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Key Elements from the Drug Strategy

On 8 December the government launched its new drug strategy, ‘Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life’.

A major change to government policy, the 2010 strategy sets out a fundamentally different approach to preventing drug use in our communities, and in supporting recovery from drug and alcohol dependence.

The strategy has recovery at its heart. It:

- puts more responsibility on individuals to seek help and overcome dependency
- places emphasis on providing a more holistic approach, by addressing other issues in addition to treatment to support people dependent on drugs or alcohol, such as offending, employment and housing. The Strategy clearly points to the importance of addressing alcohol dependence,

not simply focusing on drug misuse. The building recover in communities section of the strategy states that “we now need to make the same progress in treating those with more severe alcohol dependence and to become much more ambitious for individuals to leave treatment free of their drug or alcohol dependence so they can recover fully”.

- aims to reduce demand
- takes an uncompromising approach to crack down on those involved in the drug supply both at home and abroad
- puts power and accountability in the hands of local communities to tackle drugs and the harms they cause. It was announced that the key functions, such as the NDTMS, of the National Treatment Agency for Substance Misuse (NTA) will be transferred to Public Health England.

The strategy can be downloaded [▶ here](#).

Welcome to the fifth issue of DTMU News – the Newsletter from the Drug Treatment Monitoring Unit.

DTMU news is an important way for us to share information across the South East region.

We would encourage you to read it and to suggest articles and topics you would like to see covered in future issues.

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DIR – the End is Nigh!

As many of you reading this will be aware there are imminent changes afoot regarding the Home Offices' Drug Intervention Record (DIR) programme, coming into effect on the 1st April 2011. After this date all prison teams will be responsible for the input of their own DIR forms, whereas since 2005 regional input teams such as the DTMU have been responsible for both the inputting of the forms and the quality of the data that is held on DIRWeb. This is a major change for everyone involved; it means that we at the DTMU (along with the other regional teams) will no longer hold the contract. It also means that the prison CARAT teams will be fully responsible for their data for the first time, allowing them to add, delete and amend client records as the case managers.

The DIR forms in prisons are also going to be changed, being made smaller in size, with less data items being collected.

The 'Reception minimum data set' is a slimmed down version of the current DIR and captures care plan data for clients not yet on a caseload. It includes the transfer section for clients coming from another CARAT or CJIT. The Reception form is only 2-sides long and will replace the 21-page DIR.

The 'Activity minimum data set' is a slimmed version of the current Activity form and captures treatment starts/ends, and case closures for clients who are already active on the caseload. The new Activity form is only 1-side long and will replace the original 7-page version.

Things are slightly different for the community DIP teams, for which we at the DTMU currently process DIR forms for 7 areas across the South East region. The forms will not be changing as they are for the prison teams and the current forms will continue to be used. All community teams will however also be given the responsibility of inputting their own forms from the 1st April and will be given the appropriate access rights to DIRWeb to allow them to do this.

The Exit strategy

Overall transition timeline

- **Up to the 18th March:** Prison and Community teams send forms to the Regional Input Teams.
- **From the 18th March:** Community teams transfer to new local arrangements for inputting data.
- **22nd March:** All forms must be received by DTMU by this date. Any forms arriving after this date will be returned.
- **Between the 18th and 31st March:** Prison teams retain completed DIR and Activity forms.
- **From the 1st April:** Prison teams enter data locally including historic forms (retained 18th–31st March). New prison minimum data set in place.

New forms to be used from 1st April 2011

The image shows three overlapping forms. The top form is titled 'Reception minimum data set' and includes sections for 'PERSONAL DETAILS', 'TRANSFERS IN', 'URGENT AND IMMEDIATE NEEDS', and 'CARE PLAN'. The middle form is titled 'Activity minimum data set' and includes sections for 'CASE PLAN' and 'CASE REVIEW AND TREATMENT'. The bottom form is titled 'Core Data Set H Training' and includes a table for 'CORE DATA SET H TRAINING'.

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DIR – the End is Nigh! (cont.)

Information for prison teams

- Please make sure that ALL completed Initial contact, DIR and Activity forms are sent to the DTMU by the 22nd March. This will give us enough time to enter the forms before the switch over on DIRWeb. Prison teams should not send any forms to us after this date; if so they will be returned to you.
- Any Initial contact, DIR and Activity forms completed between the 18th and 31st March should be retained by CARAT teams and from the 1st April data from these forms should be input locally via the new minimum data set on DIRWeb.
- Prison teams will no longer be required to order forms from the DTMU.

Information for Community teams

- All community teams should continue to use the DIR paperwork as normal. However, forms should no longer be sent to the DTMU after the 18th March. Forms sent after this date will be returned.
- Non-intensive DATs who previously ordered forms through the DTMU will have to order forms themselves directly from Prolog as and when required. Non-intensive DATs can request an order form and guidelines from [▶ dipenquiries@homeoffice.gsi.gov.uk](mailto:dipenquiries@homeoffice.gsi.gov.uk) for future orders.
- Each non-intensive DAT should stop sending forms to the DTMU on the 18th March, and will be required to self input forms directly onto DIRWeb from the 18th March.
- The Home Office AIM (Analysis and Information Management) team will support and advise local areas in implementing their local approach.

Help is also available via:

- The DTMU (before the 31st March).
- Guidance documents available in the help section of DIRWeb.
- The DIRWeb support team on [▶ hodip.support@henleysoftware.co.uk](mailto:hodip.support@henleysoftware.co.uk) and 0333 9000 118.

2011–2012 Data Submission Deadlines

Month	Submission Deadline
February 2011	Tuesday 15th March 2011
March 2011	Monday 11th April 2011
April 2011	Thursday 12th May 2011
May 2011	Tuesday 14th June 2011
June/Part July 2011	Tuesday 19th July 2011
Part July/August 2011	Thursday 15 September 2011
September 2011	Friday 14th October 2011
October 2011	Tuesday 15th November 2011
November 2011	Wednesday 14th December 2011
December 2011	Monday 16th January 2012
January 2012	Tuesday 14th February 2012
February 2012	Thursday 15th March 2012
March 2012	Friday 13th April 2012

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Monthly Data Quality Metrics

As part of the NTA Service Level Agreement (SLA) that DTMU is responsible for delivering, a key output is achieving improvements in Data Quality. There are 3 key deliverables under the heading 'Data Quality' (1) annual data quality strategy; (2) annual data quality work plan; (3) evidence to demonstrate improvement in overall data quality. As with any performance management tool, the DTMU is marked red, amber or green against these deliverables.

At the end of each calendar month the NTA central team distributes data quality metrics. These metrics are based upon the most recent NDTMS submission and will show where there has been an improvement, or in some cases a decrease in quality. The table below lists the metrics and the current RAG. Whilst it is important that we tackle every data quality metric, some have a greater priority because of the impact that they will have on overall statistics, these have highlighted in bold in the table.

Since the introduction of distributing a DAT specific metric summary in 2010 to each of our 19 partnerships, there has been a marked improvement in data quality.

The most important factor in this process is the engagement with the individual treatment providers. Those providers that appear under any one of the listed metrics will receive a report, that contains the attributable (DoB, Gender and Initials) level details. The report is uploaded to the secure dropbox. This provides a clear audit trail and can immediately show the DTMU which providers have not downloaded the data quality reports. Treatment providers are asked to address the data quality issues before their next submission. This tends to be an iterative process.

With the introduction of DAMS Phase III in 2011–12, described in the next article, it is imperative that data quality is tackled immediately in order to support a smooth transition to the upgraded system.

Metric	RAG
Alcohol primary drug but no alcohol modality	R
Overlapping episodes	A
Missing PCT for alcohol episodes	G
Missing parental status	G
Alcohol days and units mismatch	R
Missing children living with	G
Core data set 'G' compliance	G
Duplicate open modalities	G
Episode dates out of sequence	G
Overlapping modalities	A
Episode dates vs. agency de-active date	G
Poly drug use	G
Incomplete close down for agency	G
Misreporting of Tier 4 Interventions	G
Data load percentage	G
Individuals with overlapping TOP CC flag	A
Data quality percentage	G
Episodes related to overlapping TOP CC flag	A
Duplicate client reference	A
Individuals with open episodes but no TOP cc	G
Missing discharge data	G
Episodes related to individuals with no TOP CC	G
Duplicate open episodes	G

Table: Regional Metric Summary @ 28/02/2011

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ViewIT & NDTMS.net Training

In November 2010 a meeting was held in London with the NTA, the National Drug Evidence Centre (NDEC) and representatives from Regional NDTMS teams, Drug and Alcohol Action Teams and treatment providers. The purpose of the meeting was to review the usage of www.ndtms.net and <http://www.viewit.org.uk/>, with the view of agreeing improvements that would see the number of users accessing both sites improve.

Following this meeting, Regina Lally (DTMU Manager), Fintan Hayes (SE Regional NTA Manager) and Kellie Peters (Head of Data Management) decided that it would be worth promoting both NDTMS.net and ViewIT to our DAAT commissioners and Information Managers. Two half-day events were held on 11th January and 19th January 2011. The aim of the training was to walk through both the public-facing and secure section of NDTMS.net and raise the awareness of ViewIT.

There is a wealth of information that is available to Drug Action Teams within the secure section of NDTMS.net, including quarterly Green (Adult and YP), Purple (Alcohol) and Blue (Prison IDTS) reports, Needs Assessment data and the recently released Value for Money Tool. During the latter part of 2010 the NTA introduced a Viewer application that allows DAATs to download their specific reports, rather than downloading the historically large MS Excel file which contained data for all 149 DAATs. Treatment providers wishing to access their reports can download these through the Drug and Alcohol Monitoring System (DAMS) that is used for monthly NDTMS submissions.

The ViewIT website allows users with a secure login to NDTMS.net to undertake some basic analysis using 5yrs of NDTMS data. The site allows the user to quickly build tables and charts, maps and DAT families. All analysis can be exported and used within local reports. The website is currently underused by its target audience, as it has not been widely promoted.

Both websites are to be upgraded in the coming months, moving away from being very heavily text based, and having to scroll down the page to access the report that you are looking for, to a more dynamic and interactive website. When the updated sites go live the DTMU team will send out an email notification.

DAMS Upgrade is Coming

You will all be familiar with using the Drug and Alcohol Monitoring System (DAMS) for validating and submitting your monthly agency NDTMS file to the South East NDTMS team. At present the process validates the file that you upload, it does not check your file against the persisted that we already hold for your agency. After each submission the regional team will contact treatment providers that have data quality issues and ask for these to be addressed in time for the next monthly upload. The forthcoming upgrade to DAMS, known as DAMS Phase III, will fundamentally change this process.

You will recall that this time last year a national audit of NDTMS data took place, the purpose of the audit was to address inconsistencies with data. The new software will check monthly data files against information already held on the database at the point of their initial validation, and any data quality issues will be highlighted to the user straight away. You will be given the opportunity to correct this data immediately, with options to delete, replace or amend.

The Benefits

- More accurate high-quality information provided to treatment services;
- Quality and reliability of NDTMS data will be improved;
- On-screen tools will be simple and user friendly

The DTMU Approach

- At this year's Core Data Set 'H' training there will be a section where Regina and Kellie provide a basic overview of DAMS Phase III, the impact that this will have for each provider and what your new responsibilities will be!
- Following on from the basic overview, agency level training will be provided between April and July 2011. This training will be very comprehensive and will be similar to the rollout of the File Upload Portal some four years ago (some of you may recall well remember this) and in more recent times the Data Entry Tool (DET).
- A comprehensive data quality work programme, where the onus on addressing all data quality issues will be a priority.

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DTMU Analysis 2010/11

Last year, the NTA introduced a new publication process for reports that use NDTMS analysis into the public domain. This means that all reports produced by the analysts at DTMU are subject to a 'sense check' before they can be shared with our stakeholders. 'AACCE and PDU clients in the South East' and 'Drug and alcohol related deaths' have just been approved and are on our website.



In the **AACCE and PDU Clients in the South East** report, a comparison is made between clients who report mainly opiate or crack use (PDUs) and clients who use other substances, in order to explore differences between these two groups. The AACCE profile refers to clients stating non-opiate substance use incorporating alcohol, amphetamines, cannabis, cocaine and ecstasy (AACCE). However, some clients using other drugs, including hallucinogens and solvents, are included within the analysis. In

the South East, 47% of the drug treatment population was identified as AACCE and over the last four years, there has been a slight increase in the proportion of clients who have an AACCE profile. This report looked at differences in terms of age, substance use, DAAT of residence, referral source and length of treatment between AACCE and PDU clients. The report found that a significant number of clients resident in the South East presented for treatment for a non-opiate substance which suggests that DAATs and drug services need to ensure that their services meet the needs of both problematic drug users (PDU) and of clients whose main substance is alcohol, amphetamine, cannabis, cocaine or ecstasy.

The report is available at <http://www.dtmu.org.uk/reports-resources/aacce-and-pdu-clients-in-the-south-east-1>.

As reported in the previous issue of DTMU News, the analysts within DTMU are currently updating several documents that were published last year. These include an annual report and the DAAT profiles.

The **Drug and Alcohol Related Deaths** report looks into the numbers, demographics and causality of deaths among drug and alcohol clients in structured treatment and resident in the South East. It is investigating outcomes of a literature review on drug related deaths including Annual Coroner's Report and Office for National Statistics publications. It further analyses drug and alcohol related deaths based on data from the National Drug Treatment Monitoring System (NDTMS). More in depth statistical analysis is performed on data relating to South East clients who died looking at possible relations between drug types as well as the length of contact with treatment and if these factors could be correlated to the death risk for drug and alcohol users.

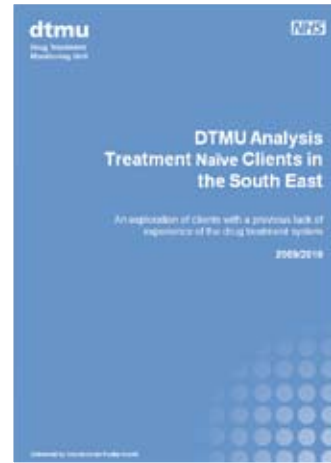
The report is available at <http://www.dtmu.org.uk/reports-resources/drug-and-alcohol-related-deaths>.

The **Substance Misuse in the South East** report will present an overview of the NDTMS 2009/10 in treatment population in the South East. By drawing upon data from the National Drug Treatment Monitoring System (NDTMS), this publication seeks to provide an update to the previous 2008/09 report covering adults and young people in treatment (available at <http://www.dtmu.org.uk/reports-resources>). Included within this report is an analysis of NDTMS data for April 2009 to March 2010 for adults in drug treatment resident in the South East. The report will relate to the national level publication of the NTA Annual Report 2009/10 which provides an overview of the national changing patterns in drug use.

This report is currently being compiled and pending an NTA review is scheduled to be published soon.

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DTMU Analysis 2010/11 (cont.)



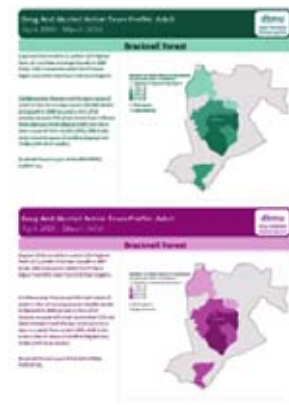
The **Treatment Naïve Clients in the South East** report touches on the issue of a hidden population of problem drug users who had never been in contact with drug treatment services. This report explores the characteristics of clients who access drug treatment for the first time, (and are therefore 'treatment naïve'), by looking at data available from the National Drug Treatment Monitoring System (NDTMS). The aims of this report are firstly to analyse characteristics of drug clients who are new to drug treatment,

i.e. have no previous experience of drug treatment in the South East. The second aim is to report how often clients access treatment when they enter the drug treatment system on more than one occasion.

This report is currently being compiled and pending an NTA review is scheduled to be published soon.

Drug and Alcohol Action Team Profiles for Adults and Young People

DAAT profiles are being produced annually for 19 South East areas for both Adults and Young people. They are a concise collection of statistics on drug- and alcohol-related issues in the areas in



comparison to the South East average. Data is presented as maps, descriptive key messages as well as a spine chart graphical representation of information gathered per financial year by NDTMS.

The profiles are currently being updated with 2009/10 information and will be published soon.

Information requests

DTMU Analytical Team received over 60 information requests in 2009 and almost the same amount in 2010. The requests are on average completed within two weeks and are based on the NDTMS monthly data uploads. Looking mostly at numbers in treatment by age, gender, discharge reason or length of time in treatment, the DTMU analytical team can provide information support for 19 DAAT areas in particular with relation to needs assessment data and other more ad hoc issues.

Analytical Team

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Core Data Set H Training

The Core Data Set H training is now almost completed. Many thanks to all the DAAT areas involved in their efforts to source venues; free of charge in most cases, to hold this training. In these testing times of budgetary constraints, all your hard work in making this possible has been greatly appreciated and we have already received an impressive number of booking forms back for this training.

The business definitions and associated documentation, which support the implementation of the latest version of the NDTMS Core Data Set (H) are now available on the NTA website: <http://www.nta.nhs.uk/core-data-set.aspx>. The new version of the data set will be implemented from 1st April 2011.

A full list of the dates and venues for this training can be found in the table on the right. If you have any queries or would like a booking form for any of the sessions. Please do not hesitate to contact me: jo.frank@sph.nhs.uk.

2011 Core Data Set H Training

Date	Area	Venue
Tuesday March 8th	Southampton	Committee Room 1, Southampton City Council
Wednesday March 9th	West Sussex	The Charmandean Centre, Worthing
Thursday March 10th	East Sussex	St Mary's House, Eastbourne
Friday March 11th	Oxfordshire	The Old Music Hall, Oxford
Monday March 14th	Brighton and Hove	Audrey Emerton Centre, Brighton
Tuesday March 15th	Slough	Town Hall, Bath Road, Slough
Wednesday March 16th	West Berks, Reading and Wokingham	Turning Point, Newbury
Thursday March 17th	Buckinghamshire	Oasis, Aylesbury
Friday March 18th	Hants	Fleming Park Leisure Centre, Eastleigh
Friday March 25th	East Berks	Easthampsted House, Bracknell
Monday March 28th	Kent and Medway	Trinity Foyer, Maidstone
Tuesday March 29th	Surrey	Ramsey House, Epsom
Wednesday March 30th	YP Event	YMCA, Guildford
Thursday March 31st	Isle of Wight	Cranston, Ryde
Friday April 1st	Portsmouth	The Civic Offices, Guildhall Walk, Portsmouth
Monday May 16th	Milton Keynes	Acorn House, Milton Keynes



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