



DRUG TREATMENT MONITORING UNIT (DTMU)

---

Part of the National Drug Treatment Monitoring System  
(NDTMS)

A Guide to NDTMS Data

Collection 2007

DRUG TREATMENT MONITORING UNIT

# A Guide to NDTMS Data Collection

---

© Drug Treatment Monitoring Unit (DTMU)  
4150 Chancellor Court  
Oxford Business Park South  
Oxford  
OX4 2GX  
Tel 01865 334734  
Fax 01865 334733

**Version:** 1.0

**Author:** DTMU

**Date Released:** 01/04/2007

**Table of Contents**

**1.0 Introduction ..... 3**

**2.0 Data Requirements..... 4**

**3.0 Confidentiality ..... 5**

**4.0 Detailed Definition..... 5**

*Clients presenting for treatment..... 5*

*Individuals Discharged..... 5*

*Referral Date Definitions..... 6*

*Date of First Appointment Offered..... 6*

**5.0 Core Data Set ‘D’ (CDS-D)..... 7**

**6.0 Non-Consenting Clients..... 11**

**7.0 DTMU Month-End Submission Process ..... 11**

*NDTMS Dataflow ..... 11*

*Submission Deadline Dates ..... 12*

*Data Submission File Format and File Name..... 12*

*Month-End Agency Submission Check List..... 13*

*Using Email to Submit Monthly Data Submissions..... 13*

*Using the NTA File Upload Portal (FUP)..... 14*

*Non Compliant Treatment Providers ..... 14*

**8.0 Data Quality ..... 14**

**9.0 Waiting Times ..... 15**

**10.0 Retention..... 15**

*Retention Measure..... 16*

        10.1.1 Continuous Episodes – Scenario 1 ..... 16

        10.1.2 Continuous episodes – Scenario 2..... 17

**11.0 Notifying DTMU of A New Treatment Agency ..... 18**

**12.0 Notifying DTMU of a Closed/Closing Treatment Agency ..... 18**

**13.0 DTMU Contact Details ..... 18**

**14.0 Appendices ..... 19**

*Appendix A – Reference Data as defined by the NTA..... 19*

*Appendix B - Official Drugs List ..... 27*

*Appendix C – Further Reference..... 32*

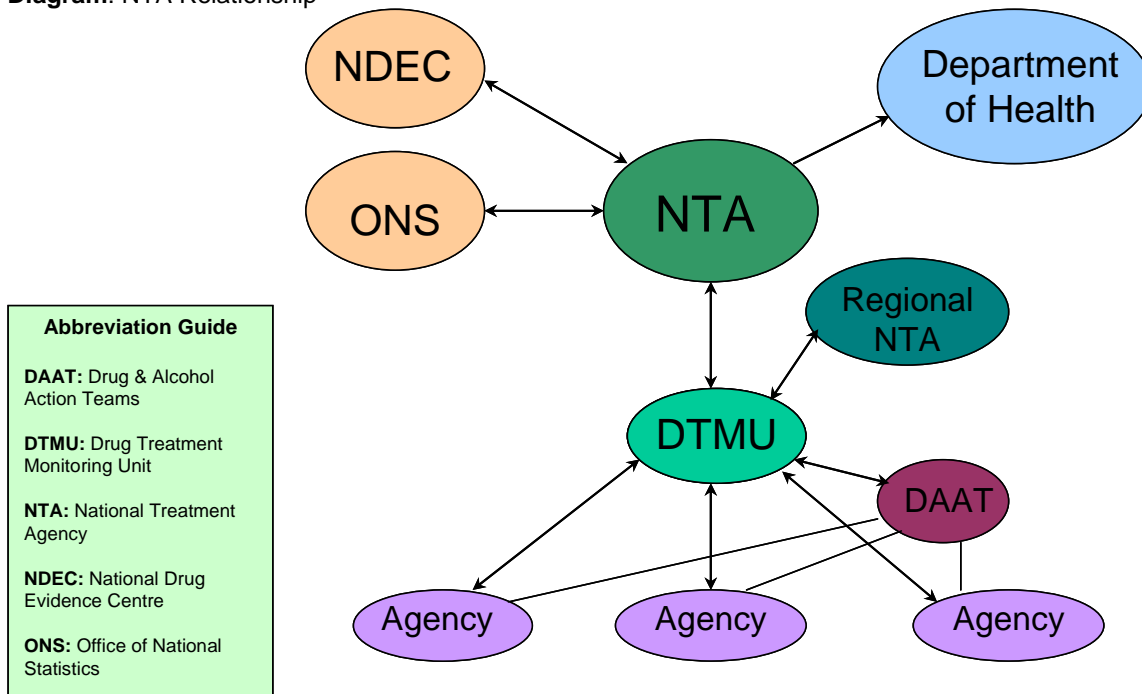
## 1.0 Introduction

- Originally commissioned by the Department of Health (DoH), the National Drug Treatment Monitoring System (NDTMS) was developed from the Regional Drug Misuse Databases (RDMDs), which have been in place since the late 1980s.
- There are 9 NDTMS regional centres in England, and the South East DTMU is hosted within the South East Public Health Observatory (SEPHO) in Oxford.
- The role of the South East Drug Treatment Monitoring Unit (DTMU) is to communicate the ever-changing data collation agenda to key stakeholders, whilst supporting drug treatment agencies in the collection and management of their client data.
- The electronic transfer of a Core Dataset to the DTMU will provide the NTA with information needed to track public service agreement (PSA) targets and NTA key performance indicators (KPI). It will assist drug treatment commissioners in that it should produce standard reports on their provider activity for their use.

### History

- April 2003 responsibility for the NDTMS was handed over to the National Treatment Agency (NTA).
- April 2004 the historical NDTMS paper based recording system was replaced with the requirement for treatment provider's to submit data electronically to their regional DTMU.
- April 2005 the 29-field NDTMS dataset was introduced and is referred to as Core Data Set B (CDS-B). Young People's data collection began to be collected.
- April 2006 a new 47-field NDTMS dataset was introduced nationally and is referred to as Core Data Set C (CDS-C).
- April 2007 a new 56-field NDTMS dataset will be introduced nationally and is to be referred to as Core Data Set D (CDS-D).

This guide is for treatment providers and Drug Action Teams (DATs) across the South East region to help them in the submission of the NTA required Dataset. This should provide better quality and more timely information in the future.

**Diagram: NTA Relationship**

## 2.0 Data Requirements

### Adult

From the 1<sup>st</sup> April 2004 all treatment provider agencies should be providing an NTA approved dataset for all individuals presenting for substance misuse treatment between the 1<sup>st</sup> of the month and the last day of the month inclusive, who are undergoing structured treatment in tiers 3 and 4 as defined by the Models of Care, as published by the NTA.

The data items contained in the Core Data Set is intended to provide a measurement for the four NTA Key Performance Indicators (KPIs), namely:

- Waiting times (the NDTMS will be officially used to calculate waiting times for clients presenting from 1<sup>st</sup> April 2006)
- To double the number of people in effective, well-managed treatment between 1998 and 2008; and
- To increase the proportion of people who successfully complete or, if appropriate, continue treatment.

In addition:

- Reducing waiting times as an indicator for improving efficiency, and
- Building the drug treatment workforce as an indicator for increasing capacity.
- Client retention in treatment is being used as an indicator of quality in structured drug treatment.

### Young People

From the 1<sup>st</sup> April 2005 all YP treatment provider agencies should be providing an NTA approved dataset for all individuals presenting for substance misuse treatment between the 1<sup>st</sup> of the month and the last day of the month inclusive, who are undergoing treatment in tiers 2, 3 and 4 as defined by the Models of Care, as published by the NTA.

### 3.0 Confidentiality

Part of the assessment process should be establishing with a client how information relating to them may be shared and for what purpose. This may be done as part of the care planning process and should have started at the time of assessment.

Agencies should have clear policies about how assessment information and care plans are shared.

### 4.0 Detailed Definition

#### Clients presenting for treatment

The number of problem substance misusers presenting to treatment services between the 1<sup>st</sup> of the Month and the last day of the month inclusive, including those referred from the criminal justice system and self referrals. In the main this will be tier 3 and 4 service, however those agencies working at tier 2 may be required by their DAT to submit appropriate information according to local needs.

A client is considered to have presented for treatment if they have received a triage or initial assessment.

**Triage definition** - Triage Assessment aims to identify the nature and the extent of a client's drug and alcohol use, then focuses specifically on identifying any immediate needs that will impact on the client's likely engagement with the service or treatment process. (*Care Planning Practice Guide, August 2006, NTA*)

The monthly report should show all clients presenting in the reporting period and also all clients being discharged in the reporting period. Discharges are to be reported, as they will be back checked against the Episode Core data Management System (ECMS) database to close the historical records.

If a client receives treatment in more than one modality within a month, each modality should be reported and each modality should be closed either when completed or when a client is discharged.

#### Individuals Discharged

Every month each provider should provide a list of those clients who have been discharged.

**Discharge Date Definition** - The date that the client was discharged ending the current treatment episode. If a client has had a planned discharge then the date agreed within this plan should be used and should be the **last face-to-face contact date**. If a client's discharge was unplanned then the date of last face-to-face contact with the agency should be used.

## Referral Date Definitions

### Referral date:

The date agency becomes aware that the client is waiting. Date of receipt of phone-call, letter, client walks through door asking to be seen etc

### Referral to modality date:

Waiting times for Tiers 3 and 4 will be measured from the date entered in this field.

#### 1st Intervention

- This is the date the client is referred into the treatment system.
- E.g. GP and client agree that client will be referred. Date of appointment where possible, but practically likely to be date on letter or date of phone call. **This date then may be BEFORE the referral to agency date.**

#### Subsequent interventions

- This is always the date that it is agreed with the client that they will progress to another intervention.
- Where this is at a different agency, the referral to modality date will be the date agreed with the client. The referral (to agency) date will be the date that the new agency becomes aware of the client waiting. **This date could therefore be before the referral to agency date.** Unless being treated at same agency, then only the new information is modality information.
- This field will also be used to record the start of the wait for any subsequent modalities / interventions within the episode. It should again be used as defined within the waiting times guidance notes.

**If a Modality is entered, Date Referred to Modality MUST also be recorded and vice versa.**

## Date of First Appointment Offered

This is the first suitable appointment date for the modality / intervention, as agreed with the client. The date of first appointment offered may be the same as the actual modality / intervention start date, but this may not always be the case (e.g. if the client fails to attend the first appointment).

Record **date of first appointment offered** for the intervention when it is actually offered to the client.

**Modality Start Date** should ONLY be recorded once the client ACTUALLY starts the intervention/modality.

## 5.0 Core Data Set 'D' (CDS-D)

The data set is defined below, those data fields with an \* are mandatory fields that need to be completed in order for the DTMU to create a client count on their systems.

Data Field	CSV File Header	Data Type	Description
Client Forename Initial *	FINITIAL	Alphabetic (Upper Case)	The first initial of the client's first name – for example Richard would be 'R'
Client Surname Initial *	SINITIAL	Alphabetic (Upper Case)	The first initial of the clients surname – for example Smith would be 'S', O'Brian would be 'O' and McNeil would be 'M'.
Client Date Of Birth *	DOB	Date YYYY-MM-DD	The day, month and year that the client was born.
Client Gender *	SEX	Alphabetic (Upper Case)	The sex that the client was at birth
Client Ethnicity	ETHNIC	Alphabetic (Upper Case)	The stated ethnicity of the client as defined in the OPCS census categories
Client Nationality	NATION	Alphanumeric	Country of nationality of birth i.e. Great Britain (GBR)

Data Field	CSV File Header	Data Type	Description
Referral Date *	REFLD	Date YYYY-MM-DD	The date that the client was referred to the agency for this episode of treatment – for example it would be the date a referral letter was received, the date of a referral phone call or fax or the date the client self referred.
Agency Code*	AGNCY	Alphanumeric	A unique identifier for the agency that is defined by the regional NDTMS centres – for example P0001
Client Reference Number	CLIENT	Alphanumeric	A unique number or ID allocated by the treatment agency to a client. The client reference number should remain the same within an agency for a client during all treatment episodes.
Client ID	CLIENTID	Alphanumeric	A <b>technical identifier</b> representing the client, as held on the clinical system used at the agency (NB: this should be a technical item, and must not hold or be composed of attributers which might identify the individual – this data is merely to assist in synchronising the data held in NDTMS with that on the clinical system). A possible implementation of this might be the row number of the client in the client table.
Episode ID	EPISODID	Alphanumeric	A <b>technical identifier</b> representing the episode, as held on the clinical system used at the agency. (NB: this should be a technical item, and should not hold or be composed of attributers which might identify the individual – this data is merely to assist in synchronising the data held in NDTMS with that on the clinical system). A possible implementation of this might be the row number of the episode in the episode table.
<b>Consent for NDTMS</b>	<b>CONSENT</b>	<b>Alphabetic (Upper Case)</b>	<b>Clients should give written consent to share information about their care plan. This consent should specifically state which agencies the client consents to have information received about them and which they do not. A form recording the client's consent should be kept in the notes. Consent should be reviewed at the time of reviewing the care plan.</b>
Previously Treated	PREVTR	Y/N	Has the client ever received Tier 3 or 4 treatments at this or any other agency?
Postcode	PC	Alphanumeric	The postcode of the client's residence. This postcode will be truncated, by removing the final two characters of the postcode (i.e. 'NR14 7UJ' would be truncated to 'NR14 7'.



A GUIDE TO NDTMS DATA COLLECTION

Accommodation Need	ACCMNEED	Alphanumeric	The accommodation need refers to the current situation (30 days prior to the start of treatment) of the client with respect to housing need. The NDTMS Core Data Set – Reference Data contains two sets of reference data for Accommodation Need, to cater for those providing service to Adults and Young People.
Parental Status	PRNTSTAT	Numeric	The parental status of the client – a child is a person who is under the age of 16.
DAT of residence *	DAT	Alphanumeric	The Drug Action Team (or partnership area) in which the client normally resides (as defined by the postcode of their normal residence). If the client states that they are of No Fixed Abode (denoted by having an accommodation need of NFA) then for Tier 3 agencies the DAT of the treatment provider should be used as a proxy; and for Tier 4 agencies the DAT of the referring partnership should be used as a proxy.
PCT of residence	PCT	Alphanumeric	Primary Care Trust in which the client normally resides (as defined by the postcode of their normal residence). If the client states that they are of No Fixed Abode (denoted by having an accommodation need of NFA) the PCT of residence should be left <b>blank</b> .
Problem Substance 1 *	DRUG1	Alphanumeric	Substance (excluding tobacco) that brought the client into treatment at the point of triage / initial assessment, even if they are no longer actively using this substance. If a client presents with more than one substance the agency is responsible for clinically deciding which substance is primary. 'Poly Drug' should no longer be used in this field; instead the specific substances should be recorded in each of the problem substance fields.
Age of first use of Problem Substance 1	DRUG1AGE	Numeric	The age (in years) at which the client recalls first used problem substance No. 1.
Route of Administration for Problem Substance 1	ROUTE	Alphabetic (Upper Case)	How the primary problem substance is administered by the client (e.g. snorted)
Frequency of use of Problem Substance 1	DRUG1FRQ	Alphanumeric	Frequency of use of Problem Substance 1. A valid frequency of use code should be used as defined in the NDTMS Core Data Set – Reference Data (i.e. 'not used in past month').
Problem Substance No. 2	DRUG2	Alphanumeric	Additional (non-primary) Substance (excluding tobacco) that brought the client into treatment at the point of triage / initial assessment, even if they are no longer actively using this substance. 'Poly Drug' should no longer be used in this field; instead the specific substances should be recorded in each of the problem substance fields.
Problem Substance No. 3	DRUG3	Alphanumeric	Additional (non-primary) Substance (excluding tobacco) that brought the client into treatment at the point of triage / initial assessment, even if they are no longer actively using this substance. 'Poly Drug' should no longer be used in this field; instead the specific substances should be recorded in each of the problem substance fields.
Referral Source	RFLS	Alphabetic (Upper Case)	The source or method by which a client was referred for this treatment episode.
<b>Triage Date *</b>	TRIAGED	Date YYYY-MM-DD	The date that a client made a first face to face presentation to a treatment service for this treatment episode. This could be the date of triage/ initial assessment though this may not necessarily always be the case.
Care Plan Started	CPLANDT	Date YYYY-MM-DD	Date that a care plan was created and agreed with the client for this treatment episode.
Injecting Status	INJSTAT	Alphabetic (Upper Case)	Is the client currently injecting, have they ever previously injected or never injected?
Children	CHILDWTH	Numeric	How many children live with the client at least part of the time? A child is a person who is under the age of 16.
Pregnant	PREGNANT	Alphabetic (Upper Case)	Is the client pregnant?
Drinking Days	ALCDDAYS	Alphabetic (Upper Case)	Number of days in the month prior to initial assessment that the client consumed alcohol.

A GUIDE TO NDTMS DATA COLLECTION

Units of Alcohol	ALCUNITS	Numeric	Typical number of units consumed on a drinking day in the month prior to initial assessment.
Employment Status	EMPSTAT	Numeric	The client's current employment status.
Dual Diagnosis	DUALDIAG	Alphabetic (Upper Case)	Is the client currently receiving care from mental health services for reasons other than substance misuse?
Hep C – Latest Test Date	HEPCTSTD	Date YYYY-MM-DD	Date that the client was last tested for Hepatitis C. This test may be within the current treatment episode or previously to the episode. If the exact date is not known then the 1 <sup>st</sup> of the month should be used if that is not known. If only the year is known then the 1 <sup>st</sup> January for that year should be used.
Hep C Intervention Status	HEPCSTAT	Alphanumeric	Within the current treatment episode, whether the client was offered a test for Hepatitis C, and if that offer was accepted by the client.
Hep B Vaccinations Count	HEPBVAC	Alphanumeric	The number of Hep B vaccinations received in this episode.
Hep B Intervention Status	HEPBSTAT	Alphanumeric	Whether vaccination was offered, accepted or refused, or immunised already.
Drug Treatment Health Care Assessment Date	HLCASSDT	Date YYYY-MM-DD	The date of the last full drug treatment general health care assessment was undertaken by the service. A general healthcare assessment requires an appraisal of, and response to (by direct intervention or referral), the following as a minimum: injecting related wound infections; septicaemia; blood borne viruses; TB; overdose (accidental or intentional), sexually transmitted diseases, dental health, and will also include a basic health screen, which must be carried out by a trained professional
Agency Discharge Date**	DISD	Date YYYY-MM-DD	The date that the client was discharged ending the current treatment episode. If a client has had a planned discharge then the date agreed within this plan should be used. If a client's discharge was unplanned then the date of last face to face contact with the agency should be used. If a client has had no contact with the agency for two months then for NDTMS purposes it is assumed that the client has exited treatment and a discharge date should be returned at this point using the date of the last face to face contact with the client. It should be noted that this is not meant to determine clinical practice and it is understood that further work beyond this point to reengage the client with treatment may occur. NOTE: This process should be used for clients triaged after 1 <sup>st</sup> April 2006 and records should not be amended retrospectively.
Discharge Reason**	DISRSN	Numeric	The reason why the client's episode of treatment was ended – A discharge code should be used from the NTA Defined reference list (at the end of this document).

Data Field	CSV File Header	Data Type	Description
Treatment Modality	MODAL	Alphanumeric	The treatment modality or type a client has commenced in within this treatment episode as defined in models of care – A modality code should be used from the defined NTA reference list, a client may have more than one treatment modality running sequentially or concurrently within an episode. Please see appendix A for definition of an extra treatment modality 'other structured intervention'. Previously this item was referred to as 'Modality Type'.
Date Referred to Treatment Modality	REFMODDT	Date YYYY-MM-DD	The date that it was mutually agreed with the client that they required this modality of treatment. <ul style="list-style-type: none"> <li>For the <b>first modality</b> in an episode this should be the date that the client was referred into the treatment system.</li> <li>For <b>subsequent modalities</b> it should be the date that both the client and keyworker / professional agreed that the client is ready for this modality.</li> </ul>

A GUIDE TO NDTMS DATA COLLECTION

Modality ID	MODID	Alphanumeric	A <b>technical identifier</b> representing the modality, as held on the clinical system used at the agency. (NB: this should be a technical item, and should not hold or be composed of attributers which might identify the individual – this data is merely to assist in synchronising the data held in NDTMS with that on the clinical system). A possible implementation of this might be the row number of the modality in the modality table.
Date of first appointment offered for modality	FAOMODDT	Date YYYY-MM-DD	The date of the first appointment offered to commence this modality. This should be mutually agreed to be appropriate for the client
Treatment Modality Start Date	MODST	Date YYYY-MM-DD	The date that the stated treatment modality commenced – for example for specialist prescribing it would be the date that prescribing commenced and for inpatient / residential rehab it would be the date of admission.
Treatment Modality End Date	MODEND	Date YYYY-MM-DD	The date that the stated treatment modality ended. If the modality has had a planned end then the date agreed within the plan should be used, if it was unplanned then the date of last face to face contact date within the modality should be used.
Treatment Modality Exit Status	MODEXIT	Alphanumeric	Whether the exit from the treatment modality was planned or unplanned.

Data Field	CSV File Header	Data Type	Description
Injected in the last four weeks	INJECT	Alphabetic	Has client injected in the last four weeks?
Ever Shared	SHARE	Alphabetic	Has the client ever shared injecting paraphernalia?
Previously Hep B Infected	PREVHEPB	Alphabetic	Has the client ever had a previous hepatitis B infection?
Hep C Positive	HEPCPOS	Alphabetic	Is the client Hep C positive?
Referred to Hepatology	REFHEPGY	Alphanumeric	Has the client been referred to a hepatology unit?
Sex Worker Category	SEXWKCAT	Alphanumeric	
Local Authority	LA	Alphanumeric	The local authority in which the client currently resides (as defined by their postcode of their normal residence). Due to the DAT's and local authorities not being coterminous in all cases, when the client is NFA the local authority of the treatment agency should not be used as a proxy.
Sexuality	SEXUAL	Alphanumeric	Clients self defined sexuality.

## 6.0 Non-Consenting Clients

Protecting the confidentiality of client information is the DTMU's highest priority. We work under the remit of the NTA, a body with responsibility to oversee and develop treatment for substance misuse nationally.

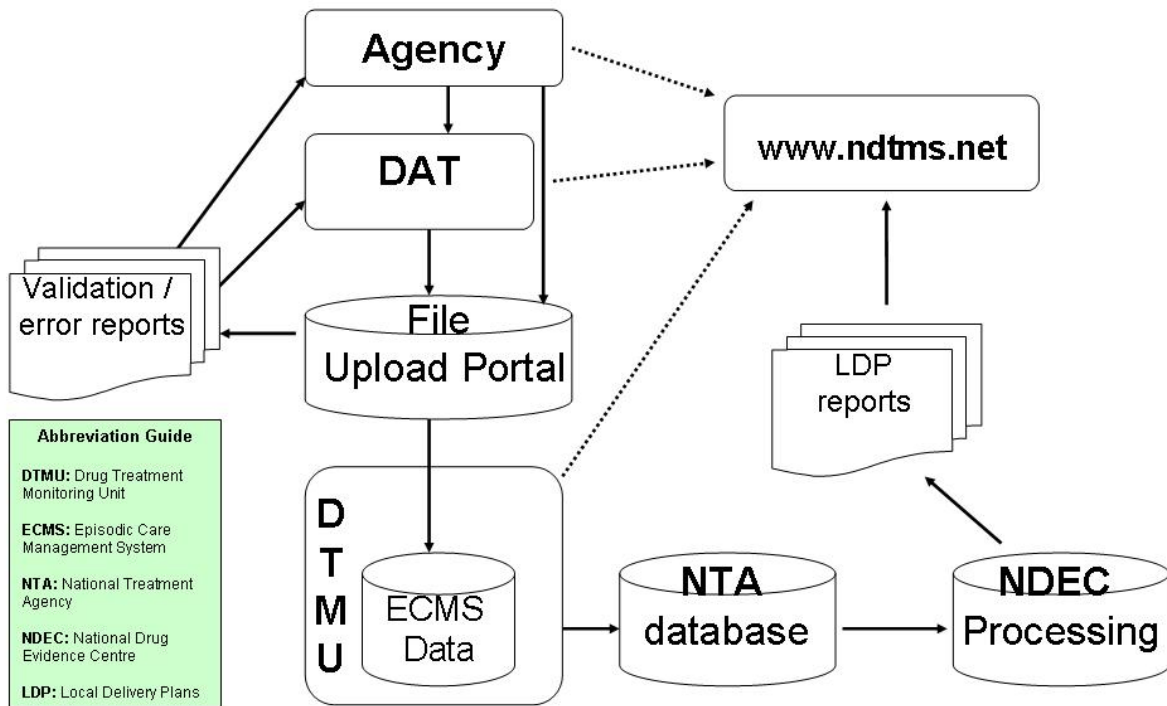
All drug treatment providers must have a clear confidentiality policy, which is understood by both staff and service users. The policy should be presented and clearly explained to the service user, both verbally and in written form, before assessment for treatment begins. The policy should be explained on the service user's first visit to the service and the service user's understanding regularly reviewed. Service users should be explicitly advised of their rights with regard to confidentiality, including their right to access the information that is held on them.

Where a client does not give their consent for information to be shared with other parties then their details should not be passed to the NDTMS.

The NTA have produced a Confidentiality Toolkit to help agencies who are unsure as to what is required of them when collecting NDTMS data. The DTMU has a 'Confidential- between you and me' leaflet that can be handed to clients when discussing consent. If you wish to receive a copy of this Toolkit and or the 'Confidential – between you and me' leaflet please contact the DTMU.

## 7.0 DTMU Month-End Submission Process

### NDTMS Dataflow



### Submission Deadline Dates

Monthly deadline dates for data submissions to be returned to the DTMU are listed in the table below. On each date the previous month's data is due.

Monthly NDTMS Data Submission Deadline Dates			
Month	Validate & Submit to DTMU via FUP	DTMU Upload to NTA	LDP Reports on <a href="http://www.ndtms.net">www.ndtms.net</a>
April 2007	11 <sup>th</sup> April	16 <sup>th</sup> April	30 <sup>th</sup> April
May 2007	9 <sup>th</sup> May	11 <sup>th</sup> May	31 <sup>st</sup> May
June 2007	11 <sup>th</sup> June	14 <sup>th</sup> June	29 <sup>th</sup> June
July 2007	20 <sup>th</sup> July	25 <sup>th</sup> July	10 <sup>th</sup> August *
September 2007	11 <sup>th</sup> September	13 <sup>th</sup> September	28 <sup>th</sup> September
October 2007	11 <sup>th</sup> October	16 <sup>th</sup> October	31 <sup>st</sup> October
November 2007	12 <sup>th</sup> November	15 <sup>th</sup> November	30 <sup>th</sup> November
December 2007	11 <sup>th</sup> December	13 <sup>th</sup> December	2 <sup>nd</sup> January '08
January 2008	11 <sup>th</sup> January '08	16 <sup>th</sup> January '08	31 <sup>st</sup> January '08
February 2008	11 <sup>th</sup> February '08	13 <sup>th</sup> February '08	29 <sup>th</sup> February '08
March 2008	10 <sup>th</sup> March '08	12 <sup>th</sup> March	31 <sup>st</sup> March '08

\* This submission must include data up to 14<sup>th</sup> July and will be used for the HCC upload

### Data Submission File Format and File Name

The information should be provided by the designated agency lead or substitute where appropriate to the DTMU in Oxford.

Upgrades to existing systems, which cater for the core dataset, should be encouraged as much as possible to reduce administrative overheads in the compilation of monthly figures. Bespoke software systems may require slightly different arrangements in the extraction of data depending on how the data is stored.

All fields within the dataset should be completed where possible and empty fields should be left as blank rather than "none" or "null" or "zero" being used.

### CSV File Name

Drug Treatment Providers have been allocated a character Reference Code known as the NDTMS code. This code and the Day and Month the CSV or spreadsheet file was prepared by the Agency for the DTMU need to form the name of the file to be sent.

The following File Naming convention is to be followed: -

<b>File Name Structure</b>	=	P X X X X -YYYYMMDD-YYYYMMDD-TREAT-IN-D
<b>Where</b>		
X X X X	=	Agency Reference Number
YYYY	=	Year
M M	=	Month Number
DD	=	1 <sup>st</sup> of Month & last month day
<b>Example</b>	=	P0000-20070401-20070430-TREAT-IN-D

This data file will contain client records that have presented for treatment between the 1<sup>st</sup> and last day of the calendar month, as well as those clients that have been discharged from the service.

**PLEASE NOTE:** That if a D(A)AT is responsible for submitting the NDTMS data submission on behalf of one or more of their tier 3 / 4 treatment providers, individual CSV submissions per agency (with the correct agency code) need to be submitted to the DTMU.

**One file containing an entire D(A)ATs agency data will no longer be supported.**

### Month-End Agency Submission Check List

To ensure that an agency file is successfully processed through the ECMS database in Oxford it is essential that the following be checked **prior** to the monthly submission being sent to the DTMU:

Task No.	Task		ACTION
1	File contains all 56 fields of the core data set 'D'?	✓ / ✗	If ✓, go to task 2. If ✗ contact DTMU.
2	Are all 56 fields completed for all new presenting clients?	✓ / ✗	If ✓, go to task 3. If ✗, complete all fields where information has been collected on the client.
3	Has file been saved using the correct naming structure (page 9)?	✓ / ✗	If ✓, go to task 4. If ✗ please save the file using the correct naming structure.
4	Does the file contain all clients that have been discharged during the month?	✓ / ✗	If ✓, go to task 5. If ✗, please ensure that all clients that are no longer with your service have a discharge date and reason recorded (p.6 for definitions)
5	Does the file contain just one agency's data?	✓ / ✗	If ✓, go to task 6. If ✗, please split the file into individual agencies and complete task 3.
6	Validate and Submit file via <a href="https://www.ndtms.org/fup-se/">https://www.ndtms.org/fup-se/</a>		

Where one or more of the actions are not undertaken by the agency and the file is subsequently submitted to the DTMU, it will be returned immediately for correction and not processed into ECMS.

**To help agencies with their monthly submission the DTMU has developed and distributed 'A Rough Guide to NDTMS (South East Region)'. This is a two-page guide which highlights what agencies need to do to ensure a successful monthly submission.**

**If you do not have a copy of this guide please contact the DTMU.**

### Using Email to Submit Monthly Data Submissions

Only in special circumstances can an agency submit a monthly submission by email. To send an email attach the file to the message with the following subject and message body

- Subject line: - *Agencyname* EDT Data *Month*
- Message body: - *Month's* Data for EDT attached.
- *Month* refers to the month the file was prepared / extracted.

Returns should be sent to: [ndtms.datareturns@sepho.nhs.uk](mailto:ndtms.datareturns@sepho.nhs.uk)

### Using the NTA File Upload Portal (FUP)

The NTA has designed the File Upload Portal (FUP) to provide a secure way of transferring monthly submissions from treatment agencies to the regional teams across the UK, and will replace the current email submissions process. The portal will give the opportunity for agencies to take control of amendments prior to submitting files to DTMU. Verification and Load reports will be posted back on the portal for agency staff to access. The DTMU can still decide whether or not to accept file if it is lower than the 99% load quality threshold. Amendments will still be requested to improve quality.

### Non Compliant Treatment Providers

Where an agency does not provide a monthly data submission in time to meet the given deadline date both their DAT and the regional NTA management team will be advised.

## 8.0 Data Quality

Data Quality is a measurement used within the SLA between the DTMU and NTA on a quarterly basis. One of these measurements is that **99.9%** of all agencies monthly NDTMS submissions to the DTMU will be loaded successfully into the Episodic Core Management System (ECMS) database. After the monthly data upload to the NTA, the DTMU breaks down the SE Region overall percentages into D(A)AT regions and advises them as to whether or not they and their agencies have met this target.

The other data quality measurements include the number of duplicate client episodes that remain open, and where client data is incomplete i.e. where a client has a modality start date but not treatment modality listed. The DTMU targets the top 10 agencies in a region and sends them a copy for them to make amendments within their source database and resubmit in time for the following monthly NDTMS submission.

### DTMU Validation Process

- An agency file is uploaded into the File Upload Portal (FUP). The contents of the FILE are verified and a validation report is produced.
- The validation report should be used to correct erroneous records on the agency's master database.
- An agency file is upload again for further validation, continue this process until **100%** Load and **97.5%** data quality are achieved.
- When an agency file is **submitted** to DTMU , the file will be compared to ALL the data already held on ECMS for that agency. This could identify **additional** errors for example multiple open episodes.
- The validation process produces error and validation logs, which are uploaded to the FUP after the submission deadline date.
- Files containing errors should be considered a higher priority for passing back to the agency.

Please refer to the Guide to Data Quality for details on the monthly data quality reports produced.



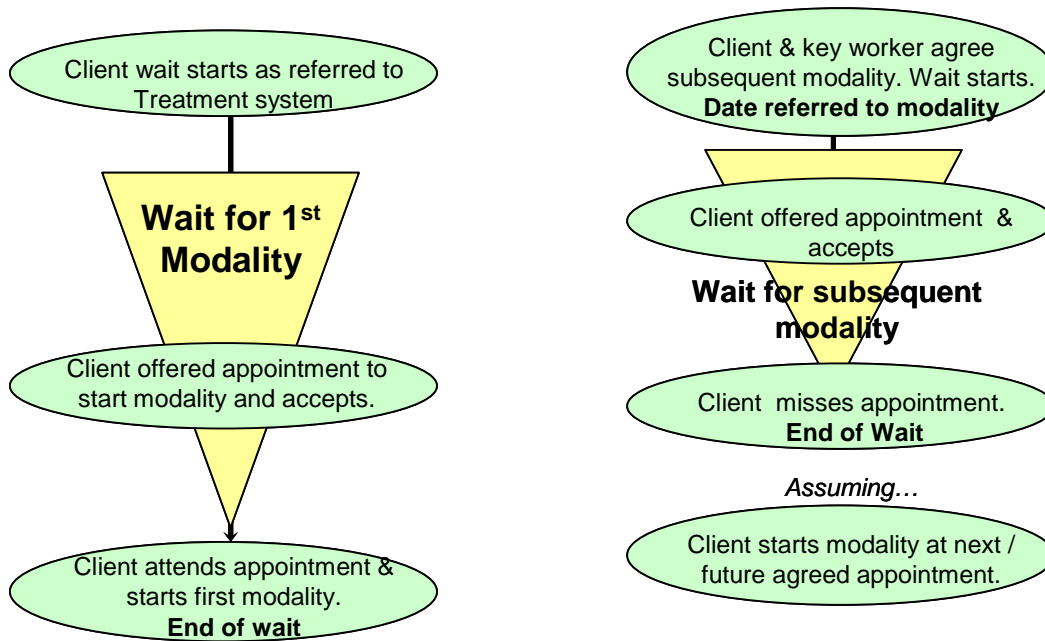
## 9.0 Waiting Times

This is defined as the wait for Tier 3 or 4 structured drug treatment for individuals (based on partnership area of residence). It is measured from an individual's date of referral for a structured intervention to the date an individual commences or is admitted for that care-planned structured treatment, following triage / assessment. (Waiting Times, 3rd October 2005, NTA)

From April 2006, the expectation will be that service users voluntarily seeking treatment will be able to access treatment within three weeks, with faster access for priority groups. Partnerships will be expected to initiate local investigations if service users wait longer than six weeks. (Models of Care: Update 2005, Consultation Report)

### Reporting of Waiting Times

- Starting from **1 April 2006** the only waiting times that the NTA will require are those generated from NDTMS. This will relieve partnerships of the need to report waiting times data from parallel self-reported systems.
- From 1 April 2006 onwards partnerships will be performance managed on the **percentage of clients** accessing treatment within three weeks.
- Average waiting times for each treatment intervention will continue to be reported by NDTMS and will be used for background information to assess the functionality of the local treatment system.



## 10.0 Retention

Retention in structured drug treatment has been built into mainstream health performance management systems. Retention targets are now built into primary care trust and strategic health authority local delivery plans, and the Healthcare Commission star ratings of mental health trusts now include retention in treatment for 12 weeks. (Models of Care: Update 2005, Consultation Report)



**Retention Measure**

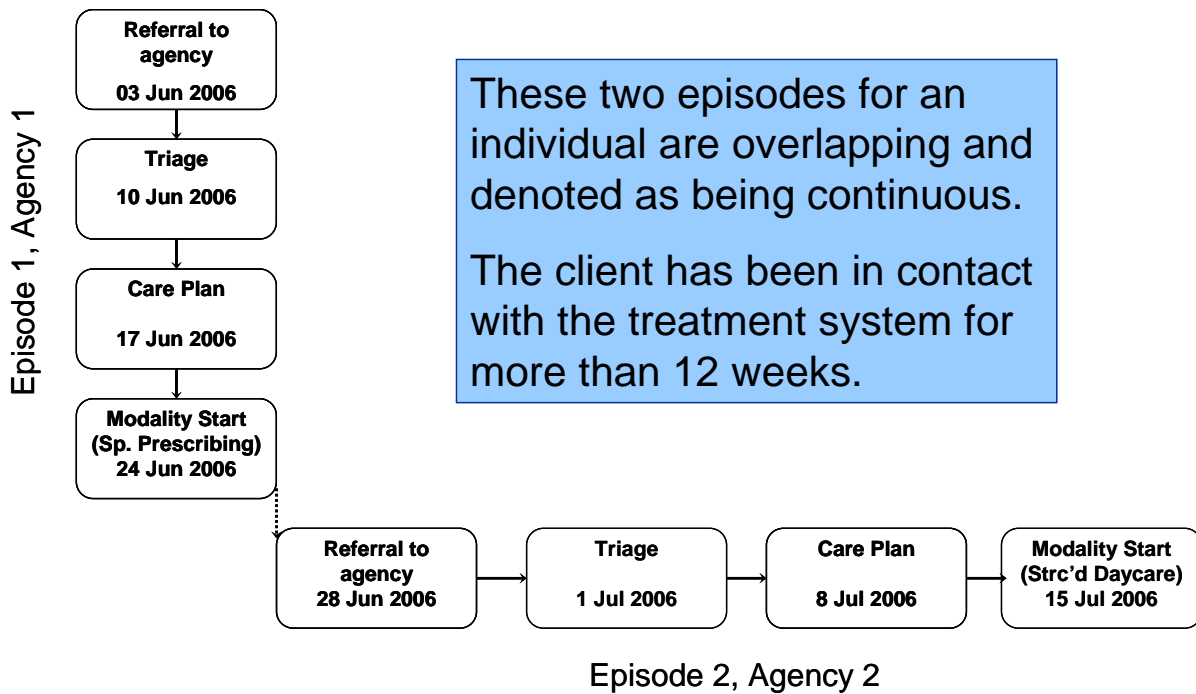
Only clients who have presented in reporting period included (i.e. 2006/7)

- From these new presentations, a client will have been:
  - A. Discharged before 12 weeks
  - B. Discharged at or after 12 weeks
  - C. Retained in treatment for 12 weeks or over but not discharged
- Retention measure will be proportion of all new presentations in the reporting period in measures (b) and (c)

**10.1.1 Continuous Episodes – Scenario 1**

- Episodes that overlap
  - Episode 2 modality start date before Episode 1 discharge date
  - Episode 2 modality start date during Episode 1 which is still open

**Retention Diagram: Scenario 1**



If the two episodes for an individual overlap (i.e. modality start date of second episode is before the recorded discharge date of the first episode) then the episodes are parallel and can be said to be continuous within the treatment system.

If the modality start date of the second episode is during the time period of an open first episode, then again the two episodes are continuous.

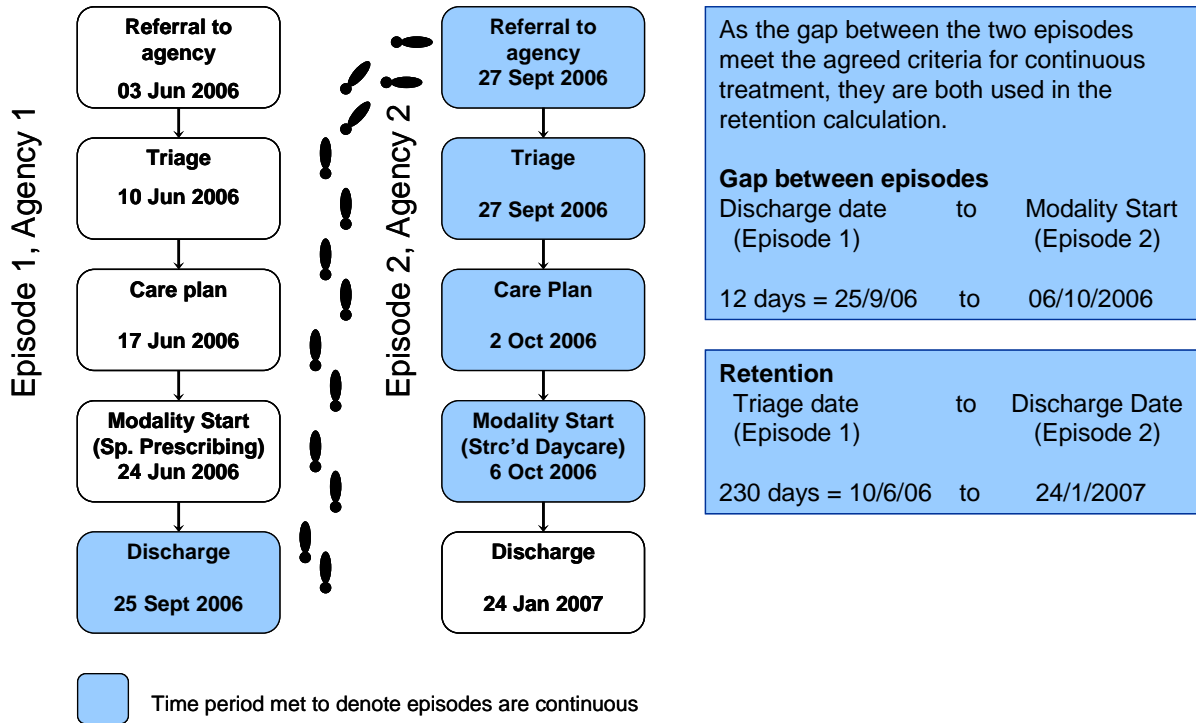
10.1.2 Continuous episodes – Scenario 2

- **Episodes that do not overlap**

Discharge date given for Episode 1 prior to Episode 2 starting. To be considered continuous:

- Modality start date of Episode 2 must be within 21 days of discharge date of Episode 1.
- Where First Appointment Offered for Modality in Episode 2 is within 21 days, but the actual Modality Start date is over 21 days, the episodes will still be considered continuous.

Retention Diagram: Scenario 2



NTA has chosen 21 days from the discharge date of the first episode to the modality start date of the second episode, to denote the two episodes being continuous. This is to ensure this time period is consistent with the new NTA treatment effectiveness targets for waiting times – three weeks for all drug treatment types.

Modality start date of second episode must be within 21 days of discharge date of first episode, inclusive of discharge and modality start date. Where the client is offered an appointment within the 21 day timeframe, but is unable to attend and subsequently begins the modality outside of the 21 day timeframe, the episode will still be considered continuous. This is to ensure that client choice is factored in the retention calculation as it is with the waiting times calculation.

### 11.0 Notifying DTMU of A New Treatment Agency

It is essential that when a new treatment agency becomes operational in the South East Region that the DTMU is advised either by the DAT or the Service provider themselves, so that we can engage with the new service and get them to begin collecting monthly NDTMS data.

**When notifying the DTMU of a new agency the following information is required:**

- Agency Name
- Full postal address
- Contact name
- Contact telephone number
- Contact email address
- Agency Type (GP, Inpatient, Outpatient)
- Adult / YP / Both
- DAT
- Commissioning DAT
- Is the service a Tier 2, 3, or 4?
- Interventions/Modalities offered:
- Is the service Statutory or Non-Statutory?
- If the service is Statutory are they part of a Mental Health Trust, if so which?
- Information System/Database Used (i.e. Bomic, Access)
- Internet Brower Used (i.e. Internet Explorer 6)?
- Does agency use a Proxy Server?

Once this information has been provided the DTMU will issue an Agency Code, and arrange a site visit to provide the necessary support and training in collecting the NDTMS data. The contact email address will be added to the SE Treatment Agency distribution list, and the agency will receive emails such as the monthly submission reminder.

### 12.0 Notifying DTMU of a Closed/Closing Treatment Agency

It is even more essential that the DTMU are advised when a treatment agency is to close, either by the DAT or the provider themselves, as all open episodes will need to be discharged and all open modalities closed.

If the agency has closed and the DTMU are notified after the fact, the DTMU is not empowered to manipulate the agency data so that they no longer appear on the Local Delivery Plan (LDP) reports.

### 13.0 DTMU Contact Details

Kellie Peters	Programme Manager	01865 334725
Regina Lally	Liaison Project Manager	01865 334734
Sue Dales	Database Support	01865 334762
Caroline Hancock	Public Health Analyst	01865 334764
Michael Wallington	Technical Liaison	01865 334730

## 14.0 Appendices

### Appendix A – Reference Data as defined by the NTA

The NTA are responsible for the performance management of drug treatment services in England. The framework within which this treatment is commissioned and provided is documented in Models of Care. This section establishes the Reference Data in use within NTA in support of this objective – for example, in supporting relevant computer systems.

Reference data is defined as (relatively) static data. Generally, it is employed as a means of validating data entry, and will typically be used to control the contents of drop-down lists etc.

This document is intended to be a definitive and accessible source for use, primarily by NTA personnel. It is not intended to be read from end to end, rather as a reference document, which is utilised by a variety of readerships.

#### ▪ Sex Codes

Code	Meaning
M	Male
F	Female

#### ▪ Ethnicity Codes

The values in use on NDTMS are given below.

Code	Group *	Ethnicity
A	White	White British
B	White	White Irish
C	White	Other white
D	Mixed	White and Black Caribbean
E	Mixed	White and Black African
F	Mixed	White and Asian
G	Mixed	Other mixed
H	Asian / Asian British	Indian
J	Asian / Asian British	Pakistani
K	Asian / Asian British	Bangladeshi
L	Asian / Asian British	Other Asian
M	Black / Black British	Caribbean
N	Black / Black British	African
P	Black / Black British	Other Black
R	Other Ethnic	Chinese
S	Other Ethnic	Other
Z		Not stated

The ethnicity values above are sourced from the ONS "Ethnic group statistics: A guide for the collection and classification of ethnicity data". Data is collected as defined by Option 2: Eleven categories of classification using the *Combined* Categories.

Hard copies are available free from **0845 601 3034**.

The guidance is available online at: [http://www.statistics.gov.uk/about/ethnic\\_group\\_statistics/](http://www.statistics.gov.uk/about/ethnic_group_statistics/)

▪ **Referral Source Codes**

The list of numeric codes for the sources which refer clients to Treatment Providers (i.e. agencies)

Code	Meaning	Comments
1	Drug service statutory	
2	Drug service non-stat	
3	GP	
4	Self	
5	Arrest Referral / DIP	
6	DTTO	Drug Treatment and Testing Order
7	Youth Offending Team	
8	Probation	
9	A&E	Accident and Emergency
10	Syringe Exchange	
11	Psychiatry	
12	Community care assessment	
13	CARAT / Prison	Care And Rehabilitation And Through-care.
14	Employment Service	
15	Other	
16	Education Service	
17	PRU	Pupil Referral Unit
18	Connexions	
19	Social Services	
20	LAC	Looked After Children
21	Sex Worker Project	
22	General Hospital	
23	Psychological Services	
24	Relative	
25	Concerned Other	
26	YOT on community sentence	
27	YOT following custodial sentence	
28	CAMHS	Child and Adolescent Mental Health Services

▪ **Nationality Codes**

Country of nationality, code selected from ISO 3166-1 alpha-3 standard.

▪ **Agency Types**

Each agency is assigned one (and only one) of the following 'type' designations:

Code	Type	Comments
1	GP	
2	Inpatient	
3	Outpatient	

▪ **Consent**

The permissible values are as follows:

Code	Definition
N	No

Y	Yes
---	-----

▪ **Treatment Modality Codes**

<b>Adult Treatment Modality Codes</b>		
<b>Code</b>	<b>Meaning</b>	<b>Comments</b>
1	Inpatient treatment	Reference changed from inpatient detoxification as part of Models of Care Update 2006
2	Specialist prescribing	
3	GP prescribing	
4	Structured psychosocial intervention	Referenced changed from 'Structured counselling' as part of Models of Care Update 2006
5	Structured day programme	Referenced changed from 'Structured day care' as part of Models of Care Update 2006
6	Residential rehabilitation	
7	Aftercare	
8	Needle Exchange	
9	Outreach	
10	Advice and information	
11	Structured alcohol intervention	
12	Other structured intervention	For 'care planned' care which is not currently covered by structured interventions

<b>Young Peoples Treatment Modality Codes</b>		
<b>Code</b>	<b>Meaning</b>	<b>Comments</b>
51	YP Psychosocial intervention	
52	YP Harm reduction services	
53	YP Criminal Justice interventions	
54	YP Work with parents and carers	
55	YP Shared care schemes	
56	YP Specialist pharmacological interventions	
57	YP Inpatient intervention	
58	YP Supported generic child care	
59	YP Residential rehabilitation	

▪ **Modality Exit Status Codes:**

The permissible values are as follows:

<b>Code</b>	<b>Meaning</b>	<b>Comments</b>
A	Mutually agreed planned exit	
B	Client's unilateral unplanned exit	
C	Intervention withdrawn	

- **Frequency of Use of Problem Substance No 1 Codes**

The permissible values are as follows:

Code	Definition	Comments
1	Not used in past month	
2	Used once per week or less	
3	Used 2-6 days per week	
4	Used daily	
5	Used more than once daily	
6	Not known	

- **Route of Administration Codes**

The list of numeric codes for the 'route of administration'.

Code	Meaning	Comments
1	Inject	
2	Sniff	
3	Smoke	
4	Oral	
5	Other	

- **Injecting Status Codes:**

The list of numeric codes for 'Injecting Status'.

Code	Meaning	Comments
P	Previously injected (but not currently)	
C	Currently injecting	
N	Never injected	

- **Injected in last 30 days**

The permissible values are as follows:

Code	Definition	Comments
N	No	
Y	Yes	

- **Ever Shared**

The permissible values are as follows:

Code	Definition	Comments
N	No	
Y	Yes	

- **Hep B Intervention Status codes**

The permissible values are as follows:

Code	Definition	Comments
A	Offered and accepted	
B	Offered and refused	
C	Immunised already	
D	Not offered	
E	Acquired Immunity	

- **Hep B Vaccination Count codes**

The permissible values are as follows:

Code	Definition	Comments
1	One vaccination	
2	Two vaccinations	
3	Three vaccinations	
C	Course completed	

- **Previously Hep B Infected**

The permissible values are as follows:

Code	Definition	Comments
N	No	
Y	Yes	

- **Hep C Intervention Status codes**

The permissible values are as follows:

Code	Definition	Comments
A	Offered and accepted	
B	Offered and refused	
D	Not offered	

- **Hep C Positive**

The permissible values are as follows:

Code	Definition	Comments
N	No	
Y	Yes	

- **Referred to Hepatology**

The permissible values are as follows:

Code	Definition	Comments
N	No	
Y	Yes	



- **Dual Diagnosis Codes**

The permissible values are as follows:

Code	Definition	Comments
N	No	
Y	Yes	

- **Employment Status Codes**

The permissible values are as follows:

Code	Definition	Comments
1	Regular Employment	
2	Pupil/Student	
3	Economically Inactive	pensioners, housewives/-men, invalids
4	Unemployed	
5	Other	
6	Not Known	
7	Not in education training or employment	(specifically for YP services to collect)
8	Attending PRU / Special schooling arrangements	(specifically for YP services to collect)

- **Parental Status codes**

The permissible values are as follows:

Code	Definition	Comments
1	Children living with client	
2	Children living with partner	if not residing together
3	Children living with other family member	
4	Children in care	
5	Client pregnant	and no other children
6	Other	
7	No children	No children under 16

- **Pregnant codes**

The permissible values are as follows:

Code	Definition	Comments
N	No	
Y	Yes	

- **Sex Worker Category**

The permissible values are as follows:

Code	Definition	Comments
1	Selling Sex on the Street	
2	Selling Sex from a Premises	
3	Not a sex worker	

▪ **Sexuality Codes**

The permissible values are as follows:

Code	Definition	Comments
H	Heterosexual	
G	Gay	Homosexual / Lesbian
B	Bi-Sexual	
R	Other	
Z	Not disclosed	

▪ **Accommodation Need codes**

The permissible values are as follows:

<b>Adult Services</b>		
Code	Definition	Comments
1	NFA – urgent housing problem	Live on streets; Use night hostels (night-by-night basis); Sleep on different friend's floor each night;
2	Housing Problem	Staying with friends/family as a short term guest; Night winter shelter; Direct Access short stay hostel; Short term B&B or other hotel; Squatting
3	No Housing Problem	Local Authority (LA) / Registered Social Landlord (RSL) rented; Private rented; Approved premises; Supported housing/hostel; Traveller; Owned Property; Settled with friends/family
<b>Young People Services</b>		
Code	Definition	Comments
21	Looked after child living in care	
22	Looked after child living independently in settled accommodation	
23	Looked after child living independently in unsettle accommodation	
24	Looked after child living independently with No Fixed Abode	
25	Young Offender living in secure care	
26	Young person living with parents or other relatives	
27	Young person living independently in settle accommodation	
28	Young person living independently in unsettle accommodation	
29	Young person living independently with No Fixed Abode.	

- **Previously Treated**

The permissible values are as follows:

Code	Definition
N	No
Y	Yes

- **Discharge Reason Codes**

The list of numeric codes for the reasons for discharges.

Code	Meaning	Comments
1	Treatment completed drug free	
2	Treatment completed	
3	Treatment withdrawn/breach of contract	
4	No appropriate treatment available	
5	Referred on	
6	Dropped out/left	
7	Moved away	
8	Prison	
9	Died	
10	Other	
11	Not known	
12	Treatment Declined by Client	
13	Inappropriate Referral	

**Appendix B - Official Drugs List**

<b>Group Code</b>	<b>Group</b>	<b>Drug Code</b>	<b>Drug</b>
1	Heroin	1101	Heroin illicit
		1102	Diamorphine
		1120	Diamorphine Hydrochl Elixir
		1121	Diamorphine Hydrochl Amps
		1125	Diamorphine Hydrochl Reefers
2	Methadone	1105	Methadone unspecified
		1106	Methadone Mixture
		1107	Methadone linctus
		1108	Methadone Tablets
		1109	Methadone Amps
		1110	Methadone Suppositories
3	Other Opiates	1000	Opiates unspecified
		1103	Morphine Sulphate
		1104	Opium
		1111	Dihydrocodeine
		1112	Dextromoramide
		1113	Dipipanone
		1114	Pethidine
		1130	Morphine Sulphate Amps
		1151	Hydromorphone
		1152	Oxymorphone
		1153	Hydrocodone
		1154	Oxycodone
		1155	Levorphanol
		1156	Phenazocine
		1157	Piritramide
		1201	Codeine Tablets
		1202	Dextropropoxyphene
		1203	Pentazocine
		1204	Buprenorphine
		1205	Codeine unspecified
		1206	Opiate Compound Analgesics
		1251	Nalbuphine
		1252	Alphaprodine
		1253	Anileridine
		1254	Ethoheptazine
		1255	Fentanyl
		1256	Phenoperidine
		1257	Meptazinol
		1258	Papaveretum
		1259	Tramadol Hydrochloride
1300	Opiate Containing Mixture		
1301	Codeine linctus		
1302	Gee's linctus		
3	Other Opiates (cont)	1303	Collis-brown

Group Code	Group	Drug Code	Drug
		1304	Phensedyl
		1305	Actifed
		1310	Kaolin and Morphine
		1401	Other Opiates
4	Benzodiazepines	2200	Benzodiazepines Unspecified
		2201	Diazepam
		2202	Chlordiazepoxide
		2203	Nitrazepam
		2204	Lorazepam
		2251	Clobazam
		2252	Clorazepate
		2253	Ketazolam
		2254	Medazepam
		2255	Oxazepam
		2256	Flurazepam
		2257	Temazepam
		2258	Triazolam
		2259	Lormetazepam
		2260	Prazepam
		2261	Bromazepam
		2262	Flunitrazepam
		2263	Chlormezanone
		2264	Loprazolam
		2265	Alprazolam
		2266	Clonazepam
		2267	Midazolam
5	Amphetamines (excluding Ecstasy)	3100	Amphetamines Unspecified
		3101	Amphetamine Sulphate
		3102	Amphetamine (pharmaceutical)
		3103	Methamphetamine
		3104	Dexamphetamine (Dexadrine)
		3110	Dexamphetamine Linctus/syrup
		3111	Dexamphetamine Reefers
		3112	Methamphetamine amps
6	Cocaine (excluding Crack)	3200	Cocaine unspecified
		3202	Cocaine Hydrochloride
7	Crack	3201	Cocaine Freebase (crack)
8	Hallucinogens	4000	Hallucinogens Unspecified
		4001	Mescaline
		4002	Psilocybin
		4003	Lysergide (LSD)
		4004	Phencyclidine
		4005	Ketamine
9	Ecstasy	3406	MDMA
		3407	Methylenedioxyamphetamine

10	Cannabis	5000	Cannabis unspecified
----	----------	------	----------------------

Group Code	Group	Drug Code	Drug
		5001	Cannabis Herbal
		5002	Cannabis resin
		5003	Cannabis Oil
		5004	Cannabis Herbal (Skunk)
11	Solvents	6000	Solvents unspecified
		6001	Toluene (glue)
		6002	Butane
		6003	Amyl Nitrate
		6004	Acetone
		6005	Fluorocarbons
		6006	Trichloroethylene
12	Barbiturates	2100	Barbiturates Unspecified
		2101	Amylobarbitone
		2102	Pentobarbitone
		2103	Quinalbarbitone
		2104	Phenobarbitone
		2151	Butobarbitone
		2152	Heptobarbitone
		2153	Cyclobarbitone
		2154	Hexobarbitone
		2155	Barbitone unbranded
		2156	Methylphenobarbitone
13	Major Tranquilisers	8200	Major Tranquillisers unspecified
		8201	Chlorpromazine (Largactyl)
14	Anti-depressants	8300	Anti-depressants
		8301	Fluoxetine
		8302	Amitriptyline
		8303	Dothiepin Hydrochloride
		8304	Lofepamine
		8305	Paroxetine
15	Alcohol	7000	Alcohol unspecified
		7001	Beer or Cider
		7002	Wines And Fortified wines
		7003	Spirits
		7004	Mixture of Alcohol
16	Other Drugs	2000	Sedatives Unspecified
		2300	Anti-histamines Unspecified
		2301	Hydroxyzine
		2302	Cyclizine
		2303	Promethazine
			Non-barb/benzo Sedatives
		2400	unsp
		2401	Methaqualone
		2402	Chlormethiazole
		2403	Meprobamate
		2404	Zopiclone
		2405	Zolpidem Tartrate
16	Other Drugs (cont)	2451	Propranolol

Group Code	Group	Drug Code	Drug
		2452	Chloral Derivatives
		2453	Glutethimide
		2454	Mephenesin
		2455	Methylpentylol
		2456	Methylprylone
		2457	Oxyprenolol Hydrochloride
		2501	Other Sedatives
		3000	Stimulants Unspec
		3151	Drinamyl
		3300	Appetite Suppressant
		3301	Diethylpropion
		3302	Phenmetrazine
		3303	Fenfluramine
		3304	Mazindol
		3305	Phenteramine
		3400	Other Stimulants
		3401	Methylphenidate
		3402	Pemoline
		3403	Prolintane
		3404	Fencamfamin
		3405	Caffeine
		3408	Khat
		3409	Nicotine
		8000	Other Psychoactive Drugs Unsp
		8001	Procyldine Hydrochloride
		8002	GHB/GBH
		8100	Minor Analgesics
		8400	Anti-diarrhoea/ Anti-emetic
		8501	Naltrexone
		8502	Antabuse
		8503	Clonidine
		8504	Lofexidine
		8600	Steroids Unspecified
		8601	Nandrolone
		8602	Stanozolol
		8603	Testosterone & Esters
		8604	Tetracosactrin
		8700	Antipsychotic Unspecified
		8701	Depixol
		8702	Thioridazine
		8703	Trifluoperazine
17	Poly Drug	8888	Poly Use – No details
18	Prescription Drugs	9001	Diamorphine prescription
		9002	Methadone prescription
		9003	Buprenorphine prescription
		9004	Codeine prescription
		9005	Other prescribed drugs





### Appendix C – Further Reference

Document Title	Publisher	Reference
Models Of Care	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
Models of Care Update 2005	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
Setting Retention targets for LDP Phase 2	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
Improving treatment effectiveness through improvements in early retention – the measurement of attrition	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
Setting stretched numbers in treatment targets	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
NDTMS Reference Data for Core Data Set 'C'	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
NDTMS Core Data Set 'C' Business Definition	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
NDTMS Phase 1 – Core Data Set 'C' Technical Definition	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
NDTMS Phase 1 – CSV Input File Format	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
Confidentiality and information sharing.	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
Data protection and record retention.	National Treatment Agency	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>
The NHS Confidentiality Code of Practice.	Department of Health	<a href="http://www.nta.nhs.uk">http://www.nta.nhs.uk</a>