

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2020 / 19
Date of Issue:	7 th October 2020

Ministerial / Official Letter: N/A	Subject: Substance Misuse Data Set – Additional Treatment Modality
Sponsor: Tracey Breheny, Deputy Director, Substance Misuse, Mental Health and Vulnerable Groups Division, Health and Social Services Group, Welsh Government	
Implementation Date: November 2020 Submission (to include client data from 1 st April 2020 for the additional Treatment Modality 11 - <i>Substitute Opioid Prescribing (Injectable Buprenorphine)</i>)	

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 24th September 2020.

WISB Reference: ISRN 2020 / 025

Summary:

To introduce a new value to the existing Data Item - Treatment Modality and to update Terms to reflect that change.

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>

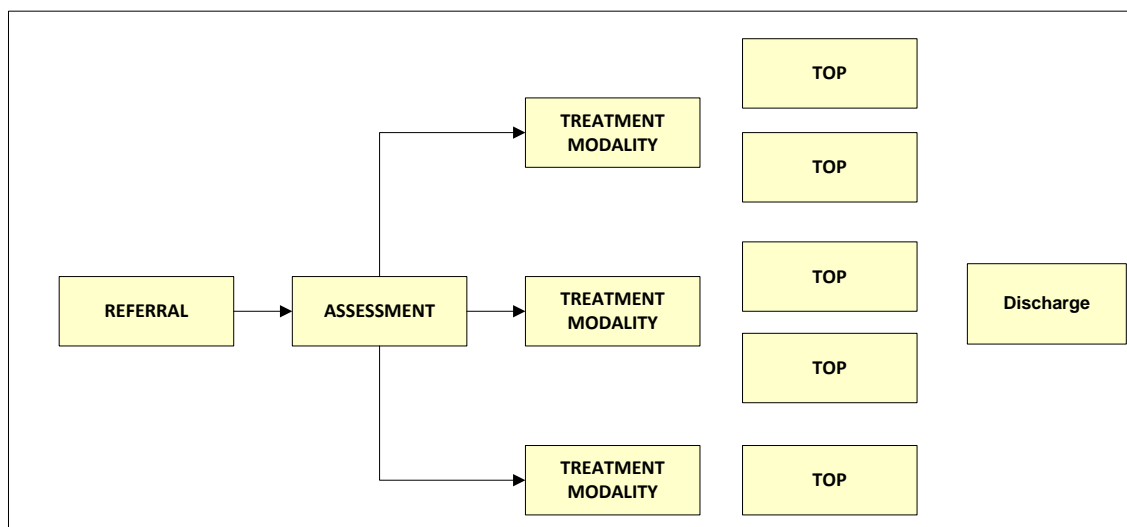
DATA STANDARDS CHANGE NOTICE

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 existing Standard was introduced 1st April 2014 via [DSCN 2014 / 02](#) and captures 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.

Description of Change

To introduce a new value to the existing Data Item - Treatment Modality and to update Terms to reflect that change.

Note: A number of additional papers were published alongside the original Standard ([DSCN 2014 / 02](#)). These were:

- [Substance Misuse – Business Definition](#)
- [Substance Misuse – Technical Specification](#)
- [Substance Misuse – Data Quality](#)
- [Substance Misuse – Data Quality Standards \(Phase 1\)](#)
- [Substance Misuse – XML Schema](#)
- [Substance Misuse – Technical PDF](#)
- [Substance Misuse – Drug Names and Codes](#)

These were published for reference to support implementation of the data set and were not intended to be managed as part of the Information Standards Assurance Process. Consequently, this updated DSCN will be published without those additional papers. Any questions relating to the Business Definition, Technical Specification etc. can be raised by e-mail to:

substancemisuse-queries@wales.nhs.uk

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.10 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.11 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>
- To include client data for the additional Treatment Modality *11 - Substitute Opioid Prescribing (Injectable Buprenorphine)* From 1st April 2020, the first submission of which will be in the November 2020 submission.

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 revised data set for the November 2020 submission, noting that this submission will include data from 1st April 2020 for the additional Treatment Modality *11 - Substitute Opioid Prescribing (Injectable Buprenorphine)*.

- Change LOAD Check 54220 Invalid Treatment Modality to accept Treatment Modality value 11 - *Substitute Opioid Prescribing (Injectable Buprenorphine)*

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
Data Item	Treatment Modality	Changed	Page 9
Terms	Treatment Modality – Structured Treatment Modalities	Changed	Page 9

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.

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> by e-mailing substancemisuse-queries@wales.nhs.uk

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

a) Changes to Existing Data Items

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 (excludes Injectable Buprenorphine)
06	Psychosocial Interventions
07	Structured Day Programmes
08	Health and Recovery Support Intervention
09	Brief Interventions
10	Harm Reduction
11	Substitute Opioid Prescribing (Injectable Buprenorphine)

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

b) Changes to Terms

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

This should not be used to record [Injectable Buprenorphine \(see Substitute Opioid Prescribing \(Injectable Buprenorphine\)\)](#)

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.

11. Substitute Opioid Prescribing (Injectable Buprenorphine)

Substitute Opioid Prescribing (Injectable Buprenorphine) maintenance treatment. 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 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

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 –Diversions 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.