NHS

National Treatment Agency
for Substance Misuse

New Discharge Codes – Frequently Asked Questions

How will planned or 'successful' completions and Numbers in Effective Treatment be reported using the new codes?

To report the above the new coding system will be applied in the same way as the previous one.

For the numbers in effective treatment at a **partnership level** (for clients exiting the treatment system < 12 weeks) the codes 'treatment completed drug free' and 'treatment completed occasional user' will be used to denote a planned completion.

These two codes will also be used to report planned treatment exits **for partnerships**, with all other codes not denoting a planned end to structured drug treatment.

For **providers** the two codes of 'treatment completed drug free' and 'treatment completed occasional user' will used to denote planned completion as well as the two 'transferred' codes, the later will demonstrate that the provider has completed their part of the treatment journey in a care planned way but the client still needs further structured treatment that they will have coordinated through the onward referral.

What if a client's treatment goal is to exit still using opioids or crack cocaine?

It is entirely possible that an individual may access drug treatment with a goal of cutting down or getting their opioid / crack use "under control". In these cases the NTA's advice to providers would be to work with the individual within that context, whilst attempting to communicate that an aspiration to leave treatment and use opioids and/ or crack on some sort of recreational or non problematic basis is not realistic or desirable.

If the client chooses to reject this proposition and leaves treatment whilst still using opioids and/or crack then the definitions would require that the discharge code of "dropped out" would be appropriate. Whilst there is a possibility that users of some other substances may be able to aim to cut down their use to levels that no longer require a treatment intervention, there is no evidence that recreational use of opioids or crack cocaine (following a period of problematic use that required treatment) is a realistic goal.

In the initial published definitions of the discharge codes you have said "The client no longer requires structured drug treatment interventions and is judged by the clinician not to be using heroin or crack cocaine". Did you actually mean all opioids and not just heroin?

Yes that was an oversight in the original definition and it should have read:
"The client no longer requires structured drug treatment interventions and is judged by the clinician not to be using heroin (or any other opioid) or crack cocaine". This has now been amended in all the appropriate documents.

If a client presents injecting amphetamines and nothing else, and on treatment exit they are no longer injecting, but still using the substance can they be recorded as treatment completed?

This would be an extreme example due to the risks involved through the injecting practices of the client, but it would still be possible to use the "Treatment Completed – Occasional user" code, however ONLY if their continued use of amphetamines was judged not to be problematic or require further treatment.

If they were still using the drug every day or especially if they were still injecting, then it is expected that they should NOT be discharged in a planned way from structured treatment.

Similarly if they were no longer using amphetamines on discharge but were smoking cannabis occasionally in a non-problematic way then again the code "Treatment Completed – Occasional user" should be used.

If a client is at two providers concurrently, and exits one agency (mutually agreed planned exit – other structured) and is still using opioids / crack, but is still with agency 2 for specialist prescribing, what would the discharge reason be? The client is still using having completed successfully, but can not be transferred to agency 2 as they are already engaged there.

In this scenario the code of "transferred not in custody" should be used to denote that the client has completed treatment at the first provider as planned, and as they have a continued structured treatment need the responsibility of care coordination has been completely handed over to the second provider.

How do I now report an inappropriate referral, as the code no longer exists?

While it is expected that the numbers of inappropriate referrals providers receive to be very low, they will still on occasion occur. If the client requires structured treatment at another provider the code “transferred not in custody” should be used to denote that the client still has a structured treatment need that the provider will have coordinated through the onward referral process. As the client will not be recorded as starting an intervention they will not be reported as having been in effective treatment unless this then occurs within a subsequent stage of their treatment journey.

If the referral has been received and client does not require structured treatment then they should not be entered onto the NDTMS.

If as Tier 4 service we receive a referral and have assessed the client, as being suitable for treatment and then funding is not agreed, what discharge code should be used?

If the Tier 4 provider has not already submitted any information to the NDTMS on the client prior to funding being agreed, then the advice would be not to do so.

If the client’s information has already been submitted to the NDTMS after a face-to-face assessment with the client having occurred, then the code of “transferred – not in custody” should be used if the Tier 4 service has notified the appropriate referring provider that the client will not be receiving a residential intervention with them, otherwise “incomplete – dropped out” should be recorded.

What modality exit code should be used now for opioid and /or crack cocaine clients that have finished their intervention?

If a client who has presented with opioids and / or crack cocaine has completed an intervention type then:

If they will be leaving structured treatment completely the code of “mutually agreed planned exit” should be used if the care plan goals have been met and the client is no longer using opioids and / or crack cocaine. If they will be leaving structured treatment and are still using opioids and / or crack cocaine after attempts to communicate that an aspiration to leave treatment and still use these drugs on some sort of recreational or non problematic basis is not realistic or desirable, then the modality exit code of “Clients unilateral unplanned exit” should be used.

If the client will be receiving another intervention at the same provider or at subsequent provider to continue their structured treatment and they are still using opioids and / or crack cocaine then the modality exit code of “mutually agreed planned exit” can be used to denote that while the current intervention has ended successfully with the care plan goals being achieved, one of which will be the continuation of structured treatment to address the client’s use of opioids and / or crack cocaine.