



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

**National Drug Treatment Monitoring System (NDTMS)**

**NDTMS Data Set**

**Technical Definition**

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## Revision History

Version	Author	Purpose / Reason	Date
6.0.0	G Scott	Initial Version for NDTMS Data Set F New Fields YP questions at Treatment Start Discharge Destination TOP Care Coordination YP Questions at Treatment Exit	11/11/2008
6.0.1	J. Jaswani	YP Education Status at Treatment Exit changed from 9 characters to 8 characters (YPSEDSTAT changed to YPSESTAT) to comply with internal system requirements.	06/02/2009
6.0.2	J. Jaswani	Removal of Historical Item Accommodation Status as this is only concerned with CDS C. Preferred Date format (YYYYMMDD) Consent for NDTMS (CONSENT) is a mandatory field. DAT of Residence (DAT) is a mandatory field. Top Care Coordination (TOPCC) is an Alphanumeric field. Date Sequences Diagram updated	09/02/2009
6.1.0	R. Bull	Consolidation of 6.0.1 and 6.0.2 changes	16/02/2009
6.1.1	R. Bull	YPESTD field entered twice - incorrect field positio removed	25/02/2009

## External References

Ref No	Title	Version
1	NDTMS Data Set - Reference Data	6.0.1
2	NDTMS CSV Input File Format	6.0.0
3	NDTMS Data Set Business Definition for Adult Alcohol Treatment Providers	6.0.0
4	NDTMS Data Set Business Definition for Adult Drug Treatment Providers	6.0.0
5	NDTMS Data Set Business Definition for Young People's Treatment Providers.	6.0.0

This document uses the convention that any external references are indicated by square brackets e.g. [3]

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## **1 INTRODUCTION**

This document establishes the technical definition (data schema) for the NDTMS Data Set – this is the set of data items to be collected and loaded into the National Drug Treatment Monitoring System (NDTMS).

It establishes for each item:

- A (descriptive) name
- Permissible values
- Verification rules.

The NDTMS Data Set Business Definition documents (Refs [3], [4] and [5]) detail the business definitions for the fields in the NDTMS Data Set.

## **2 FILE FORMAT**

The file format in which the NDTMS Data Set can be submitted to NDTMS is defined in Ref [2].

### **3 CARERS, RELATIVES AND CONCERNED OTHERS REPORTING TO NDTMS**

To assist with the operational handling of CSV input files (see Ref[2]), each significant change to the NDTMS Data Set is allocated a version number.

The current version (commonly referred to as the NDTMS Data Set 'F') will come into effect for national data collection from 1<sup>st</sup> April 2009.

## **4 DESIGN CONSTRAINTS – CODE vs. NAME**

Some data items (i.e. PCT, Main Problem Substance, Secondary Problem Substance) present significant problems to agency personnel when collecting data from the client. These items typically have a large number of permissible values – so many that the data entry person cannot be expected to remember them all. Rather than enter the exact code, it is only necessary to enter a text string describing the item. For example, in the case of Drugs, entering the name “Crack” would give the code “3201”.

For these fields, either the code or the textual value may be entered.

## 5 DATA ENTITIES

The data items (listed later in this document) may be considered as belonging to one of five different sections or groups. These are:

- Client details.
- Referral Episode (including client details which may vary over time).
- Treatment Modality/Intervention
- Treatment Outcomes Profile (TOP) details.
- Local (i.e. regional) fields whose usage will depend on regional requirements.

In general, all data is required. Those fields labelled “Mandatory” must be provided on all records, all other fields should be provided as and when the client progresses through their treatment journey.

The only fields that are not mandatory are those fields in section 5 of the NDTMS DATA SET FIELDS table; they are for the use of one or more regions. The requirement to provide this data will be determined at the regional level.

Note that if the client has not given consent for the data to be shared with NDTMS, then only the <Agency Code>, <Consent for NDTMS> and <Client Id> need to be provided – for further clarification please refer to Section 6 below.

The <Client Id>, <Episode Id> and <Modality Id> fields are included for technical support purposes. It is expected that the nature of their population will depend upon the clinical software used by the agency – for further clarification see Refs [3], [4] and [5].



## 6 EXTRACTION CRITERIA FOR NO CONSENT RECORDS

All extraction criteria are covered in Ref[2].

Where the client has **not given consent** for their data to be shared with NDTMS, then the <Consent for NDTMS> field should be populated with an "N" and the <Client Id> field populated with an identifier which uniquely identifies the client in the source system – apart from the <Agency Code> no other fields for this record should be populated.

Note the <Client Id> must not contain any attributable information; a possible source for this field could be the row number of the client in the source system – for further clarification see Refs [3], [4] and [5].

**Note:** Consent is at the episode level, so it is possible that a client could consent to one episode and then not consent to another (in which case, there would be two records)

If the client had three episodes (two of which are no-consented) then it is the choice of the software supplier as to whether they produce one or two no-consent records – it does not make any difference to NTA as the NTA simply counts the number of clients that have no consented (rather than the number of their episodes).

## **7 REGIONAL ITEMS**

A number of regions have in the past requested that additional data items be collected by their treatment providers – this led to software suppliers being approached individually and asked to produce special variations of the NDTMS Core Data Set.

These items have now been incorporated into the NDTMS Core Data Set, so that a uniform layout can be maintained nationally. It is expected that the list of such items will be reviewed with the regions periodically, and synchronised with up-issues of the NDTMS Core Data Set.

Whether or not these items are populated with data will depend on the region in which the treatment provider operates.

## 8 NDTMS DATA SET FIELDS

Sect No	Col No	Field Description	CSV File Header	Layout	Mandatory?	Additional Rules	CDS Introduced
1	1	Initial of Client's First Name	FINITIAL	A	Mandatory	1; 2;	CDS – A/Apr 04
	2	Initial of Client's Surname	SINITIAL	A	Mandatory	1; 2;	CDS – A/Apr 04
	3	Date of birth of client	DOB	YYYYMMDD	Mandatory	1; 2; 3; 6, 7	CDS – A/Apr 04
	4	Sex of client	SEX	A	Mandatory	1; 2; 4;	CDS – A/Apr 04
	5	Ethnicity	ETHNIC	A		1; 4;	CDS – A/Apr 04
	6	Nationality	NATION	C(50)		1: 4	CDS – D/Apr 07

Sect No	Col No	Field Description	CSV File Header	Layout	Mandatory?	Additional Rules	CDS Introduced
2	7	Referral Date	REFLD	YYYYMMDD	Mandatory	1; 2; 3; 7; 31	CDS – A/Apr 04
	8	Agency Code	AGNCY	C(6)	Mandatory	1; 2; 4;	CDS – A/Apr 04
	9	Client Reference	CLIENT	C(36)		1;	CDS – A/Apr 04
	10	Client Id	CLIENTID	C(36)		1; 20	CDS – C/Apr 06
	11	Episode Id	EPISODID	C(36)		1;	CDS – C/Apr 06
	12	Consent for NDTMS	CONSENT	A	Mandatory	1; 2; 5; 20	CDS – C/Apr 06
	13	Previously treated	PREVTR	A		1; 5;	CDS – A/Apr 04
	14	Post Code	PC	C(8)		1; 28	CDS – A/Apr 04
	15	Accommodation Need	ACCMNEED	C(50)		1; 4;	CDS – D/Apr 07
16	Parental Status	PRNTSTAT	C(50)		1; 4	CDS – C/Apr 06	

Sect No	Col No	Field Description	CSV File Header	Layout	Mandatory?	Additional Rules	CDS Introduced
	17	YP lead professional at treatment start	YPSLEAD	C(50)		1; 4; 39	CDS - F/Apr 09
	18	YP in contact with MH services at treatment start	YPSMHS	C(50)		1; 4; 39	CDS - F/Apr 09
	19	YP in contact with YOT at treatment start	YPSYOT	C(50)		1; 4; 39	CDS - F/Apr 09
	20	YP Involved in Sexual Exploitation at treatment start	YPSSEXEX	C(50)		1; 4; 39	CDS - F/Apr 09
	21	YP Involved in Self Harm at treatment start	YPSSELFHM	C(50)		1; 4; 39	CDS - F/Apr 09
	22	YP Involved in unsafe drug use at treatment start	YPSUNSDR	C(50)		1; 4; 39	CDS - F/Apr 09
	23	YP Involved in offending at treatment start	YPSOFFND	C(50)		1; 4; 39	CDS - F/Apr 09
	24	YP Education status at treatment start	YPSSESTAT	C(50)		1; 4; 39	CDS - F/Apr 09
	25	YP Involved in Unsafe Sex at treatment start	YPSUNSEX	C(50)		1; 4; 39	CDS - F/Apr 09
	26	YP Parent in SM treatment at treatment start	YPSMTR	C(50)		1; 4; 39	CDS - F/Apr 09
	27	YP Parent in MH treatment at treatment start	YPSMHTR	C(50)		1; 4; 39	CDS - F/Apr 09
	28	DAT of residence	DAT	C(50)	Mandatory	1; 2; 4;	CDS – A/Apr 04
	29	PCT of residence	PCT	C(50)		1; 4;	CDS – A/Apr 04
	30	Problem Substance No 1	DRUG1	C(50)	Mandatory	1; 2; 4;	CDS – A/Apr 04
	31	Age of first use of Problem Substance No 1	DRUG1AGE	N(3)		1; 21	CDS – C/Apr 06
	32	Route of Administration of Problem Substance No 1	ROUTE	A		1; 4;	CDS – A/Apr 04
	33	Problem Substance No 2	DRUG2	C(50)		1; 4;	CDS – A/Apr 04
	34	Problem Substance No 3	DRUG3	C(50)		1; 4;	CDS – B/Apr 05
	35	Referral Source	RFLS	N(2)		1; 4;	CDS – A/Apr 04
	36	Triage Date	TRIAGED	YYYYMMDD	Mandatory	1; 2; 3; 7; 9;32; 38	CDS – A/Apr 04
	37	Care Plan Started Date	CPLANDT	YYYYMMDD		1; 7; 14, 31	CDS – B/Apr 05
	38	Injecting Status	INJSTAT	A		1; 4;	CDS – A/Apr 04

Sect No	Col No	Field Description	CSV File Header	Layout	Mandatory?	Additional Rules	CDS Introduced
	39	Children	CHILDWTH	N(2)		1; 22	CDS – D/Apr 07
	40	Pregnant	PREGNANT	A		1; 5	CDS – D/Apr 07
	41	Drinking Days	ALCDDAYS	N(2)		1; 23; 27	CDS – D/Apr 07
	42	Units of Alcohol	ALCUNITS	N(3)		1; 24; 27	CDS – D/Apr 07
	43	Dual Diagnosis	DUALDIAG	A		1; 5	CDS – D/Apr 07
	44	Hep C – Latest Test Date	HEPCTSTD	YYYYMMDD		1; 7; 15, 31	CDS – B/Apr 05
	45	Hep C – Intervention Status	HEPCSTAT	C(50)		1; 4	CDS – D/Apr 07
	46	Hep B Vaccination Count	HEPBVAC	C		1;4	CDS – B/Apr 05
	47	Hep B Intervention Status	HEPBSTAT	C		1:4;	CDS – B/Apr 05
	48	Drug Treatment Health Care Assessment Date	HLCASSDT	YYYYMMDD		1; 7; 17, 31; 38	CDS – C/Apr 06
	49	TOP Care Coordination	TOPCC	A		1; 5	CDS - F/Apr 09
	50	Discharge Date	DISD	YYYYMMDD		1; 3; 7; 10; 13; 33; 34; 35; 36; 38	CDS – A/Apr 04
	51	Discharge Reason	DISRSN	N(2)		1; 4; 13;	CDS – A/Apr 04
	52	Discharge Destination	DISDEST	C(50)		1;4	CDS - F/Apr 09
	53	YP lead professional at treatment exit	YPELEAD	C(50)		1; 4; 40	CDS - F/Apr 09
	54	YP in contact with MH services at treatment exit	YPEMHS	C(50)		1; 4; 40	CDS - F/Apr 09
	55	YP in contact with YOT at treatment exit	YPEYOT	C(50)		1; 4; 40	CDS - F/Apr 09
	56	YP Involved in Sexual Exploitation at treatment exit	YPESEXEX	C(50)		1; 4; 40	CDS - F/Apr 09
	57	YP Involved in Self Harm at treatment exit	YPESLFHM	C(50)		1; 4; 40	CDS - F/Apr 09
	58	YP Involved in unsafe drug use at treatment exit	YPEUNSDR	C(50)		1; 4; 40	CDS - F/Apr 09
	59	YP Involved in offending at treatment exit	YPEOFFND	C(50)		1; 4; 40	CDS - F/Apr 09

Sect No	Col No	Field Description	CSV File Header	Layout	Mandatory?	Additional Rules	CDS Introduced
	60	YP has CAF at treatment exit	YPECAFE	C(50)		1; 4; 40	CDS - F/Apr 09
	61	YP Safer Sex at treatment exit	YPESSEX	C(50)		1; 4; 40	CDS - F/Apr 09
	62	YP Sexual Health Interventions at treatment exit	YPESTD	C(50)		1; 4; 40	CDS - F/Apr 09
	63	YP registered with GP at treatment exit	YPEGP	C(50)		1; 4; 40	CDS - F/Apr 09
	64	YP met goals agreed on care plan at treatment exit	YPECAREP	C(50)		1; 4; 40	CDS - F/Apr 09

Sect No	Col No	Field Description	CSV File Header	Layout	Mandatory	Additional Rules	CDS Introduced
3	65	Treatment Modality	MODAL	N(2)	Mandatory <sup>1</sup>	1; 4; 8;	CDS – A/Apr 04
	66	Date Referred to Modality	REFMODDT	YYYYMMDD	Mandatory <sup>1</sup>	1; 3; 7; 8; 18, 31	CDS – C/Apr 06
	67	Modality Id	MODID	C(36)		1	CDS – C/Apr 06
	68	Date of First Appointment Offered for Modality	FAOMODDT	YYYYMMDD		1; 7; 19	CDS – C/Apr 06
	69	Modality Start Date	MODST	YYYYMMDD		1; 3; 7; 11; 25;34	CDS – A/Apr 04
	70	Modality End Date	MODEND	YYYYMMDD		1; 3; 7; 12; 26	CDS – A/Apr 04
	71	Modality Exit Status	MODEXIT	C(50)		1; 4; 26	CDS – D/Apr 07

Sect No	Col No	Field Description	CSV File Header	Layout	Mandatory	Additional Rules	CDS Introduced
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<sup>1</sup>Mandatory if any items in this section above are not null.

Sect No	Col No	Field Description	CSV File Header	Layout	Mandatory	Additional Rules	CDS Introduced
4	72	Treatment Outcomes Profile (TOP) date	TOPDATE	YYYYMMDD	Mandatory <sup>1</sup>	1; 3; 7; 32; 33; 34; 35; 36	CDS – E/Oct 07
	73	TOP Id	TOPID	C(36)		1	CDS – E/Oct 07
	74	Treatment Stage	TRSTAGE	C	Mandatory <sup>1</sup>	1; 4;43;44	CDS – E/Oct 07
	75	Alcohol use	ALCUSE	C(2)	Mandatory <sup>1</sup>	1, 29;	CDS – E/Oct 07
	76	Opiate use	OPIUSE	C(2)	Mandatory <sup>1</sup>	1, 29;	CDS – E/Oct 07
	77	Crack use	CRAUSE	C(2)	Mandatory <sup>1</sup>	1, 29;	CDS – E/Oct 07
	78	Cocaine use	COCAUSE	C(2)	Mandatory <sup>1</sup>	1, 29;	CDS – E/Oct 07
	79	Amphetamine use	AMPHUSE	C(2)	Mandatory <sup>1</sup>	1, 29;	CDS – E/Oct 07
	80	Cannabis use	CANNUSE	C(2)	Mandatory <sup>1</sup>	1, 29;	CDS – E/Oct 07
	81	Other drug use	OTDRGUSE	C(2)	Mandatory <sup>1</sup>	1, 29;	CDS – E/Oct 07
	82	IV drug use	IVDRGUSE	C(2)	Mandatory <sup>1</sup>	1, 29;42	CDS – E/Oct 07
	83	Sharing	SHARING	A(2)	Mandatory <sup>1</sup>	1, 37;42	CDS – E/Oct 07
	84	Shop theft	SHOTHEFT	C(2)	Mandatory <sup>1</sup>	1, 29	CDS – E/Oct 07
	85	Drug selling	DRGSELL	C(2)	Mandatory <sup>1</sup>	1, 29;	CDS – E/Oct 07
	86	Other theft	OTHTHEFT	A(2)	Mandatory <sup>1</sup>	1, 37;	CDS – E/Oct 07
	87	Assault/violence	ASSAULT	A(2)	Mandatory <sup>1</sup>	1, 37;	CDS – E/Oct 07
	88	Psychological health status	PSYHSTAT	C(2)	Mandatory <sup>1</sup>	1, 30;	CDS – E/Oct 07
	89	Paid work	PWORK	C(2)	Mandatory <sup>1</sup>	1, 29;	CDS – E/Oct 07
90	Education	EDUCAT	C(2)	Mandatory <sup>1</sup>	1, 29;	CDS – E/Oct 07	
91	Acute housing problem	ACUTHPBM	A(2)	Mandatory <sup>1</sup>	1, 37;	CDS – E/Oct 07	
92	Housing risk	HRISK	A(2)	Mandatory <sup>1</sup>	1, 37;	CDS – E/Oct 07	

Sect No	Col No	Field Description	CSV File Header	Layout	Mandatory	Additional Rules	CDS Introduced
	93	Physical health status	PHSTAT	C(2)	Mandatory <sup>1</sup>	1, 30;	CDS – E/Oct 07
	94	Quality of Life	QUALLIFE	C(2)	Mandatory <sup>1</sup>	1, 30;	CDS – E/Oct 07

The following columns are “local” fields, and are used by one or more regions. These local fields relate to a clients episode. They are to be used only at the express direction of the specific regional NDTMS database manager (if in doubt, leave unpopulated). Irrespective of whether they are actually populated with data, the column headers must appear in the CSV file.

Sect No	Col No	Field Description	CSV File Header	Layout	Mandatory	Additional Rules	CDS Introduced
5	95	Injected in last 28 days?	INJECT	A		1; 5	CDS – B/Apr 05
	96	Ever Shared?	SHARE	A		1; 5	CDS – B/Apr 05
	97	Previously Hep B Infected?	PREVHEPB	A		1; 5	CDS – B/Apr 05
	98	Hep C Positive?	HEPCPOS	A		1; 5	CDS – B/Apr 05
	99	Referred for Hepatology?	REFHEPGY	A		1; 5	CDS – B/Apr 05
	100	Sex Worker Category	SEXWKCAT	C(50)		1; 4	CDS – C/Apr 06
	101	Local Authority	LA	C(50)		1; 4	CDS – C/Apr 06
	102	Sexuality	SEXUAL	C(50)		1; 4	CDS – D/Apr 07
	103	Employment Status	EMPSTAT	N		1; 4	CDS – C/Apr 06

**Key:**

- N            Numeric
- A            Alphabetic (Upper Case)
- C            Alphanumeric
- DD          Numeric Day (including a leading zero, if relevant)
- MM          Numeric Month (including a leading zero, if relevant)
- YYYY        Numeric Year



## 9 VERIFICATION RULES

When the data is received by NDTMS, it is subjected to a validation process. To assist system design, details of this process are given below – however, it must be emphasised that these checks must NOT be used as part of the data extraction process – it is better that NDTMS receives data with errors in it, rather than missing some data.

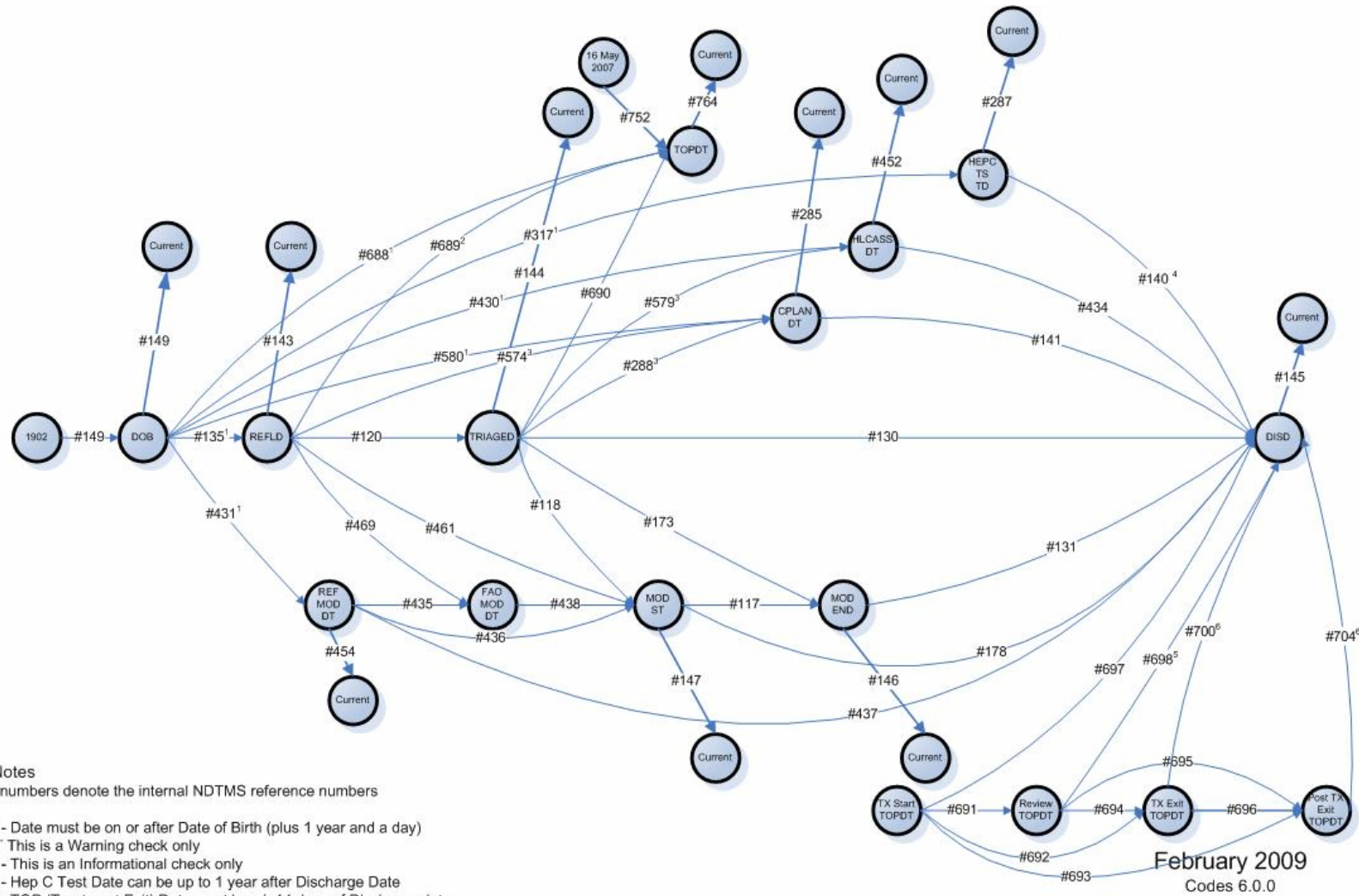
In the table described in Section 8, if present (i.e. not null) each data item will be subjected to none, one or more Verification Rules, specified as follows. (Note this list refers to the most significant validations performed and does not include the information messages that NDTMS also generates.

Rule No	Description
1	There must be no leading spaces in any field
2	Field is mandatory
3	Must be a valid date, down to the day (e.g. in the form YYYYMMDD)
4	Must be as specified in the appropriate sub-section of Section 4 of Ref[1]. May be provided as code or text value.
5	Must be Y or N - May be provided as code or text value
6	Date of Birth must be after 1902, and before Referral Date, reporting period end date (One year plus one day before Referral Date)
7	Date must be historic (i.e. on or before the current date)
8	Mandatory if any of following fields not null – Treatment Modality; Date Referred to Modality; Modality Id, Date of First Appointment Offered for Modality; Modality Start Date; Modality End Date; Modality Exit.
9	Triage/First Presentation Date must occur on or after the Referral Date, and on or before the Modality Start Date and Discharge Date
10	Discharge Date must occur on or after the Referral Date, Triage/First Presentation Date and Modality End Date
11	Modality Start Date must occur on or after the Triage/First Presentation Date and on or before the Modality End Date and Discharge Date
12	Modality End Date must occur on or after the Modality Start Date and on or before Discharge Date
13	Discharge Reason must be provided if Discharge Date is present (and visa versa)
14	Care Plan Started Date must occur on or after the Triage/First Presentation Date and on or before Discharge Date
15	Hep C Latest Test Date must occur after the Date of Birth and be no more than 1 year after the Discharge Date
16	Referral Date must occur after the Date of Birth, and on or before Triage/First Presentation Date and reporting period end date

Rule No	Description
17	Health Care Assessment Date must occur after the Date of Birth and on or before Discharge Date
18	Date Referred to Modality must occur after the Date of Birth and on or before Date of First Appointment Offered for Modality, Modality Start Date and Discharge Date
19	Date of First Appointment Offered for Modality must occur on or after Referral Date and Date Referred to Modality and on or before Modality Start Date and Discharge Date
20	If Consent for NDTMS is not Y then Client ID must be given and an agency code
21	Age of first use must be less than or equal to the clients age at referral
22	Number of children must be a value between 0 and 30 (inclusive)
23	Number of days must be a value between 0 and 28 (inclusive)
24	Units of Alcohol must be a value between 0 and 200 (inclusive)
25	Modality Start Date must be provided if Modality End Date is present
26	Modality Exit must be provide if Modality End Date is present (and visa versa)
27	Drinking Days must be provided if Units of Alcohol is present (and visa versa)
28	The Post Outcode and the Post Incode must be separated by a space (e.g. WC1V 2AB or NW7 3)
29	Number of days in previous 28 days. Value must be between 0 and 28 (inclusive) or NA (not answered)
30	Client reported score between 0 and 20. Value must be between 0 and 20 (inclusive) or NA (not answered)
31	Date must be on or after Date of Birth (plus 1 year and 1 day)
32	TOP date must occur on or after Referral date and on or after Triage Date
33	TOP (with a classification of a treatment stage of Treatment Start) must be before all Review TOP dates; must be before all Treatment Exit TOP dates; must be before all Post Treatment Exit TOP dates; must be on or before the (episode) Discharge date.
34	TOP (with a classification of a treatment stage Review) must be after all Treatment Start TOP dates; must be before all Treatment Exit TOP dates; must be before all Post Treatment Exit TOP dates.
35	TOP (with a classification of a treatment stage of Treatment Exit) must be after all Treatment Start TOP dates; must be after all Review TOP dates; must be before all Post Treatment Exit TOP dates; must be +/- 14 days of the (episode) Discharge date.

Rule No	Description
36	TOP (with a classification of a treatment stage of Post Treatment Exit) must be after all Treatment Start TOP dates; must be after all review TOP dates; must be after all Treatment Exit TOP dates; must be on or before the (episode) Discharge date plus 2 years.
37	Must be Y or N or NA (not answered)
38	HLCASSDT must be on or after TRIAGE Date, but before DISCHARGE Date. - (This is an informational message ONLY)
39	Field must contain a value if there is a Modality Start date for a structured Intervention – Applicable to YP Treatment Providers only
40	Field must contain a value is the episode has been closed (Discharge date is present) – Applicable to YP Treatment Providers only
41	Field must contain a value if TOP data is being provided (TOP date is present)
42	A value of IV Drug Use = 0 and Sharing = yes is not permissible
43	Only one TOP can be submitted per episode for Treatment Start TOP
44	If a client is discharged 'referred on/Transferred (code 5)', then a Treatment Exit TOP should not be present

## 10 NDTMS DATA SET – DATE SEQUENCES



**Notes**

#numbers denote the internal NDTMS reference numbers

- <sup>1</sup> - Date must be on or after Date of Birth (plus 1 year and a day)
- <sup>2</sup> - This is a Warning check only
- <sup>3</sup> - This is an Informational check only
- <sup>4</sup> - Hep C Test Date can be up to 1 year after Discharge Date
- <sup>5</sup> - TOP (Treatment Exit) Date must be +/- 14 days of Discharge date
- <sup>6</sup> - TOP (Post Treatment Exit) Date can be up to 2 years after Discharge Date
- <sup>7</sup> - Discharge Date cannot be more than 3 months after TOP (Treatment Exit) Date

## **11 HISTORICAL FIELDS**

The following historical fields may be included in CDS-F files:

- Frequency of Use of Problem Substance No 1 (CDS C-E)

Any data provided will be subject to the validation rules that were present when the field was included in the NDTMS Data Set.

## **12 FILES CONTAINING TREATMENT OUTCOMES PROFILE (TOP) DATA AND TREATMENT MODALITY DATA**

When providing TOP data, NO Modality data may be provide on the same row.

When providing Modality data, NO TOP data may be provided on the same row.

## **13 FILE NAMING STANDARDS & LAYOUT**

Ref [2] documents the naming standard and layout to be used.