

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2014 / 02
Date of Issue:	10 th March 2014

Ministerial / Official Letter: SMDSR 0314	Subject: Substance Misuse Data Set
Sponsor: Tracey Breheny Deputy Director, Substance Misuse Policy, Government & Corporate Business. Welsh Government	
Implementation Date: 1 st April 2014	

DATA SET CHANGE NOTICE

A Data Set Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on the 20th February 2014.

WISB Reference: ISRN 2012 / 014

Summary:

To introduce the Substance Misuse Data Set and associated definitions.

Data sets / returns affected:

- Substance Misuse Data Set

Please address enquiries about this Data Set Change Notice to the Data Standards Team in NHS Wales Informatics Service

E-mail: data.standards@wales.nhs.uk / Tel: 029 2050 2539

The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632>

DATA SET CHANGE NOTICE

Introduction

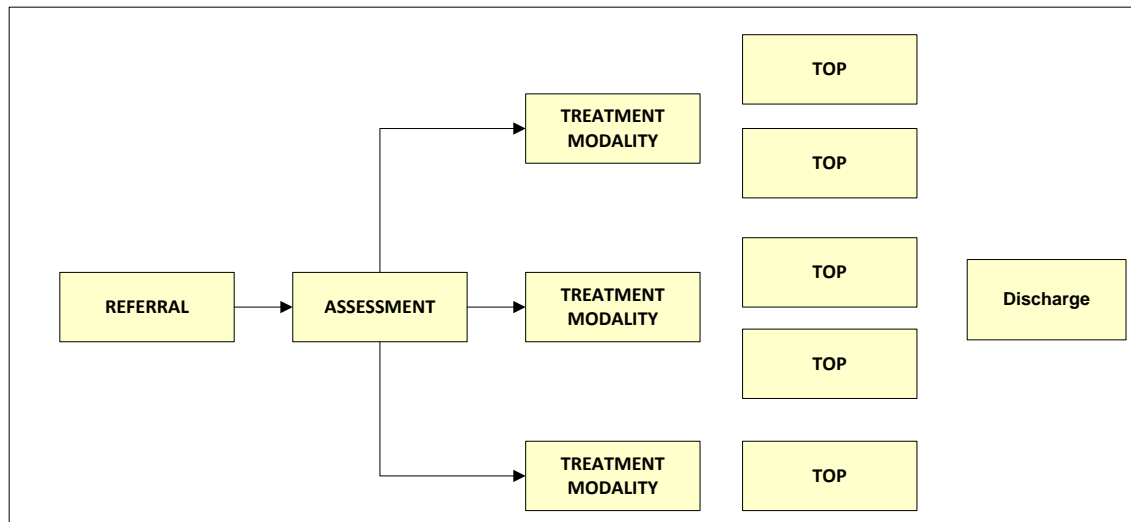
Substance Misuse Treatment Providers in Wales are required by Welsh Government (WG) to make a monthly submission of data for clients being treated to the Substance Misuse National Database. This information is used for a variety of purposes, including monitoring the agencies performance against a series of nationally-agreed Key Performance Indicators (KPIs).

The Welsh Substance Misuse National Database was first established in 2005, and the data required to be submitted by agencies has changed several times over the years to reflect changing Welsh Government policy, and increasing 'richness' of the dataset to allow more sophisticated monitoring of agencies performance.

Over the past 12 months Welsh Government and the NHS Wales Informatics Service (NWIS), in conjunction with various stakeholders have been reviewing and re-developing the data required to be reported nationally in relation to Substance Misuse Treatment in Wales. The purpose of the review and redevelopment of a Substance Misuse Data Set was to ensure that the data submitted to the National database was an accurate reflection of the delivery of Substance Misuse Services.

The Substance Misuse Data Set, effective 1st April 2014, will capture information relating to a client journey in a substance misuse treatment provider. This journey is made up of a number of 'events' – one referral, one assessment, one (or more) Treatment Modalities, multiple Treatment Outcome Profiles (TOPs) and one discharge.

The diagram below is an example of the events which can occur in a Client Journey.



Data items which form the Substance Misuse Data Set can be considered as belonging to one of 6 different entities or groups. These are:

- Client Details
- Referral Details
- Assessment Details
- Treatment Modality Details
- Treatment Outcomes Profile (TOP) Details
- Discharge Details

The receipt of a referral to a Substance Misuse Agency will trigger the submission of data to the National Database. Future data should be provided as and when the client progresses through their treatment journey.

In addition to this DSCN, the following documentation has been produced to support implementation of the new Substance Misuse Data Set and will be accessible via the Data Standards Website: <http://www.wales.nhs.uk/sitesplus/299/page/71865>

- Substance Misuse Data Set Technical Specification
- Substance Misuse Data Set Data Quality Checks
- Substance Misuse Human Behavioural Guidance and Business Rules

Description of Change

To introduce the collection and submission of the new Substance Misuse Data Set.

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.4 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.5 of the NHS Wales Data Dictionary

Actions Required

Actions for Substance Misuse Treatment Providers:

- Substance Misuse Treatment Providers are required to submit on a monthly basis by the 7th working day of the month for the previous month as described in this DSCN.
- All files should be sent in a Extensible Mark-up Language (.XML) format via the NHS Wales Data Switching Service (NWDSS) – <http://nwdss.hsw.wales.nhs.uk>
- From 1st April (data submitted in May) submit an initial submission of all OPEN (i.e. clients who are currently on a treatment journey) Client Records their local databases. Future submissions to the database will contain:
 - o New referrals received by the agency since the last reporting period
 - o Data relating to existing Client Journeys as they progress through their treatment journey.
 - o Amendments to existing data held on the national data base.

Actions for NHS Wales Informatics Service:

- Update the NHS Wales Data Switching Service (NWDSS) and relevant infrastructure to enable the collection, storage, onward distribution and analysis of the Substance Misuse Data Set in time for receipt of April 2014 data.

Appendix A: Table reflecting areas that are impacted as a result of this DSCN

The following table shows all applicable data sets, data items, terms and other associated areas that are linked with the changes documented within this DSCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DSCN.

Data Definition Type	Name	New/Retired/Changed	Page Number
Live Data Sets & Aggregate Data Collections / Patient Level Data Sets	Substance Misuse Data Set	New	Page 4

Appendix B: Highlighted changes to be made to the NHS Wales Data Dictionary

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a ~~strikethrough~~. The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

a) New Data Set to be added to 'Patient Level Data Sets'

Substance Misuse Data Set (SMDS)

Return Submission Details

Data is required to be submitted in Extensible Markup Language (XML) Format.

XML submission files should be submitted to the NHS Wales Informatics Service on 7th working day of the month via the NHS Wales Data Switching Service (NWDSS). Agency staff are required to upload the file (which should have an extension of '.xml') manually.

Submissions can contain one of the following:

- New events which have occurred since the previous submission.
- All events between two specified dates.
- Full extract of all activity data on local system.

There are three XML Schemas and two supporting documents associated with the Substance Misuse Data Set Extract:

Document Name:	Description:
DataReturnDatatypes-v0-4.xsd	Data Return Data Types e.g. alphanumeric 6, date, digit2, etc
SubstanceMisuseDataReturnComponents-v0-4.xsd	Data Return Components e.g. AgencyCode = alphanumeric 6
SubstanceMisuseDataReturn-v0-4.xsd	Data Return e.g. Referral contains AgencyCode, etc
SubstanceMisuseDataReturn-v0-4.pdf	Schema Documentation
SubstanceMisuseReturnExample-v0-4.xml	Return Example

Notes:

1. The Referral details must be submitted in each XML message in order to link to data already submitted.
2. The Client details need only be re-submitted at Assessment if not complete at Referral.
3. Multiple details can be included within a message to indicate the occurrence of multiple events, but Client Details, Referral Details and Assessment Details should only occur once within a message.

The full technical specification can be accessed via:
<http://www.wales.nhs.uk/sitesplus/299/page/71865>

Scope

The Substance Misuse Data Set captures data relating to all individuals (clients), both young persons and adults, presenting for substance misuse treatment in Wales.

Welsh providers delivering substance misuse treatment and who are in receipt of Welsh Government substance misuse revenue funding are required to submit the Data Set.

Treatment Outcomes Profiles are only required to be completed for Adults (age 16 and over) in receipt of structured treatments [[Definition of Structured Treatment](#)]

Data Set Structure

Client Details	Format
NHS Number	10 digit numeric
First Letter of Surname	1 alpha character
First Letter of Forename	1 alpha character
Date of Birth	CCYY-MM-DD
Gender	1 digit numeric
Ethnic Category	1 character alpha numeric
Reduced Postcode	6 character alpha numeric
Local Authority	3 digit numeric

Referral Details	Format
Agency Code	
Agency Client Number	15 digit numeric
Date of Referral	CCYY-MM-DD
Source of Referral	2 character alpha numeric

Assessment Details	Format
Assessment Date	CCYY-MM-DD
Previously Treated	1 digit numeric
Ex Services Personnel	1 digit numeric
Parental Responsibility	2 character alpha numeric
Children Living in Household	2 character alpha numeric
Problem Substance 1	4 digit numeric
Problem Substance 2	4 digit numeric
Problem Substance 3	4 digit numeric
Injecting Status	2 character alpha numeric
Hepatitis B Vaccination Status	2 character alpha numeric
Blood Borne Virus Test Status	2 character alpha numeric
Co-occurring Mental Health Issues	1 digit numeric
Accommodation Need	2 character alpha numeric
Employment Status	2 character alpha numeric

Treatment Modality Details	Format
Treatment Modality	2 character alpha numeric
Modality Referral Date	CCYY-MM-DD
Modality First Appointment Offered Date	CCYY-MM-DD
Modality Start Date	CCYY-MM-DD
Modality End Date	CCYY-MM-DD
Modality Exit Status	2 character alpha numeric

Treatment Outcome Profile (TOP) Details	Format
TOP Number	6 digit numeric
TOP Interview Date	CCYY-MM-DD
Treatment Stage	2 character alpha numeric
Number of Days Alcohol Used	2 character alpha numeric
Number of Days Opiate Used	2 character alpha numeric
Number of Days Crack Used	2 character alpha numeric
Number of Days Cocaine Used	2 character alpha numeric
Number of Days Amphetamines Used	2 character alpha numeric
Number of Days Cannabis Used	2 character alpha numeric
Other Problem Substance Used	4 digit numeric
Number of Days Other Substance Used	2 character alpha numeric
Number of Days Non-Prescribed Drugs Injected	2 character alpha numeric
Injected with Needle or Syringe used by Someone else	1 digit numeric
Number of Days Shoplifting	2 character alpha numeric
Number of Days Selling Drugs	2 character alpha numeric
Criminal Offence Status	2 character alpha numeric
Assault or Violence Status	2 character alpha numeric
Psychological Health Status	2 character alpha numeric
Number of Days Paid Work	2 character alpha numeric
Number of Days Attended College or School	2 character alpha numeric
Physical Health Status	2 character alpha numeric
Urgent Housing Problem Status	2 character alpha numeric
Risk of Eviction Status	2 character alpha numeric
Quality of Life Status	2 character alpha numeric

Discharge Details	Format
Date Contact Ended	CCYY-MM-DD
Reason Contact Ended	2 character alpha numeric

b) Changes to Existing Data Items

Birth Date

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
EAL ds	1 st April 1999	
OP ds	1 st April 1999	
CC ds	1 st April 2007	
OPR ds	1 st July 2008	
EDDS	1 st April 2009	
CAP ds	1 st April 2013	
SM ds	1 st April 2014	

Date of birth of patient / client.

Format: CCYY-MM-DD

If the Date of Birth is unknown; use the date '11/11/1811' (that is 18111111)

[Birth Date Status](#) is associated with this data item and should be used to indicate whether Birth Date is supplied or is not applicable.

See [Date Format](#)

Value	Meaning	Valid From	Valid To
00000000	Date of Birth Unknown	1 st March 2006	31 st January 2007
18111111	Date of Birth Unknown	1 st February 2007	

Ethnic Group

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
NCCHD		
CC ds	1 st April 2007	
OPR ds	1 st September 2008	
EDDS	1 st April 2009	

SM ds	1 st April 2014	
Non - Medical Staffing	-	2 nd January 2013

This is the ethnic group of the patient, as selected by the patient. The patient is the arbiter of the information. Classifications are based on the 14+1 new ethnic group data categories used in the 2001 Census and the information recorded about ethnic group must be obtained by asking the patient / client.

Format: 2 character alpha-numeric

Value	Meaning	Valid From	Valid To
	WHITE		
A	Any White Background	1 st April 2002	
	MIXED		
D	White and Black Caribbean	1 st April 2002	
E	White and Black African	1 st April 2002	
F	White and Asian	1 st April 2002	
G	Any other mixed background	1 st April 2002	
	ASIAN OR ASIAN BRITISH		
H	Indian	1 st April 2002	
J	Pakistani	1 st April 2002	
K	Bangladeshi	1 st April 2002	
L	Any other Asian background	1 st April 2002	
	BLACK OR BLACK BRITISH		
M	Caribbean	1 st April 2002	
N	African	1 st April 2002	
P	Any other Black background	1 st April 2002	
	OTHER ETHNIC GROUPS		
R	Chinese	1 st April 2002	
S	Any other ethnic group	1 st April 2002	
	NOT STATED		
Z	Not stated	1 st April 2002	

NHS Number

This data item is / was included in the following data sets / collections between the dates shown:

Data Set / Collection	Valid From	Valid To
APC ds99	1 st April 1999	
EAL ds	1 st April 1999	
OP ds	1 st April 1999	
OPR ds	1 st July 2008	
EDDS	1 st April 2009	

CAP ds	1 st April 2013	
SM ds	1 st April 2014	

It is mandatory to record the NHS Number for each patient registered with a GP practice in England and Wales. The NHS number is allocated to an individual, to enable unique identification for NHS health care purposes.

This NHS Number format was mandated for use effective 1st November 1997. Prior to this, the NHS Number was an alphanumeric code which ranges in size from 10 – 17 characters. If known, the patient’s Health and Care Number should be used to populate this field for patients resident in Northern Ireland.

If known, the patient’s Community Health Index (CHI) Number should be used to populate this field for patients resident in Scotland.

Format: 10 digit numeric

See [Health and Care Number](#)

See [Community Health Index \(CHI\) Number](#)

Check Digit Algorithm

(This algorithm applies to the Welsh and English NHS Number and the Northern Ireland Health & Care Number. The check digit algorithm for the Scottish CHI Number is available on request.)

Step 1 Multiply each of the first nine digits by a weighting factor as follows:

Digit Position (starting from the left)	Factor
1	10
2	9
3	8
4	7
5	6
6	5
7	4
8	3
9	2

Step 2 Add the results of each multiplication together

Step 3 Divide the total by 11 and establish the remainder

Step 4 Subtract the remainder from 11 to give the check digit

Step 5 Check the remainder matches the check digit. If it does not, the number is invalid.

If the result of Step 4 is 11 then a check digit of 0 is used

If the result of Step 4 is 10 then the number is invalid and not used

c) New data items

Accommodation Need

The current accommodation need of the client.

Format: 2 character alpha numeric

Value	Meaning
01	No Fixed Abode (NFA) – Urgent Housing Problem. For example, the client is currently living on the streets, uses hostel accommodation (on a night by-night basis) or is sleeping in different accommodation (e.g. the floor of a friends' house) each night.
02	Housing problem. For example, the client is staying with friends / family as a short term guest, night winter shelter, direct access short stay hostel, short term B&B or is squatting.
03	No housing problem. For example, the client is staying in Local Authority / Register of Social Landlords (RSL) rented, privately rented, approved premises, supported housing accommodation, his own property and/or is settled with friends / family or is classed as a 'traveller'.

Agency Client Number

This is a system generated number allocated to a client within a Treatment Provider (Agency). NB: this should be a technical item, and should not hold or be composed of attributers, which might identify the individual.

Format: 15 character alphanumeric

Agency Code

This is a unique identifier for the Treatment Provider (Agency) and is the nationally recognised code assigned to the agency or practice by the NHS Wales Informatics Service (NWIS).

Format: TBC

Agency and Practice Codes can be accessed via the National Reference Data Service (NRDS): <http://nrds.cymru.nhs.uk/> (NHS Wales Users Only)

Assault or Violence Status

To establish whether the client has committed assault or violence over the last 28 days (4 weeks) prior to the TOP interview, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
01	Client has committed assault or violence

02	Client has not committed assault or violence
99	The client declined to answer.

Assessment Date

The date that the initial assessment was completed.

The full scope and depth of the assessment will vary according to the presenting needs of a client, but should include an initial assessment of the client's physical health and mental health needs.

Format: CCYY-MM-DD

Blood Borne Virus Test Status

To establish whether the client has been offered testing for blood-borne virus (BBV) infection (Hepatitis B, Hepatitis C and HIV).

Format: 2 character alpha numeric

Value	Meaning
01	The client has already been tested in the last 12 months or are currently being treated for BBV virus infection
02	Testing offered and accepted.
03	Testing offered and refused.
04	Testing not offered.

Children Living in Household

The number of children under 18 that live in the same household as the client at least one night a week. The client does not necessarily need to have parental responsibility for the children.

Format: 2 character alpha numeric

Value	Meaning
00	No children live in same household as client at least one night a week.
01-50	The number of children under 18 that live in the same household as the client at least one night a week.
99	Client declined to answer.

Co-occurring Mental Health Issues

To establish whether the client is currently receiving care from either primary or secondary mental health services (or assessed by mental health services as needing care) for reasons other than substance misuse, as stated by the client.

Format: 1 digit numeric

Value	Meaning
1	Client is currently receiving (or has been assessed as needing) care from Mental Health Services
2	Client is not currently receiving (or assessed as needing) care from Mental Health Services

Criminal Offence Status

To establish whether the client has committed theft from or of a vehicle, other property theft, burglary, fraud, forgery or handled stolen goods over the last 28 days (4 weeks) prior to the TOP interview, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
01	Client has committed theft, burglary, fraud, forgery or handled stolen goods.
02	Client has not committed theft, burglary, fraud, forgery or handled stolen goods.
99	The client declined to answer.

Date Contact Ended

The agreed date of discharge or the date the client was last in contact with the agency, either face to face or by telephone.

Format: CCYY-MM-DD.

Date of Referral

The date that the referral was received by the agency.

For referrals by telephone, letter, email, online or fax, the date of referral should be recorded as the date the telephone call was made or the date the letter, email etc was received by the agency.

Prison Referrals:

- 1) If a referral is received for a client whilst in prison, the referral date will be the date the client is released from prison.
- 2) If the agency begins working with a client before they are released the original referral date should be used as the date of referral.

Format: CCYY-MM-DD

Employment Status

The current employment status of the client.

Format: 2 character alpha numeric

Value	Meaning
01	The client is in regular employment.
02	The client is a registered pupil / student.
03	Economically inactive (long term sick / disabled, homemaker, retired from paid work).
04	Unemployed and not seeking work.
05	Unemployed and seeking work
99	The client declined to answer.

Ex Services Personnel

To establish whether the client has advised that they have previously served in the armed forces.

'Previously served' is defined as anyone who has served for at least **one day** in HM Armed Forces (Regular or Reserve), or Merchant Seafarers and Fisherman who have served in a vessel at a time when it was operated to facilitate military operations by HM Armed Forces.

Format: 1 digit numeric

Value	Meaning
1	Client advises that they have previously served in the armed forces
2	Client advised that that they have not previously served in the armed forces

First Letter of Forename

The first letter of the client's first forename. For example, "M" where the forename is Mary.

Format: 1 alpha character

Gender

The gender of a client (as stated by the client).

Gender identity is a person's sense of identification with either the male or female sex, as manifested in appearance, behaviour, and other aspects of a person's life.

Format: 1 digit numeric

Value	Meaning
1	Male
2	Female
9	Not Specified

First Letter of Surname

The first letter of the client's surname. For example, "J" where the last name is Jackson and "O" where the last name is O'Sullivan.

Format: 1 alpha character

Hepatitis B Vaccination Status

To establish whether the client has been offered information AND immunisation against Hepatitis B.

Format: 2 character alpha numeric

Value	Meaning
01	The client is already fully vaccinated against Hepatitis B. A client is only considered fully immunized against Hepatitis B when they have received a course of 4 injections
02	Vaccination offered and accepted (this will include clients who are part way through vaccination programme)
03	Vaccination offered and refused.
04	Vaccination not offered.

Injecting Status

The injecting status of the client.

Format: 2 character alpha numeric

Value	Meaning
01	The client is currently injecting (i.e. up to and including the last 28 days)
02	The client has previously injected (i.e. greater than 28 days).
03	The client has never injected.
99	The client declined to answer.

Injected with Needle or Syringe Used by Somebody Else

To establish the method of injecting used.

Format: 1 digit numeric.

Value	Meaning
1	Client injected with needle or syringe used by someone else.
2	Client has not injected with needle or syringe used by someone else
9	The client declined to answer

Local Authority

The Local Authority of the client, based on the postcode of their usual place of residence at assessment.

In the event that the client presents with no fixed abode, the code should be that of the local authority in which the agency is located.

Where tier 4 treatment is being provided, the code for the local authority responsible for the referral should be used.

Format: 3 digit numeric.

Value	Meaning
660	Isle of Anglesey
661	Gwynedd
662	Conwy
663	Denbighshire
664	Flintshire
665	Wrexham
666	Powys
667	Ceredigion
668	Pembrokeshire
669	Carmarthenshire
670	Swansea
671	Neath Port Talbot

672	Bridgend
673	The Vale of Glamorgan
674	Rhondda Cynon Taf
675	Merthyr Tydfil
676	Caerphilly
677	Blaenau Gwent
678	Torfaen
679	Monmouthshire
680	Newport
681	Cardiff
999	Other – Outside Wales

Modality End Date

The date when the treatment modality ended.

Where a client cuts short a treatment modality (i.e. an unplanned exit), the date of the last face-to-face contact should be used.

Format: CCYY-MM-DD.

Modality Exit Status

The exit status from a treatment modality.

Format: 2 character alpha-numeric

Value	Meaning
01	Planned exit from treatment modality (i.e. treatment modality completed as set out in the treatment plan)
02	Unplanned exit from treatment modality

A planned exit is where treatment has completed, this includes:

- Treatment Complete – Problematic Substance Free
- Referred to another service
- Moved to GP Led Prescribing

Unplanned exit is where treatment is withdrawn by the provider, this includes clients who:

- Did not attend or respond to follow up contact
- Moved from area (if client moved from geographical area but was also referred to another service, the latter should be captured.)
- Retained in custody / prison
- Deceased
- Declined treatment

Modality First Appointment Offered Date

The date of the first appointment offered to commence the specified treatment modality.

This should be mutually agreed as appropriate for the client.

Format: CCYY-MM-DD

Modality Referral Date

The date when it was mutually agreed between the agency and the client that the client required the specified modality / intervention of treatment.

- For the first modality / intervention in a journey, this should be the date that the client was referred to the treatment requiring a modality / intervention.
- For subsequent modalities, it should be the date that both the client and the key worker agreed that the client is ready for the modality / intervention.

Format: CCYY-MM-DD

Modality Start Date

The date when the treatment modality commenced – i.e. the client attended the appointment.

Format: CCYY-MM-DD

Number of Days Alcohol Used

The number of days the client has consumed alcohol in the last 28 days (4 weeks) prior to the TOP interview date, as stated by the client.

Format: 2character alpha numeric.

Value	Meaning
00	No alcohol consumed.
01 - 28	Number of days on which the client has consumed alcohol.
99	The client declined to answer.

Number of Days Amphetamines Used

The number of days the client has taken amphetamine in the last 28 days (4 weeks) prior to the TOP interview date, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
-------	---------

00	No amphetamine taken.
01 - 28	Number of days on which the client has taken amphetamine.
99	The client declined to answer.

Number of Days Attended College or School

The number of days over the last 28 days (4 weeks) prior to the TOP interview that the client has attended college (higher or further education) or school, as stated by the client.
Format: 2 character alpha numeric.

Value	Meaning
00	The client has not attended college or school.
01 - 28	Total number of days on which the client has attended college or school.
99	The client declined to answer.

Number of Days Cannabis Used

The number of days the client has taken cannabis in the last 28 days (4 weeks) prior to the TOP interview date, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
00	No cannabis taken.
01 - 28	Number of days on which the client has taken cannabis.
99	The client declined to answer.

Number of Days Cocaine Used

The number of days the client has taken cocaine in the last 28 days (4 weeks) prior to the TOP interview date, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
00	No cocaine taken.
01 - 28	Number of days on which the client has taken cocaine.
99	The client declined to answer.

Number of Days Crack Used

The number of days the client has taken crack in the last 28 days (4 weeks) prior to the TOP interview date, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
00	No crack taken.
01 - 28	Number of days on which the client has taken crack.
99	The client declined to answer.

Number of Days Non-Prescribed Drugs Injected

The total number of days the client has injected non prescribed drugs in the last 28 days (4 weeks) prior to the TOP interview date, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
00	No non-prescribed drugs injected.
01 - 28	Number of days on which the client has injected non-prescribed drugs.
99	The client declined to answer.

Number of Days Opiate Used

The number of days the client has taken opiates in the last 28 days (4 weeks) prior to the TOP interview date, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
00	No opiates taken.
01 - 28	Number of days on which the client has taken opiates.
99	The client declined to answer.

Number of Days Other Substance Used

The number of days the client has taken the "other problem substance" in the last 28 days (4 weeks) prior to the TOP interview date, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
00	No other substance taken.
01 - 28	Number of days on which the other substance was taken.
99	The client declined to answer.

Number of Days Paid Work

The number of days over the last 28 days (4 weeks) prior to the TOP interview that the client has undertaken paid work, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
00	The client has not undertaken any paid work.
01 - 28	Total number of days on which the client has undertaken paid work.
99	The client declined to answer.

Number of Days Selling Drugs

The number of days over the last 28 days (4 weeks) prior to the TOP interview date that the client has sold drugs, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
00	The client has not sold any drugs.
01 - 28	Total number of days on which the client has sold drugs.
99	The client declined to answer.

Number of Days Shoplifting

The number of days over the last 28 days (4 weeks) prior to the TOP interview date that the client has shoplifted, as stated by the client.

Format: 2 character alpha numeric.

Value	Meaning
00	Client has not shoplifted
01 - 28	Total number of days on which the client has shoplifted.
99	The client declined to answer.

Other Problem Substance Used

This should be completed if the client has used any other substance within the last 28 days (4 weeks) prior to the TOP interview date other than alcohol, opiates, crack, cocaine, amphetamines and cannabis).

If the client has used more than one 'other problem substance' in the last 28 days (4 weeks) the most predominant substance should be recorded.

Format: 4 character alpha-numeric

Value	Meaning
0000	Not used
1000 - 8888	[INSERT SUBSTANCE CLASSIFICATION]
9999	Not disclosed or not answered

Parental Responsibility

The parental responsibility of the client – i.e. whether or not dependents reside with them.

Parental responsibility includes biological parents, step parents, foster parents, adoptive parents and guardians. It should also include de facto parents where an adult cohabits with the parent of a child or the child alone and have taken on full or partial parental responsibilities.

Format: 2 character alpha numeric

Value	Meaning
01	The client is a parent of one or more children under 18 and all the client's children (who are under 18) reside with them full time.
02	The client is a parent of children under 18 and some of the client's children (who are under 18) reside with them, others live full time in other locations.
03	The client is a parent of children under 18 but they all live full time in other locations.
04	The client is not a parent of any children under 18.
99	Client declined to answer.

Physical Health Status

A score, as stated by the client, with regards to their physical health status (extent of physical symptoms and bothered by illness etc.).

A scale of 0 (poor) to 20 (good) is used.

Format: 2 character alpha numeric.

Value	Meaning
00 - 20	Physical Health Status
99	The client declined to answer.

Previously Treated

To establish whether the client has advised that they have previously received substance misuse treatment at the current or any other substance misuse agency within Wales.

Format: 1 digit numeric

Value	Meaning
1	Client advises that they have previously received substance misuse treatment in Wales
2	Client advises that they have not previously received substance misuse treatment in Wales

Problem Substance 1

The main problem substance that has led the client to present (or be referred) to the substance misuse agency.

The specific substance causing the problem should still be recorded even if an individual advises that they are currently substance free.

Note: If a client has been prescribed substitute opioid medication (i.e. Methadone or Buprenorphine) these should not be listed as the main problem substance and instead Opiates should be recorded. If the client is using Methadone / Buprenorphine not prescribed to them it is appropriate to list them as the problem substance.

Format: 4 digit numeric

Problem Substance 2

The second problem substance being used, where applicable, that has led the client to present (or be referred) to the substance misuse agency.

The specific substance should still be recorded even if an individual advises they are currently substance free.

N.B. If a client has been prescribed substitute opioid medication (i.e. Methadone or Buprenorphine), these should not be listed as the problem substance and instead Opiates should be recorded. If the client is using Methadone / Buprenorphine not prescribed to them it is appropriate to list them as the problem substance.

Format: 4 digit numeric

[See above] List of permissible values and their meaning can be accessed or requested via the National Reference Data Service (NRDS)

Problem Substance 3

The third problem substance being used, where applicable, that has led the client to present (or be referred) to the substance misuse agency.

N.B. If a client has been prescribed substitute opioid medication (i.e. Methadone or Buprenorphine), these should not be listed as the problem substance and instead Opiates should be recorded. If the client is using Methadone / Buprenorphine not prescribed to them it is appropriate to list them as the problem substance.

Format: 4 digit numeric

[See above] List of permissible values and their meaning can be accessed or requested via the National Reference Data Service (NRDS)

Psychological Health Status

A score, as stated by the client, with regards to their perceived psychological health status (anxiety, depression and problem emotions and feelings etc.).

A scale of 0 (poor) to 20 (good) is used.

Format: 2 character alpha numeric.

Value	Meaning
00 - 20	Psychological Health Status
99	The client declined to answer.

Quality of Life Status

A score, as stated by the client, with regards to their overall quality of life (e.g. able to enjoy life, gets on well with family and partners).

A scale of 0 (poor) to 20 (good) is used.

Format: 2 character alpha numeric.

Value	Meaning
00 - 20	Quality of Life Status
99	The client declined to answer

Reason Contact Ended

The reason contact ended.

Format: 2 character alpha numeric.

Value	Meaning
01	Treatment completed – problematic substance free The client no longer requires a treatment intervention and is judged by the case worker as not using any of the clients reported problematic substances
02	Treatment completed The client has reached their treatment goal(s) as agreed at commencement of treatment

03	<p>Treatment withdrawn by provider</p> <p>The treatment provider has withdrawn treatment provision from the client. This item could be used, for example, in cases where the client has seriously breached a contract leading to their discharge. It should not be used if a client has simply 'dropped out'</p>
04	<p>Referred to another service</p> <p>A client has finished treatment at this provider agency but still requires treatment and the individual has been referred to another substance misuse provider for this. This code should only be used if there is an appropriate referral path available.</p>
05	<p>Did not attend or respond to follow-up contact</p> <p>The treatment provider has lost contact with client for 8 weeks or more without a planned discharge and attempts to re-engage the client have not been successful.</p>
06	<p>Moved from area</p> <p>Client has moved from the geographical area in which they are receiving treatment and not referred to another service.</p>
07	<p>Prison / Retained in Custody</p> <p>The client is no longer in contact with the treatment provider as they are in prison or another secure setting.</p>
08	<p>Deceased</p> <p>During their time in contact with the treatment provider the client has died.</p>
09	<p>Inappropriate Referral</p> <p>Client has been contacted following referral and states that they are not ready to engage in treatment or when assessed there is no substance misuse treatment need for client.</p>
10	<p>Client unaware of referral</p> <p>A third party referral has been received and when client has been contacted they were unaware of the referral.</p>
11	<p>Treatment commencement declined by the client</p> <p>The treatment provider has received a referral and has undertaken an initial face-to-face assessment with the client, after which the client has chosen not to commence a recommended treatment intervention.</p>
12	<p>Moved to GP Led Prescribing (Primary Care)</p> <p>The client is receiving GP Led Prescribing (Primary Care) and is no longer involved with the substance misuse treatment agency.</p>

Reduced Postcode

This is the reduced postcode of the client.

This is the usual address nominated by the client. If clients that usually reside elsewhere are staying in hotels, hostels or other residential establishments for a short term, say a week, they should be recorded as staying at their usual place of residence. However if long term, such as at boarding school, the school address must be recorded. University students may nominate either their home address or the address of their university accommodation.

The 'reduced' postcode consists of the first 4 characters of the postcode plus one space plus the first character of the second part of the post code. This could also be the first 3 characters where the first part of the postcode is 3 characters long as shown in the example below.

Format: 6 character alpha-numeric

The table below shows the full UK postcode format from which this data item's format is derived.

Character Position	1	2	3	4	5	6
Format	C	F	2	4	space	0
	S	A	4	space	space	0

Example

If the full UK postcode is CF24 0AL, the submitted 'reduced' postcode entered would be 'CF24 0', as shown in the layout above.

If a client has no fixed abode, this should be recorded with the appropriate code (ZZ99 3)

Risk of Eviction Status

To establish whether the client has been at risk of eviction over the last 28 days (4 weeks) prior to the TOP interview.

Risk of eviction is defined as:

A verbal warning from their landlord concerning their tenancy that concerns some infringement of the agreement such as rent or mortgage arrears.

OR

A formal written warning, notice seeking possession or court order which may result in their eviction from their property

Format: 2 character alpha numeric

Value	Meaning
01	Client has been at risk of eviction
02	Client has not been at risk of eviction
99	The client declined to answer

Source of Referral: Substance Misuse

The source of referral of each client referral into a substance misuse agency.

Format: 2 character alpha numeric

Value	Meaning
30	Statutory Drug Service
31	Non-Statutory Drug Service
32	General Practitioner
33	Self-Referral

34	Prison / Counselling Assessment Referral Advice and Throughcare (CARAT) / Transitional Support Scheme
35	Youth Offending Team (YOT)
36	Probation Service to include Drug Rehabilitation Requirements
37	NHS Accident and Emergency Department
38	Needle / Syringe Exchange Scheme
39	Psychiatry
40	Community Care Assessment
41	Integrated Offender Interventions Service / Drug Interventions Programme / Arrest Referral Scheme
42	Social Services
43	Community Psychiatric Nurse (CPN) / Community Mental Health Team
44	Solicitor
45	Family / Friends
46	Police
47	Educational Establishment
48	Employment Service
49	Support Agencies e.g. Shelter
50	Domestic Abuse Support Service
51	Armed Forces
52	Court
53	Midwife
54	NHS (Hospital)
55	Peer Mentoring Scheme
56	Single Point of Engagement (SPOE) NB this is only to be used in specific cases; these circumstances will be by prior agreement with Welsh Government.

Treatment Modality

The treatment modality / intervention a client is receiving as part of their treatment journey.

Format: 2 character alpha-numeric

Value	Meaning
01	Inpatient Treatment
02	Residential Rehabilitation
03	Community Detoxification
04	Substitute Opioid Prescribing (Methadone) and related Psychosocial Interventions
05	Substitute Opioid Prescribing (Buprenorphine) and related Psychosocial Interventions
06	Psychosocial Interventions

07	Structured Day Programmes
08	Health and Recovery Support Intervention
09	Brief Interventions
10	Harm Reduction

Refer to the term [Treatment Modality](#) for full definition.

Treatment Outcomes Profile (TOP) Interview Date

The date on which a Treatment Outcomes Profile (TOP) interview is undertaken.
Format: CCYY-MM-DD.

Treatment Outcomes Profile (TOP) Number

A unique number for each TOP undertaken. This is a system generated number.

Format: 6 digit numeric

Treatment Stage

The stage of treatment at which the TOP interview is undertaken.

Format: 2character alphanumeric

Value	Meaning
01	Treatment Start Outcome Profile
02	Review Treatment Outcome Profile
03	Treatment Exit Outcome Profile
04	Post Treatment Exit Profile

Urgent Housing Problem Status

To establish if the client has had an acute housing problem in the last 28 days (4 weeks) prior to the TOP interview.

Acute housing problem is defined as:

- The client is of no fixed abode and has been sleeping a night by night basis on the streets.
- The client has been sleeping in a night shelter on a night by night basis.
- The client has been sleeping on different friends' floors each night.

Format: 2 character alpha numeric

Value	Meaning
01	Client has urgent housing problem
02	Client does not have urgent housing problem
99	The client declined to answer.

Treatment Modality

STRUCTURED TREATMENT MODALITIES

1. Inpatient Treatment

An Inpatient Unit (IPU) provides care to service users with substance-related problems (medical, psychological or social) that are so severe that they require medical, physical and psychological care. The key feature of the IPU is the provision of these services with 24 hour cover 7 days per week, from a multi-disciplinary clinical team who have had specialist training in managing addictive behaviours

Treatment in an inpatient (admitted) setting may involve one or more of the following interventions

1. Assessment
2. Stabilisation
3. Assisted withdrawal (detoxification).

A combination of all three may be provided or one followed by the other. IPU treatment is based on a plan of care, developed prior to admission, and should encompass relevant preparatory work and a seamless transition to on-going treatment after discharge.

The three main settings for inpatient treatment are:

- General hospital psychiatric units
- Specialist drug misuse inpatient units in hospitals
- Residential rehabilitation units (usually as a precursor to the rehabilitation programme)

The modality / intervention start date is the date of admission to the inpatient facility.

i) Inpatient Treatment Assessment Only (Definition of Intervention)

Individuals with drug and alcohol dependence present with a wide range of psychiatric, physical and social problems.

Substance misuse services provide a comprehensive assessment of these needs and formulate a treatment care plan to tackle them.

A hospital setting permits a higher level of medical observation, supervision and safety for service users needing more intensive forms of care. Specific tasks of the IPU may include assessment of substance misuse / mental health / physical health / social problems.

ii) Inpatient Treatment Stabilisation (Definition of Intervention)

IPU should have care pathways, clinical protocols and sufficient human and physical resources to offer the following range of stabilisation procedures:

1. Dose titration.

Admission to an IPU with staff skilled in monitoring the effects of methadone and the opioid withdrawal syndrome may prevent the individual dropping out of treatment, or else continuing to supplement their prescribed methadone or buprenorphine dose with illicit opioids.

2. Dose titration on injectable opioid medication

IPU admission allows interventions to optimise the service users injection technique, and 24 hour monitoring allows safer and more efficient calculations of dosage.

3. Stabilisation on maintenance therapy

Use of heroin on top of prescription of methadone can be problematic and attempts to tackle it within the community may lead to increasing doses of methadone and rising opioid tolerance without the desired break from the illicit drug market. A short (one or two week) admission to an IPU maybe an effective way of breaking this cycle, particularly when followed up by day care or intensive community support.

4. Combination assisted withdrawal / stabilisation

A period of IPU treatment may allow assessment and treatment of the withdrawal symptoms from stimulant drugs, alcohol or benzodiazepines, and in doing so facilitate stabilisation on opioid maintenance treatment. Such individuals can then continue to receive Tier 3 interventions in a community setting.

iii) Inpatient Treatment Detoxification / Assisted Withdrawal (Definition of Intervention)

Assisted withdrawal should only be encouraged as the first step in a longer treatment process, and needs to be integrated with relapse prevention or rehabilitation treatment programmes.

Withdrawal in an IPU setting offers better opportunities for clinicians to ensure compliance with medication and to manage complications. IPU admission also offers a major opportunity to recruit service users into longer term treatment to reduce the risk of relapse back into regular drug or alcohol use.

The IPU should have care pathways, clinical protocols and sufficient human and physical resources to offer assisted withdrawal for a wide range of single and poly drug and alcohol misuse problems.

This may also include pharmacological interventions (excluding maintenance substitute opiate prescribing) such as acamprosate, disulfiram, methadone, Buprenorphine, lofexidine, Naltrexone, and other prescribing for symptomatic treatment such as nausea.

2. Residential Rehabilitation

Residential rehabilitation consists of a range of treatment delivery models or programmes to address drug and alcohol misuse, including abstinence drug interventions within the context of residential rehabilitation. There are three broad types of rehabilitation provision:

- Rehabilitation programmes based on Social Learning Theory
- 12-step programmes based on the Minnesota Model of addiction recovery treatment
- Faith-based therapeutic communities.

Residential rehabilitation providers may also manage ('second stage'), or have access to, substance free supported accommodation where a client moves after completing an episode of care in a residential rehabilitation unit and where they continue to have a care plan, receive key work and a range of substance and non substance related support.

Residential rehabilitation programmes normally combine a mixture of group work, psychosocial interventions and practical and vocational activities.

The modality / intervention start is the date of admission to a residential establishment or the date on which the detoxification element is started (if detox and rehab are being provided as one package).

3. Community Detoxification

Community based prescribing for withdrawal from alcohol

This can include pharmacological interventions (excluding maintenance substitute opiate prescribing) such as acamprosate, disulfiram, methadone, Buprenorphine, lofexidine, Naltrexone, and other prescribing for symptomatic treatment such as nausea. This may include, relapse prevention, respite, stabilisation and/or preparation for abstinence based treatment.

The modality / intervention start is the date of dispensing the first dose of medication.

All prescribing interventions must be carried out in line with the Drug Misuse and Dependence – UK Guidelines on Clinical Management 2007. NICE Guideline on Psychosocial Interventions in Drug Misuse 2007

4. Substitute Opioid Prescribing (Methadone) and related Psychosocial Interventions

Substitute Opioid Prescribing (methadone) - maintenance treatment & structured evidence based psychosocial interventions. The care plan for prescribing should include key working to deliver:

- Care plan reviews
- Provision of advice and information
- Harm reduction advice and interventions
- Interventions to increase motivation
- Relapse prevention.

The plan may also include more formal psychosocial interventions including Motivational Interviewing (MI), Community Reinforcement Approach, Cognitive Behavioural Therapy, Family Therapy, and Behavioural Couples Therapy, structured day programmes, structured 1-1 counselling, structured group work.

The modality / intervention start is the date of dispensing the first dose of medication.

All prescribing interventions must be carried out in line with the Drug Misuse and Dependence – UK Guidelines on Clinical Management 2007. NICE Guideline on Psychosocial Interventions in Drug Misuse 2007

5. Substitute Opioid Prescribing (Buprenorphine) and related Psychosocial Interventions

Substitute Opioid Prescribing (Buprenorphine) maintenance treatment & structured evidence based psychosocial interventions. The care plan for prescribing should include key working to deliver:

- care plan reviews
- Provision of advice and information
- Harm reduction advice and interventions
- Interventions to increase motivation
- Relapse prevention.

The plan may also include more formal psychosocial interventions including Motivational Interviewing (MI), Community Reinforcement Approach, Cognitive Behavioural Therapy, Family Therapy, and Behavioural Couples Therapy, structured day programmes, structured 1-1 counselling, structured group work.

The modality / intervention start is the date of dispensing the first dose of medication.

All prescribing interventions must be carried out in line with the Drug Misuse and Dependence – UK Guidelines on Clinical Management 2007. NICE Guideline on Psychosocial Interventions in Drug Misuse 2007

6. Psychosocial Interventions

Psychosocial interventions are structured treatment interventions that encompass a wide range of actions. Key working is the basic delivery mechanism for a range of key components including the review or care or treatment plans and goals, provision of drug related advice and information, harm reduction interventions and interventions to increase motivation and prevent relapse. Help to address social problems, for example housing and employment, is also important.

The plan may also include more formal psychosocial interventions including Motivational Interviewing (MI), Community Reinforcement Approach, Cognitive Behavioural Therapy, Family Therapy, Behavioural Couples Therapy, Structured day programmes, structured 1-1 counselling, structured group work.

Formal psychosocial interventions may be provided alone or in combination with other interventions and should be targeted at addressing assessed need. They may be provided:

- To treat substance misuse or co-occurring mental disorders
- Alone or in addition to pharmacological interventions

Formal psychosocial interventions should be provided in accordance in line with the Drug Misuse and Dependence – UK Guidelines on Clinical Management 2007. NICE Guideline on Psychosocial Interventions in Drug Misuse 2007. The type of psychosocial intervention should be selected on the basis of the problem and treatment need of a specific client, guided by the available evidence base of effectiveness

The modality / intervention start is the date of the first formal and time limited appointment.

7. Structured Day Programmes

Structured Day Programme (SDPs) provides a range of interventions where a client must attend 3 – 5 days per week (minimum 16 hours a week). Interventions tend to be either a fixed rolling programme or an individual timetable, according to client need. In either case, the SDP includes the development of a care plan and regular key working sessions. The care plan should address drug and alcohol misuse, health needs, offending behaviour and social functioning.

SDPs usually offer a programme of defined activities for a fixed period of time. Clients will usually attend the programme according to specified attendance criteria, and follow a set timetable that will include group work, psychosocial interventions, educational and life skill activities. Some clients may be attending a SDP as a follow-on or a pre-cursor to other treatment types, or may be attending as part of a criminal justice programme supervised by the probation service (e.g. DRR) or community rehabilitation.

This modality should only be used by agencies who are delivering structured day programmes as part of a commissioned service.

The modality / intervention start is the date that the client starts the programme.

LESS STRUCTURED MODALITIES

8. Health & Recovery Support Intervention

During structured treatment, Recovery Orientated Systems of Care (ROSC) should be recorded for interventions delivered alongside and / or integrated with a psychosocial or pharmacological intervention. Therefore at least one other modality (listed above) needs to be populated. **Recovery support interventions can also be delivered and recorded outside of treatment however would not be captured on this database.**

The following options are available for recording this activity

ROSC – Peer support / mentoring

Definition – A supportive relationship where an individual has direct or indirect experience of drug and alcohol problems maybe specifically recruited on a paid or voluntary basis to provide support and guidance to peers. Peer support can also include less formal arrangements where shared experience is the basis of the support (e.g. as part of a social group).

Where peer support programmes are available, staff should provide information on access to service users, and support access where service users express an interest in using this type of support.

ROSC – Facilitated access to self help group

Definition – Staff provide service user with information about self help groups. If a service user has expressed an interest in attending a group then the staff member should facilitate initial contact with the group, e.g. arranging transportation to group, attending initial session with service user

ROSC – Social, financial and relationship support

Definition – Staff have assessed that there is a need for on-going support as part of the comprehensive assessment process or as part of their on-going review. Under each heading further information is provided to what type of support can be recorded here.

- Family support (i.e. arranging family support for the family in their own right or family support that includes the individual in treatment)
- Parenting support (i.e. referral to a parental support worker)
- Financial support (i.e. referral to benefit / debt advisor)
- Housing support (i.e. referral to a housing agency for specialist housing support [this can include a range of activities which are designed to allow an individual to maintain their accommodation or deal with an urgent housing need].
- Employment support (i.e. include specific specialised employment support actions by the treatment service, and /or active referral to an agency for specialist employment support).
- Education & training support (i.e. include specific specialised education / training support actions by the treatment service, and /or active referral to an agency for specialist education / training support).
- Supported work projects (referral to a service providing paid employment positions where the employee receives significant on-going support to attend and perform duties.

ROSC – Aftercare support

Definition - Following completion of treatment there is an agreement for periodic contact

between a service provider and the former participant in the structured treatment phase of support. The support is initiated by the service provider

ROSC – Relapse prevention support

Support which is provided to clients who have completed their substance misuse treatment in order to prevent relapse. This can be defined as:

- Evidence based psychosocial interventions to support substance misuse relapse prevention (these are delivered following completion of structured substance misuse treatment. These interventions have a specific substance misuse focus and are delivered within substance misuse services)
- Evidence based mental health focused psychosocial interventions to support continued recovery. (Evidence based psychosocial interventions for common mental health problems that support continued recovery by focusing on improving psychosocial well-being that might otherwise increase the likelihood of relapse to substance use. These are delivered following completion of structured substance misuse treatment and maybe delivered outside substance misuse services but referred from substance misuse services)

ROSC – Diversionary activities

This indicates whether the client is involved in an activity that is designed to divert the client away from substance use.

This activity should be sustained and part of a wider programme of recovery rather than a one off session.

9. Brief Interventions

These are brief opportunistic interventions focused on motivation. They normally consist of one or two brief sessions between ten and 60 minutes, which often focus on exploring ambivalence about changing behaviour and are offered in a non-judgemental way. They should be offered to people with no or limited contact with services if they have identified concerns about their drug misuse (for example, attendees at a needle exchange or in primary care). For people not in contact with drug treatment services, such interventions are likely to produce real benefits. However, they would not routinely be offered as the main intervention by a key worker once a care plan for structured treatment was in place (Clinical Management Guidelines). It is noted that this can also include relapse prevention within this context.

This includes a client that receives information only either verbally or in writing but no further treatment.

10. Harm Reduction

This is where a client is given specific advice and techniques for reducing the harm from drug misuse, such as advice on safer injecting techniques and minimising the risk of overdose.