

A Rough Guide to NDTMS (South East Region)

This Rough Guide supports Treatment Providers in understanding the monthly requirements of NDTMS for Data Returns. Quarterly performance management reports released by the NTA for DAATs and Treatment Providers are based solely on NDTMS returns. Unreported activity via NDTMS cannot be accredited to either DAATs or agencies. Numbers in Treatment, Waiting Times, Retention, and Planned Discharges are all based on your NDTMS returns.



VALIDATE AND SUBMIT FILES VIA THE FILE UPLOAD PORTAL: <https://www.ndtms.org/fup-se/>

A. Diary Dates

Data should be submitted to DTMU by the date indicated below.

Schedule for Data Returns
9 th of EVERY month OR closest working day to 9th
LDP Figures Released
Last working day of the month

Treatment agencies who don't supply monthly NDTMS data within the agreed time-frame will be reported to the NTA Regional & Deputy Managers & their DAT.

Available on www.ndtms.net
Restricted statistics can be accessed with a login and password, available from NTA

Figure 1 - Deadlines for data to be returned to the DTMU & dates for LDP figures being released

B. Saving your CSV File with the correct name

Please ensure you use the correct naming convention with your data return, otherwise it will not load successfully into the FUP or ECMS database. Some systems automatically save your file correctly, but if not the following format applies:

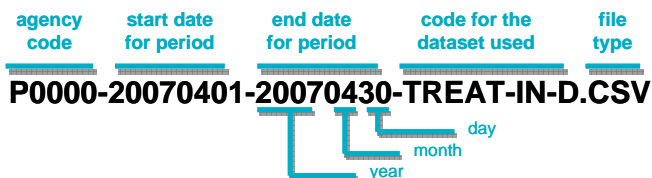


Figure 2 - Naming your file correctly

C. What is the File Upload Portal (FUP) for?

The File Upload Portal is a secure way of submitting your monthly file to DTMU. It uses the NDTMS validation rules so that you can validate and improve the load and data quality of the file prior to submitting it to DTMU. Agencies should achieve:

- 99% Load Quality (Outstanding Errors affect this)
- 95% Data Quality (Outstanding Warnings affect this)

D. What happens to the file after I've submitted it?

DTMU load the file into ECMS. At this point, the monthly submission is compared to data already held within ECMS from your previous submissions. Load reports are prepared and made available to agencies via the FUP. Load reports provide information on your overall data quality held in ECMS; you should aim to achieve the data quality target of 95%.

The load reports provide you with the opportunity to amend your data for the next month's submission and therefore improve your data quality over time. It is expected that outstanding Errors and Warnings on Load Reports will be addressed by the agency.

E. Consent & Confidentiality

A client **must** give informed, written consent for their information to be shared with DTMU. Where consent is withheld, put No in the "Consent for NDTMS" field. The record should be returned to DTMU as part of the usual monthly submission, but should only include the following three fields: Agency Code, Client ID and Consent. Appropriate Information Sharing Protocols **must** be in place if a DAAT requires client level information from their agencies. Clients must also consent to the DAAT seeing their data and understand for what purpose it will be used.

F. Data Quality, Data Quality, DATA QUALITY!

1. Warning: Changing key fields

Should you amend any of the NDTMS key fields (see overleaf) on your local database and then submit this to DTMU, this *will* cause a duplicate record or episode to be created in ECMS as these fields *cannot* be overwritten.

Action: If you need to amend one of the fields, notify DTMU so the erroneous data can be deleted from ECMS.

2. Warning: Changing modality information

Should you amend any of the modality fields (see overleaf) on your local database and then submit this to DTMU, this *will* cause a duplicate modality to be created in ECMS as these fields *cannot* be overwritten.

Action: If you need to amend one of the fields, notify DTMU so the erroneous data can be deleted from ECMS.

Action: Avoid entering anticipated dates; enter dates only when the client attends an appointment. The **ONLY** acceptable future date is "Date of First Appointment Offered for Modality", which should not change once agreed with client.

3. Dates **MUST** be in the correct format, or they will be rejected by ECMS. For example you *cannot* put dots in the date fields (eg 15.5.59) or use the month name (eg Jun or June).

Find below the date formats that ECMS will accept

Valid Format	Type
19790709	International Format
09/07/1979	DD/MM/YYYY

Figure 3 - Examples of valid date formats that ECMS will accept

4. The NTA and DAATs use NDTMS to monitor the following performance indicators, among others, in their quarterly reports:

- Every client starting a modality is expected to have a care plan. Thus, where "Modality Start Date" is populated, the client record should also have "**Care Plan Start Date**" populated. (DAAT Target: 100%)
- Every client in treatment at Tier 3 should have a Drug Treatment Healthcare Assessment. Thus, where "Triage / 1st Assessment" is populated, the client record should also have "**Drug Treatment Healthcare Assessment Date**" populated. (DAAT Target: 100%)

G. Why is Discharge Data so Important?

It is essential to ensure that when a client has been discharged from treatment, the record is updated with a discharge date and the appropriate discharge reason and then submitted to the DTMU. This ensures accurate Retention Rates are calculated and will also limit the number of erroneous long open episode records.

H. Contact Details for support and information

Name	Title	Telephone
Kellie Peters	Manager	01865 334725
Sue Dales	Database Admin	01865 334762
Regina Lally	Liaison/Training	01865 334734
Caroline Hancock	Information Analyst	01865 334764

Figure 4 - Contact any member of the team for support

Key Fields	
Description	CSV Header
Client Forename Initial	FINITIAL
Client Surname Initial	SINITIAL
Client Date of Birth	DOB
Client Gender	SEX
Agency Code	AGNCY
Referral Date	REFLD
Triage / 1st Assessment Date*	TRIAGED
Problem Substance No. 1	DRUG1
<i>All MUST be completed. If not, record rejected Should not change: advise NDTMS team if changed</i>	
* Trigger to send record to NDTMS	
DAT of Residence	DAT
<i>Data may change (i.e. current living situation)</i>	
Performance Monitoring Warning: Changes to the above fields create duplicate clients → results in inaccurate LDP figures.	
Consent for NDTMS	CONSENT
<i>Client must consent before their data can be sent to DTMU</i>	

Other Client Information	
Description	CSV Header
Ethnicity	ETHNIC
Nationality	NATION
Client Reference*	CLIENT
<i>Should not change * Should be consistent across all episodes at agency</i>	
Previously Treated	PREVTR
Referral Source	RFLS
Sexuality	SEXUAL
<i>Data is not expected to change (i.e. as at start of episode)</i>	
Postcode (truncated / full)	PC
PCT of Residence	PCT
Local Authority	LA
<i>Data may change (i.e. current living situation)</i>	
Episode ID	EPISODID
Client ID	CLIENTID
<i>Technical Identifiers; Should not Change.</i>	

Modality Data	
Description	CSV Header
Treatment Modality	MODAL
Date Referred to Modality	REFMODDT
<i>MUST be completed as soon as modality is known Should not change: advise NDTMS team if changed</i>	
Date 1 st Appointment Offered for Modality	FAOMODDT
<i>Should not change. Populate when client accepts appt. May be future date</i>	
Modality Start Date	MODST
<i>Required when client actually starts modality Should only change from blank to populated Trigger for waiting time to be calculated</i>	
Modality End Date	MODEND
Modality Exit Status	MODEXIT
<i>Required when client completes modality or is discharged MUST complete ALL modality information if modality end date populated, or record will be rejected.</i>	
Modality ID	MODID
<i>Technical Identifier; Should not Change.</i>	

Description	CSV Header
Care Plan Start Date*	CPLANDT
Drug Treatment Healthcare Assessment Date	HLCASSDT
<i>Data not expected to change once populated *Must be completed when Modality Start Date populated</i>	
Physical and Psychological Health	
Hep C Latest Test Date	HEPCTSTD
Hep C Intervention Status	HEPCSTAT
Hep C Positive	HEPCPOS
Hep B Intervention Status	HEPBSTAT
Hep B Vaccination Count	HEPBVAC
Previously Hep B Infected	PREVHEPB
Referred for Hepatology	REFHEPGY
<i>Data may change (i.e. current situation)</i>	
Dual Diagnosis	DUALDIAG
<i>Data not expected to change (i.e. as at start of episode)</i>	

Care Plan Domains	
Description	CSV Header
Drug & Alcohol Use	
Route of Administration of Primary Substance	ROUTE
Age of First Use of Primary Substance	DRUG1AGE
Frequency of Use of Primary Substance	DRUG1FRQ
Injecting Status	INJSTAT
Injecting in last 4 weeks	INJECT
Ever Shared?	SHARE
Drinking Days	ALCDDAYS
Units of Alcohol	ALCUNITS
<i>Data not expected to change (i.e. as at start of episode)</i>	
Problem Substance No. 2	DRUG2
Problem Substance No. 3	DRUG3
<i>Data not expected to change (i.e. as at start of episode) Fields may be left blank if client has no 2nd/3rd drugs</i>	

Description	CSV Header
Social Functioning	
Employment Status	EMPSTAT
Accommodation Need	ACCMNEED
Parental Status	PRNTSTAT
<i>Data not expected to change (i.e. as at start of episode)</i>	
Children	CHILDWTH
Pregnant	PREGNANT
<i>Data may change [i.e. current situation]</i>	
Discharge Data	
Description	CSV Header
Discharge Date	DISD
Discharge Reason	DISRSN
<i>Required when client is discharged All modalities MUST now have end date and exit status Should only change from blank to populated Planned/Successful discharges: Treatment Completed, Treatment Completed Drug Free, Referred On.</i>	