohol prior to the event. (See the Home Office document '[Findings – Domestic violence offenders: characteristics and offending related needs](#)').

The Domestic Abuse Act places a duty on LAs to undertake needs assessments. Having consistent collection of administrative data will help to inform these needs assessments, as well as future commissioning of specialist services. This will join up work in relation to the forthcoming serious violence duty (due to come in next year) which will place a duty on local partnerships to collaborate to tackle serious violence.

[NICE Public Health Guideline 50 Domestic violence and abuse](#) multiagency working makes the recommendation for routine enquiry of by all health care professionals and specifically includes drug and alcohol services in it.

The NDTMS dataset currently collects information on domestic abuse. NDTMS proposes the addition of 2 new data items for all datasets, which would replace the current data item 'YP ever been affected by domestic abuse' in the YP dataset (community and secure estate).

NDTMS also proposes the addition of 2 new sub-interventions (adult and YP community datasets) which would replace the current adult community sub-intervention.

Proposed questions for adult and YP datasets (in the episode for secure setting and episode and client information review for community):

- a) Experience of domestic or intimate partner abuse/violence as a victim/survivor:
 - Current
 - Previous
 - Never
 - Declined to answer

- b) Experience of domestic or intimate partner abuse/violence as a perpetrator:
 - Current
 - Previous
 - Never
 - Declined to answer

c) Sub-intervention review:

- i. Recovery support (adult community) – replace ‘domestic abuse/violence support’ with ‘domestic or intimate partner abuse/violence support for victim/survivor’ and ‘domestic or intimate partner abuse/violence support for perpetrator’.
- ii. Multi-agency working (YP community) – add ‘domestic or intimate partner abuse/violence support for victim/survivor’ and ‘domestic or intimate partner abuse/violence support for perpetrator’.

Q4 – Do you agree with removing the current domestic abuse questions from the YP dataset and adding 2 new questions to all datasets: ‘Experience of domestic or intimate partner abuse/violence as a victim/survivor’ and ‘Experience of domestic or intimate partner abuse/violence as a perpetrator’? Yes / No

Q5 – Do you agree with replacing the current (adult community) sub-intervention response ‘domestic abuse/violence support’ and adding ‘domestic or intimate partner abuse/violence support for victim/survivor’ and ‘domestic or intimate partner abuse/violence support for perpetrator’ to both the adult and YP community sub-intervention responses? Yes / No

Addition to reference data – What help are client's children and/or children living with client receiving?

NDTMS currently collects data on the help the client's children/children living with the client are receiving. NDTMS proposes to expand the wording of some options and add 2 new responses.

The current options are:

- Early help
- child in need
- has a child protection plan
- Looked after child
- None of children are receiving any help
- Client declined to answer

NDTMS proposes to expand/add:

- Early help (family support)
- Child in need (LA service)
- Has a child protection plan (LA service)
- Looked after child (LA service)
- None of the children are receiving any help
- Other relevant child or family support service
- Not known
- Client declined to answer

Q6 – Do you agree to the amendments to update the current options of what help the client's children/children living with client are receiving? Yes / No

Proposed changes – community datasets

Proposed changes applicable to both adult & YP community datasets

Individual Placement and Support (IPS) national roll out

The Individual Placement and Support (IPS) trial in the drug and alcohol sector was piloted from 1 April 2018. The pilot has now ended and is due to be rolled out more extensively.

This question is relevant to clients over the age of 18, therefore applicable to both adult and YP datasets (YP services with clients aged 18 to 24).

The proposal is for the following IPS data items to be added to the NDTMS dataset and will only be applicable to clients participating in IPS:

- Client participating in IPS
- Consent for IPS data sharing
- National Insurance number
- Full post code of residence
- IPS intervention with a start and end date added to the NDTMS interventions

Q7 – Do you agree to the Individual Placement and Support (IPS) data items being added to the NDTMS community dataset (applicable for IPS clients only)? Yes / No

New psychosocial sub intervention – Intervention Delivery Mode

To capture how interventions are being delivered, for example, telephone , online audio, online video call, app, face-to-face, and so on, it is proposed to add the following to the psychosocial sub-intervention.

Indicate the proportion of face to face appointments with the key worker in the period (tick the one that applies)?

- All face to face
- Mostly face to face
- Equal mix of face to face and digital
- Mostly digital
- All digital

Q8 – In order to capture how interventions are being delivered, do you agree to the intervention delivery mode question being added to the NDTMS dataset? Yes / No

Amendment to existing question – Is the client receiving treatment for their mental health need(s)?

The NDTMS dataset collects information on whether a client has a mental health treatment need and the treatment being received. At present, the dataset only permits the recording of one option for the treatment being received. We have received feedback from providers that there is often multiple treatment taking place and it is difficult to be able to prioritise just one. NDTMS would like to be able to report on more than one type of treatment being received. Therefore, we are proposing to amend this question to enable the recording of up to 3 options.

The question is asked at treatment start and is updateable via the client information review.

The provider will not be required to complete this question three times if there are fewer than 3 treatment options being received.

Q9 – Do you agree with providers being able to record up to 3 responses for the treatment being received for the client’s mental health (at episode and client review)? Yes / No

Proposed changes applicable to community adult dataset

Addition to reference data – Hep C test result PCR (RNA) status

NDTMS currently collects data on Hep C test result PCR (RNA) status at episode start and client information review.

Current options are:

- Positive
- Negative (never infected)
- Negative (cleared by treatment)
- Unknown

The proposal is to add an additional response to the current options:

- Negative (cleared naturally)

Q10 – Do you agree to the additional response of Negative (cleared naturally) being added to the current 'Hep C test result PCR (RNA) status' options? Yes / No

Addition to reference data – Has the client been issued with naloxone (at treatment start and in the last 6 months)?

NDTMS currently collects data on whether the client has been issued with Naloxone at both episode start and at client information review.

Current options are:

- Yes – nasal naloxone
- Yes – injectable naloxone
- Yes – both nasal and injectable naloxone
- No – client already in possession of adequate naloxone
- No – assessed as not appropriate to offer
- No – service does not provide naloxone

The proposal is to add the following additional responses to the current options:

- Yes – not yet issued
- No – offered and refused

Q11 – Do you agree to the two additional responses being added to the current options for Naloxone being issued? Yes / No

Addition to reference data – Referral source

The referral source options currently include 'Children and Family Services' in the YP community dataset. NDTMS proposes to add this to the adult community dataset.

Q12 – Do you agree to the referral source option 'Children and Family Services' being available in the adult community dataset as well as the YP community dataset? Yes / No

Amendment to existing reference data – Referral source

The referral source options currently includes the response 'Social Services' in the adult community dataset. NDTMS are proposing to expand the wording to 'Adult Social Care Services'?

Q13 – Do you agree to the referral source option 'Social Services' being expanded to 'Adult Social Care Services'? Yes / No

Introduction of new data item – Sex worker

NDTMS is looking to enhance the reporting of vulnerable groups and does not currently collect data about current or previous sex work. NDTMS proposes to add the following question at treatment start only:

'Have you ever received money or goods in exchange for sex?'

- Yes – in the past year
- Yes – but not in the past year
- No
- Client declined to answer

Q14 – Do you agree to the addition of a new data item 'sex worker' to be asked at treatment start? Yes / No

Introduction of new data item – HIV latest test date

NDTMS currently collects data on whether the client is HIV positive, which relates to the latest test result. In order to ascertain when that test was done, NDTMS proposes to add the 'HIV latest test date' to the episode start and client information review?

Q15 – Do you agree to the addition of a new data item 'HIV latest test date' to the episode start and CIR? Yes / No

Proposed changes applicable to community YP dataset

Addition to reference data – Intervention setting 'Primary Care'

The setting in NDTMS allows providers to specify where treatment is delivered. Although 'Primary Care' is currently a setting in the adult community dataset, it does not appear in the YP community dataset. The proposal is to add 'YP Primary Care' to the setting options in the YP community dataset to indicate that structured substance misuse treatment is provided in a primary care setting with a General Practitioner, often with a special interest in addiction treatment, having clinical responsibility?

Q16 – Do you agree to the addition of 'YP Primary Care' to the setting options in the YP community dataset? Yes / No

Merging of existing questions – YP offered a screen for sexually transmitted infections and YP offered a screen specifically for chlamydia

NDTMS currently asks young people about whether the YP has been offered a screen for sexually transmitted infections, and separately for chlamydia. In order to reduce data burden, NDTMS are proposing to remove these two questions and replace them with:

'YP offered a screen for sexually transmitted infections (including chlamydia)'

- Offered and accepted
- Offered and refused
- Assessed as not appropriate to offer

Q17 – Do you agree to removing the 2 existing questions and replacing with 'YP offered a screen for sexually transmitted infections (including chlamydia)'? Yes / No

Introduction of new data item – Referral date to service

'Referral date to service' was added to the adult community dataset in CDS-P. In order to evidence non-structured work which takes place prior to structured treatment, NDTMS are proposing to add this to the YP dataset.

Q18 – Do you agree to the addition of the question 'Referral date to service' to the YP dataset? Yes / No

Introduction of new data item – Disability 1, 2 and 3

NDTMS currently collects data (up to 3 responses) on the client's disability in the adult community and secure setting dataset. NDTMS proposes to add disability to the YP community and YP secure setting dataset (with the additional option of special educational needs).

Q19 – Do you agree with us asking the disability question, currently in the adult dataset to YP providers (with the additional option of special educational needs)? Yes / No

Proposed changes – secure setting datasets

Proposed changes applicable to secure setting adult & YP datasets

Introduction of new data item – Reconnect support

The care after custody service, RECONNECT, starts working with people before they leave prison and helps them to make the transition to community-based health services. NHSE have requested NDTMS be able to record this support.

In order to monitor support provided by the Reconnect programme, would you agree to the addition of the question:

'Has the client been provided with Reconnect support?'

- Yes – Standard Reconnect support
- Yes – Enhanced Reconnect support
- No

Q20 – Do you agree to the addition of the Reconnect Support question? Yes / No

Proposed changes applicable to secure setting adult dataset

Introduction of new data item – Sex worker

NDTMS is looking to enhance the reporting of vulnerable groups and does not currently collect data about current or previous sex work. NDTMS proposes to add the following question:

'Have you ever received money or goods in exchange for sex?'

- Yes – in the past year
- Yes – but not in the past year
- No
- Client declined to answer

Q21 – Do you agree to the addition of a new data item 'sex worker' to be asked at treatment start? Yes / No

Introduction of new data item – HIV latest test date

NDTMS currently collects whether the client is HIV positive, which relates to the latest test result. In order to ascertain when that test was done, NDTMS propose to add the 'HIV latest test date'?

Q22 – Do you agree to the addition of the 'HIV latest test date'? Yes / No

Amendment to existing data item – Treatment interventions

Buprenorphine depot injection (eg Buvidal) is becoming more prominent via isolated pilots and will increase throughout 2021. NDTMS currently has intervention codes of 'opioid maintenance – buprenorphine' or 'opioid reduction – buprenorphine', however, if an establishment delivers Subutex and Buvidal, this cannot be separated in NDTMS outputs. Buprenorphine depot injection exists in the community dataset (as a sub intervention review) so the proposal would align secure estate to community to some degree.

NDTMS proposes to add two new treatment interventions:

- Opioid maintenance – Buprenorphine depot injection (eg Buvidal)
- Opioid reduction – Buprenorphine depot injection (eg Buvidal)

Q23 – Do you agree to the addition of 2 new interventions: ‘Opioid maintenance – Buprenorphine depot injection (eg Buvidal)’ and ‘Opioid reduction – Buprenorphine depot injection (eg Buvidal)’ in the adult secure dataset? Yes / No

Proposed changes applicable to secure setting YP dataset

Introduction of new data item – Disability 1, 2 and 3

NDTMS currently collects data (up to 3 responses) on the client’s disability in the adult community and secure setting dataset. NDTMS proposes to add disability to the YP community and YP secure setting dataset (with the additional option of special educational needs).

Q24 – Do you agree with us asking the disability question, currently in the adult dataset to YP providers (with the additional option of special educational needs)? Yes / No

Proposed changes to Treatment Outcomes Profile & Young Persons Outcome Record

Removal of outcome treatment stage (applicable to TOP and YPOR)

NDTMS currently collects the TOP treatment stage to identify whether the TOP (Treatment Outcome Profile) or YPOR (Young People’s Outcome Record) relates to the start, review, exit or post-exit of the client’s treatment journey. It is, however, only the date that is required for analysis and reporting purposes.

Q25 – Do you agree to the removal of the TOP treatment stage? Yes / No

Merging of existing questions on TOP – Days in volunteering and Days in unpaid structured work placement

Due to the similar nature of the questions and to reduce data burden, NDTMS proposes to combine the two TOP questions of 'Days in volunteering' and 'Days in unpaid structured work placement'. The new question would be 'Days in volunteering or unpaid structured work placement'.

Q26 – Do you agree to combining the two questions 'days in volunteering' and 'days in unpaid structured work placement' on the TOP? Yes / No

Addition of new question on TOP – Binge drinking

To help identify the risk of harm from alcohol consumption, NDTMS proposes to add a new question on the TOP:

'How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last 28 days'?

- Not in the last 28 days
- Once in the last 28 days
- Weekly
- Daily/almost daily

Q27 – Do you agree with the addition of 'binge drinking' being added to the TOP? Yes / No

Further comments

Q28 – 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)

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