Public Health
England

# NDTMS provider survey February 2014

# Regional report – North East

# About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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# Introduction

The National Drug Treatment Monitoring System (NDTMS) captures data on the numbers of people presenting to English services with problematic drug and alcohol misuse. There are 8 regional NDTMS teams based across the country supporting the processes required for ensuring that the ongoing primary data collection is maintained and that monthly deadlines and quality targets are met.

In January 2014 all drug and alcohol treatment providers in England, reporting to NDTMS were requested to complete a national survey relating to topic areas as agreed with the central and regional NDTMS teams. The survey included questions around software providers, information governance, business continuity, the frequency of reviews and mutual aid referrals. It also recorded the respondent's name, contact details, NDTMS region, parent organisation and agency codes.

## Aims

The aim of the survey was to provide information to regional and central NDTMS teams, PHE Alcohol & Drug team colleagues and individual partnerships with regards to the ongoing timely delivery of high quality data around drug and alcohol treatment in England.

## Objectives

To gather information on a national, regional, DAT and organisational level in relation to:

- Systems: To verify software systems used, how they are accessed and to obtain information in relation to planned migrations of data from or to NDTMS or Case Management systems.
- Information Governance: To verify awareness and use of the NDTMS Consent and Confidentiality Tool Kit V6.3 and to assess password security.
- Business Continuity: To verify the presence of a Business Continuity plan for each provider, including a timetable for backups and information in relation to the resilience of data entry.
- Frequency of Reviews: To verify the frequency of Sub Intervention Reviews and Outcomes Records (TOP, AOR, YPOR).
- Mutual Aid: To verify that agencies are referring clients to mutual aid organisations (such as Alcoholics Anonymous and Narcotics Anonymous) and that these referrals are being recorded on NDTMS systems.

This report will be made available to NDTMS teams, PHE alcohol and drug leads and alcohol and drug commissioners.

Unless otherwise stated, this report includes all English alcohol and drug treatment providers in the community, for young people and adults reporting to NDTMS.

Please note, percentages may not always add up to 100% due to rounding. Percentages are based on the denominator of the number of providers completing the survey.

# Overall survey completion rates

**Table 1. National survey completion rates**

| Region | Number of providers | Number of providers with completed surveys | Completion rate % |
|---|---|---|---|
| Northern & Yorkshire – Yorkshire & Humber | 187 | 124 | 66.3 |
| Northern & Yorkshire – North East | 98 | 68 | 69.4 |
| North West | 149 | 118 | 79.2 |
| South East | 148 | 126 | 85.1 |
| South West | 79 | 66 | 83.5 |
| London | 247 | 158 | 64 |
| West Midlands | 103 | 80 | 77.7 |
| East Midlands | 67 | 22 | 32.8 |
| Eastern | 94 | 50 | 53.2 |
| **Total** | **1172** | **812** | **69.3** |

The national rate of completion of this survey was 69.3%. Completion rates varied across NDTMS regions. The highest completion rate was in the South East where 85.1% of providers completed the survey.

Where returns have been made, there can be some reassurance to the commissioning local authority that there is less chance of system changes being made or planned withut the knowledge and involvement of regional NDTMS teams and any resulting discontinuity in national statistics and monitoring information.

This survey has followed on from practice prior to NDTMS transition to PHE of varying degrees of information gathering at regional level and has been the first year that a national survey has been completed. It is hoped that there will be an improvement in completion of this survey next year and teams are continuing to pursue completion for this year outside of this analysis.

**Table 2. North East survey completion rates by Partnership**

| Partnership code | Partnership name | Number of providers | Number of providers with completed surveys | Completion rate % |
|---|---|---|---|---|
| A01B | Darlington | 3 | 2 | 66.7 |
| A02B | County Durham | 18 | 18 | 100.0 |
| A09B | Gateshead | 8 | 7 | 87.5 |
| A03B | Hartlepool | 14 | 5 | 35.7 |
| A05B | Middlesbrough | 2 | 1 | 50.0 |
| A07B | Newcastle upon Tyne | 21 | 9 | 42.9 |
| A08B | North Tyneside | 5 | 3 | 60.0 |
| A10B | Northumberland | 3 | 2 | 66.7 |
| A04B | Redcar and Cleveland | 5 | 6 | 120.0 |
| A11B | South Tyneside | 8 | 7 | 87.5 |
| A06B | Stockton | 5 | 2 | 40.0 |
| A12B | Sunderland | 6 | 6 | 100.0 |
| **Total** | | **98** | **68** | **69.4** |

A full list of North East providers who completed the survey can be found in Appendix 1.

Overall, 69.4% of North East providers responded to the survey with services from 3 out of 12 local authority areas fully responding.

# Provider profiles

## What client group does your provider treat?

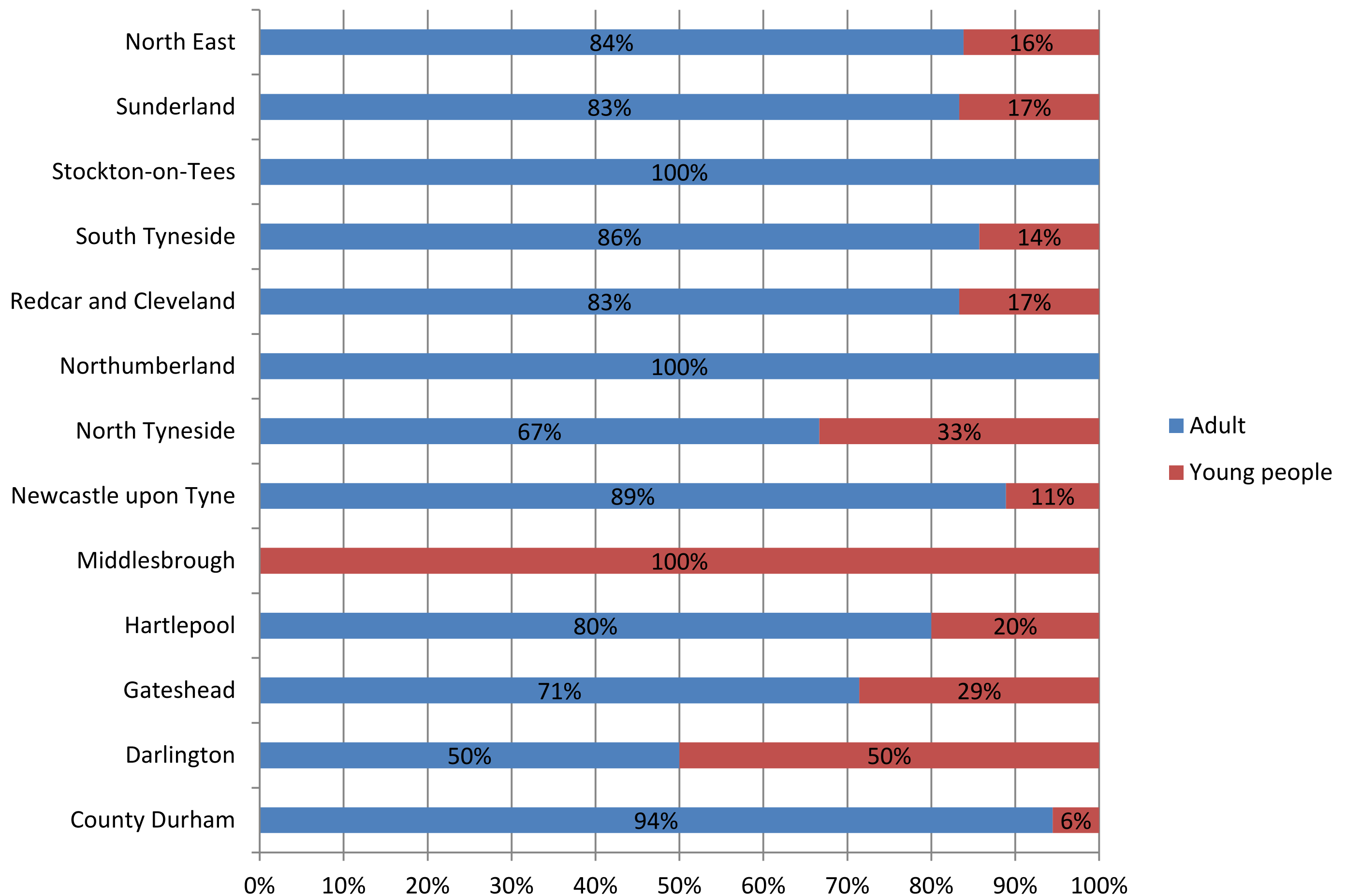


**Figure 1. Client group, for the North East region and by Partnership**

Regionally of the 68 providers who completed the survey, 84% report that they treat adult clients and 16% report that they treat young people. This distribution is generally consistent across other NDTMS regions and nationally there is an 81:19 ratio.

## What treatment service/s do you provide?

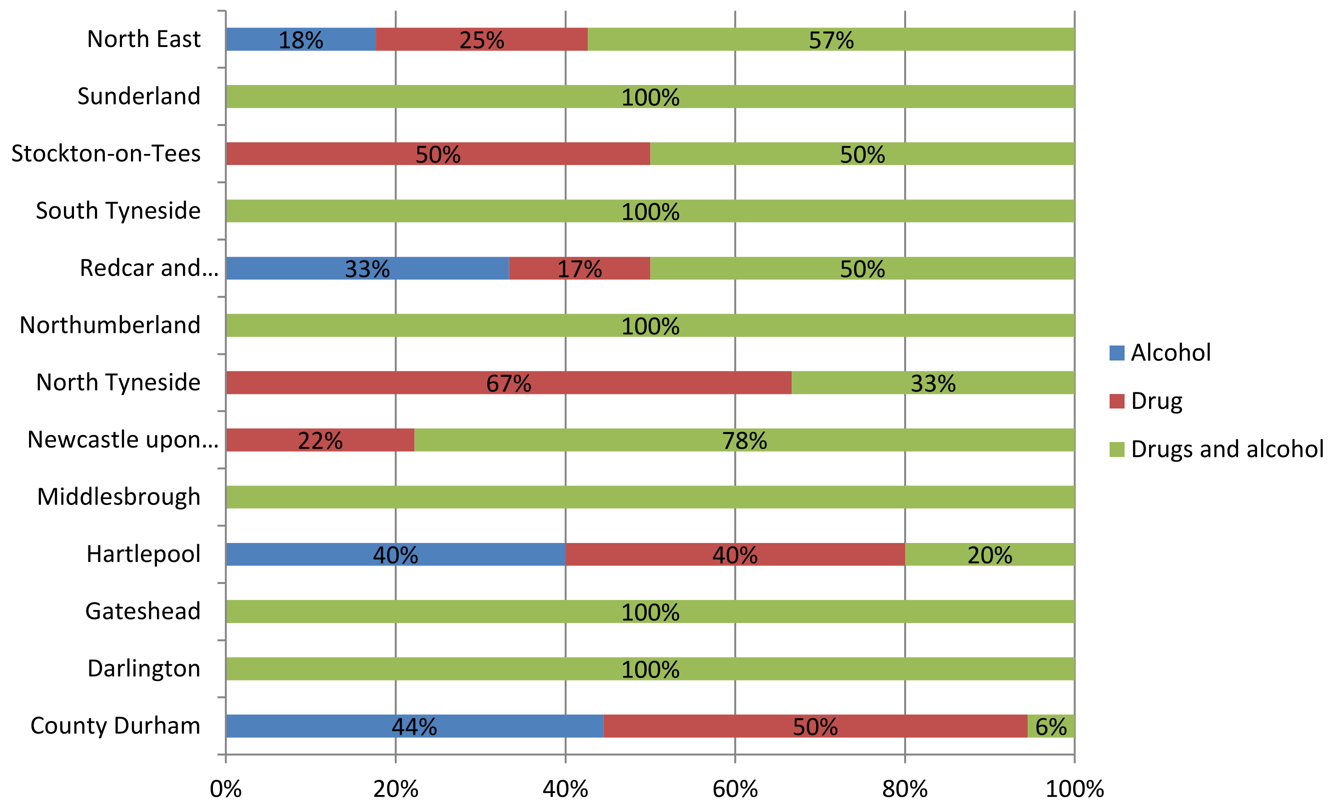


**Figure 2. Treatment service offered, for the North East region and by Partnership**

Figure 2 shows that of the providers that completed the survey, 18% offer alcohol only treatment, 25% offer drug only treatment and 57% offer both drug and alcohol treatment. This latter figure is the lowest when compared with other NDTMS regions.

## Do you have a Care Quality Commission (CQC) registration number?

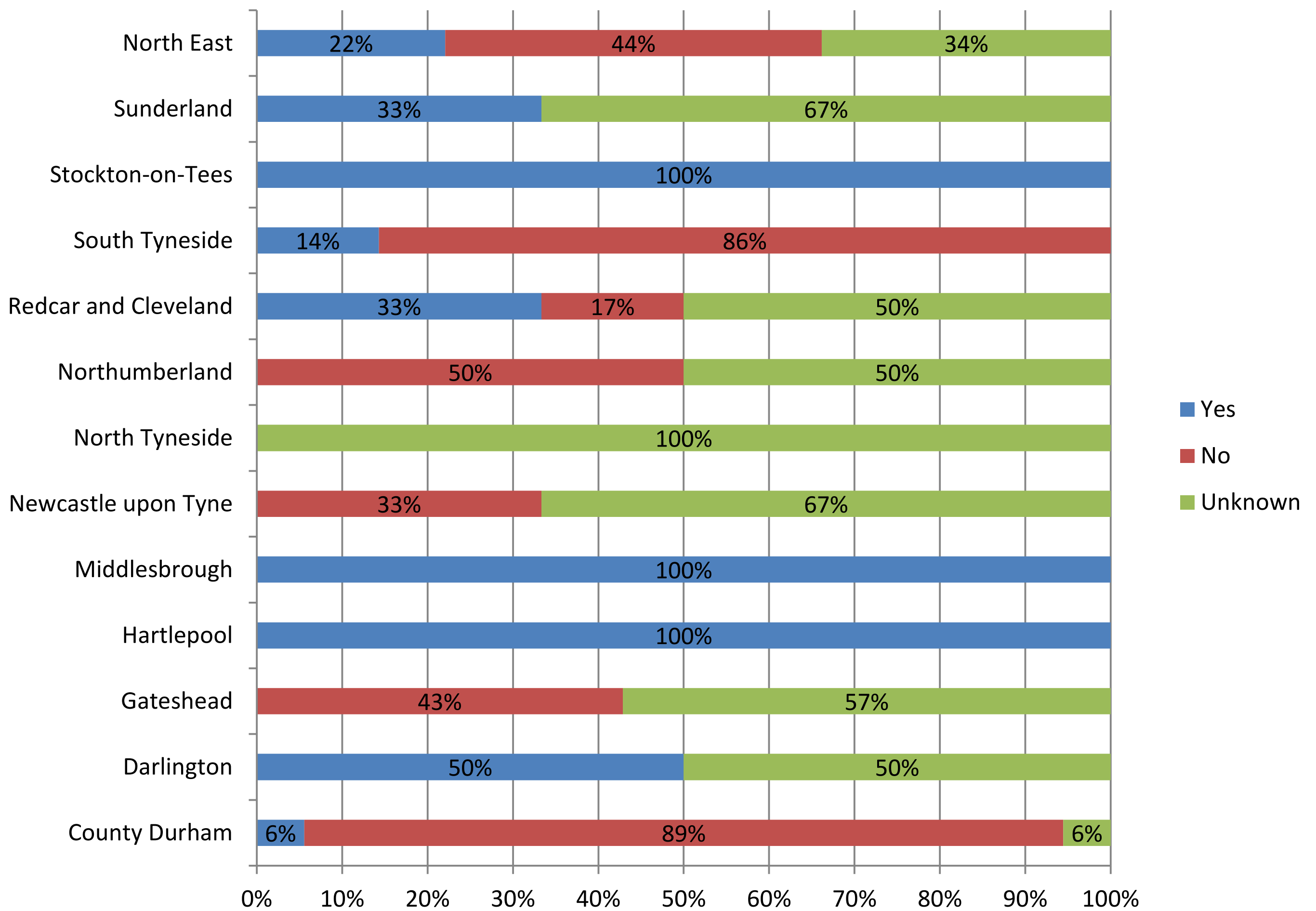


**Figure 3. CQC membership, for the North East region and by Partnership**

22% survey respondents stated that they have a CQC registration number. 44% stated that they did not have a number and a further 34% did not know. Due to the proportion of providers who reported that they did not know, caution should be exercised when interpreting these results. We will endeavour to improve on this information in next years' survey.

It should be noted that all residential drug and alcohol treatment providers should be registered and all community-based providers with nurses, doctors, social workers or psychologists employed as such are also required to be CQC registered.

# NDTMS systems

## What software system does your treatment service use to collect NDTMS data?

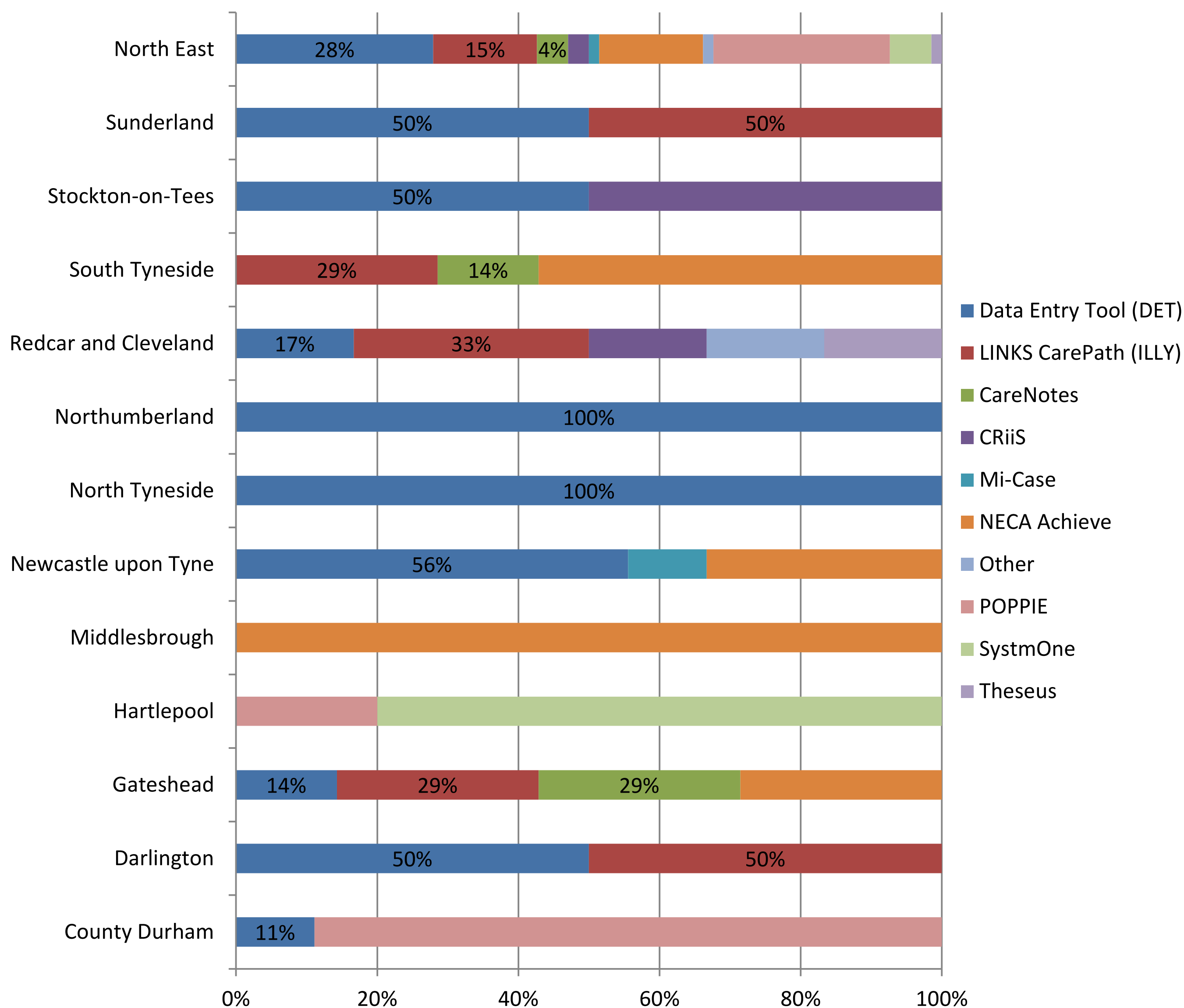


**Figure 4. Software provider, for the North East region and by Partnership**

There are at least 9 systems apart from the NDTMS Data Entry Tool (DET) reported as in use to generate a data extract for NDTMS purposes. There was wide variation in the use of these software systems regionally. The most popular software system is NDTMS DET with 28%. The next most popular is Poppie with 25% followed by NECA Achieve and LINKSCarePath (ILLY), both with a 15% share.

Some local areas such as North Tyneside and Northumberland state that they report across their treatment services with one system only (NDTMS DET). Others have multiple systems in use to provide NDTMS extract data, for example South Tyneside with three. In the period

since the survey was circulated, seven service providers in Middlesbrough opted to migrate to Halo.

## From where can staff access the system that you use to submit your NDTMS data?

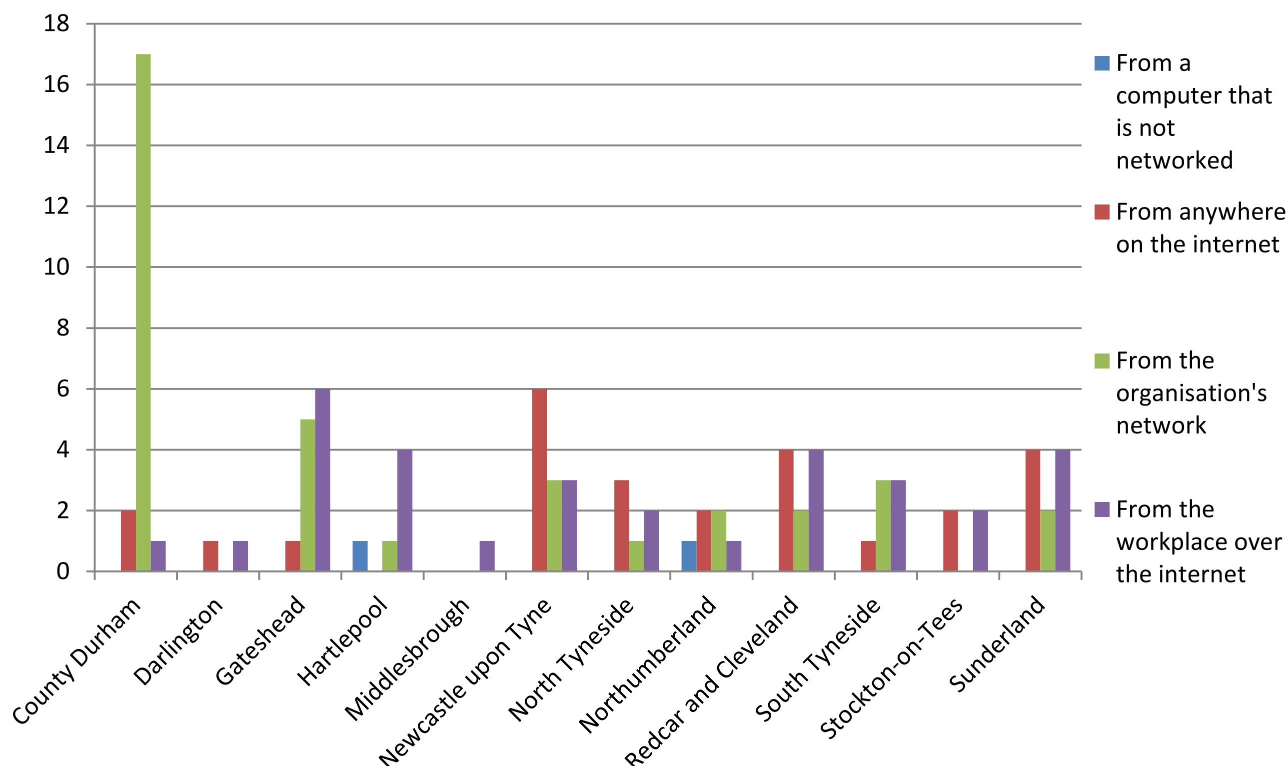


**Figure 5. System access methods by Partnership** (please note, respondents could select as many options as applicable for this question, therefore the categories are not mutually exclusive). Please note, where necessary answers have been corrected for DET Users who are able to access DET from anywhere over the internet.

Regionally, the most common method to access the system that is used to submit NDTMS data was from the organisation's network (n=36).

An NDTMS extract system that is able to provide access from anywhere over the internet may be less vulnerable to disruption following certain types of critical incidents requiring the short term relocation of administrators/key workers.

Responses from DET users indicated that there are misconceptions about the capabilities of DET, which may in fact be accessed from anywhere over the internet. It would be beneficial for managers of DET system services to understand this and factor it into their own business continuity planning.

## Are you considering changing your NDTMS systems?

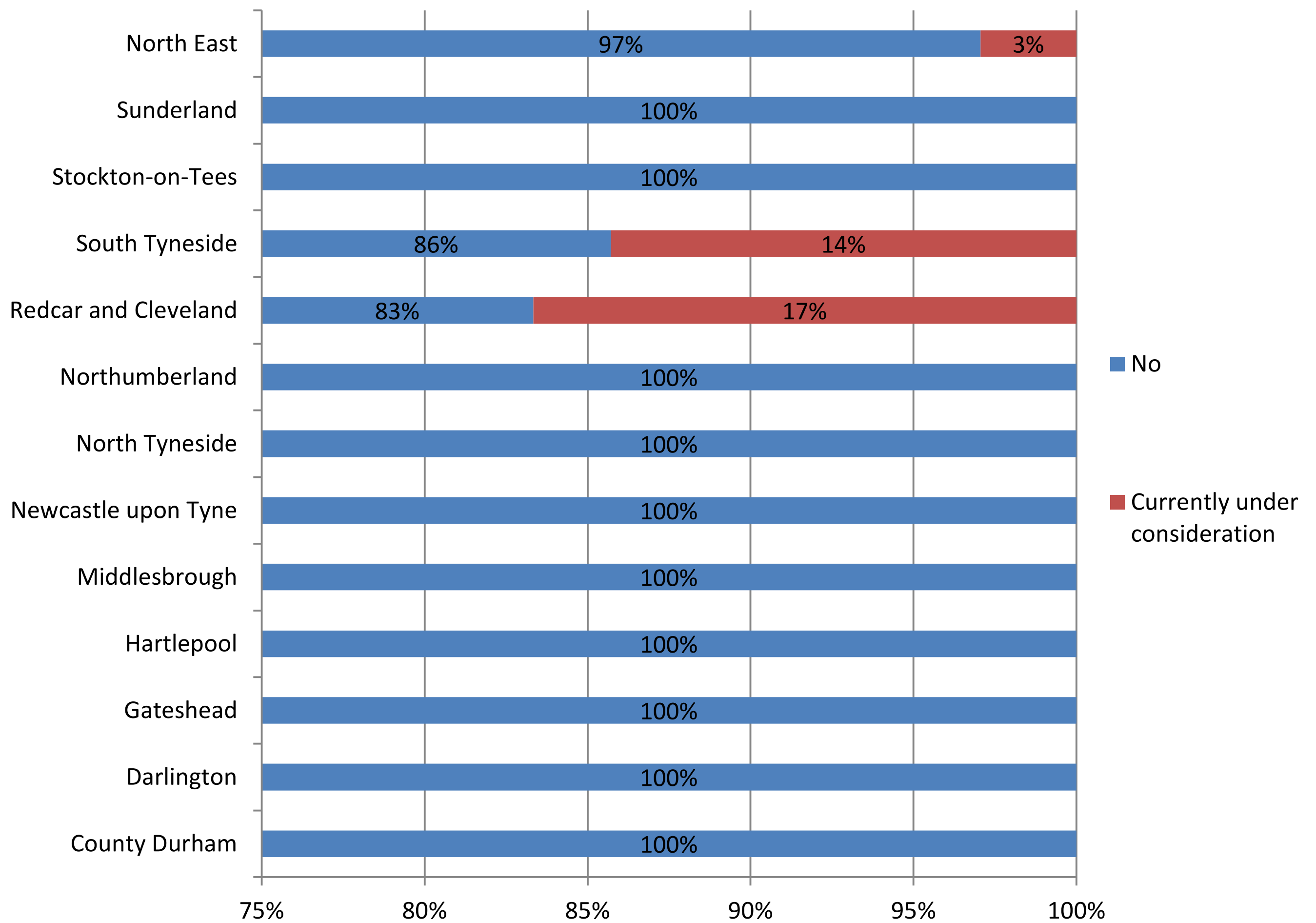


**Figure 6. Software migration intentions, for the North East region and by Partnership**

Figure 6 shows that regionally only 3% of providers reported currently considering changing their software system. This compares to a higher figure of 11% nationally, and gives the NDTMS team some confidence that software use remains relatively stable in the North East. The main exceptions are South Tyneside and Redcar and Cleveland where 14% and 17% respectively reported considering changes.

## Are you considering changing your Case Management System?

**Figure 7. Intentions to change Case Management System, for the North East region and by Partnership**

Figure 7 shows that only 9% of providers regionally are currently considering changing their case management system (CMS) which is on a par with the national percentage of 11%. This gives the North East NDTMS team some confidence that CMS system choice remains relatively stable. The exceptions are North Tyneside and Northumberland where a third or more are considering changing their CMS.

# Information governance

Respondents were asked whether staff at their organisation allowed other people to use their login details for the following systems (n/a indicates that the provider does not have access to that system).

It is strongly recommended that staff are not permitted to share passwords to any of these systems in the interests of security.

## Drug and Alcohol Monitoring System (DAMS)

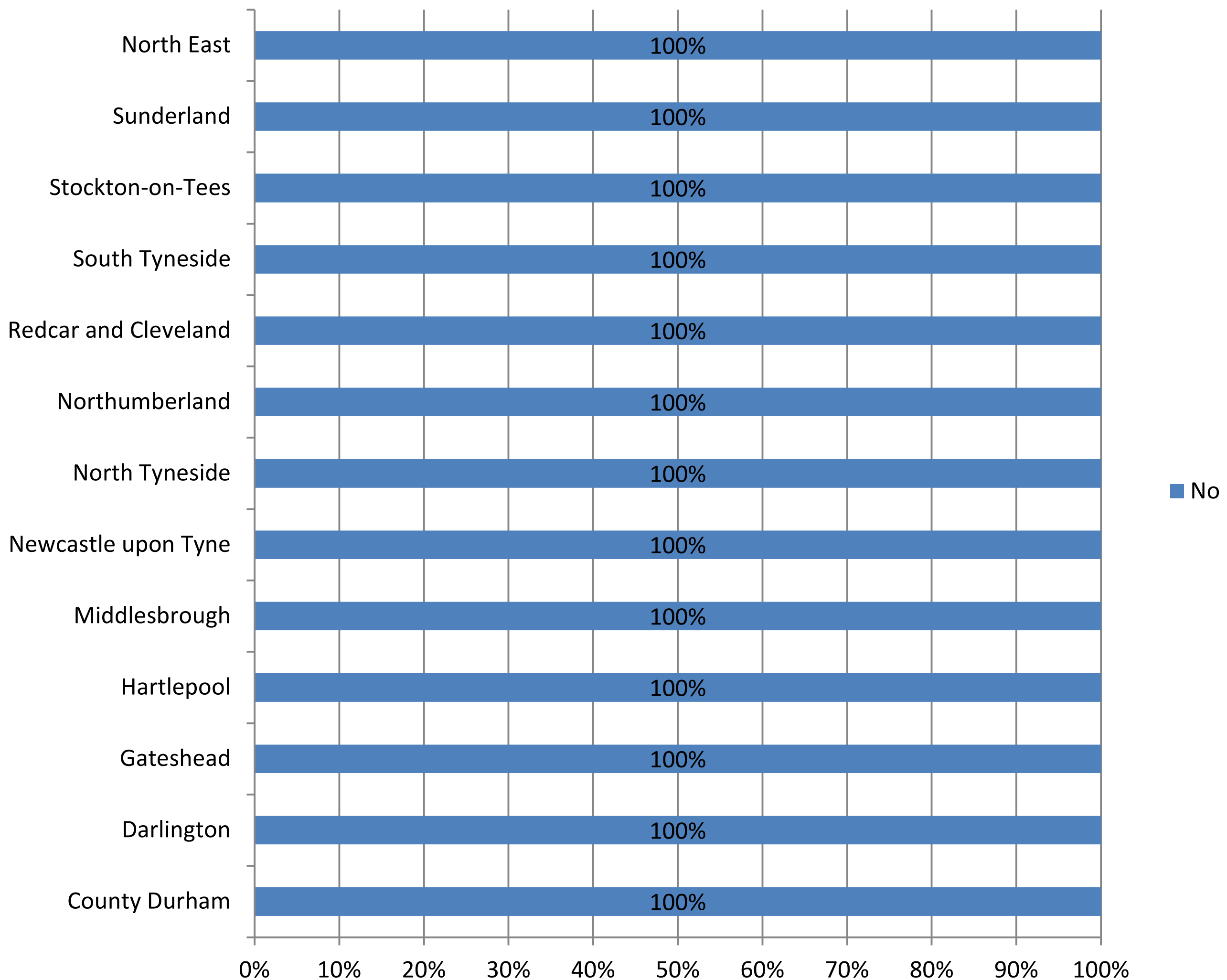


**Figure 8. DAMS password sharing among staff, for the North East region and by Partnership**

Regionally, 0% of respondents stated that DAMS passwords were shared amongst staff at their organisation. This practice of not sharing is entirely appropriate and should continue in order to reduce information governance risks. If respondents had stated that they do share

passwords, they would be contacted by the NDTMS team to provide support and guidance if required including the creation of new DAMs accounts where needed.

It was also noted nationally that some services stated that they do not have access to DAMs. As this is the sole way of submitting data to the NDTMS it seems likely that these respondents are mistaken. Again, this may highlight a training need and those respondents who stated “N/A” to this question will be contacted to see if the NDTMS team is able to provide further training on DAMs.

## Data Entry Tool (DET)

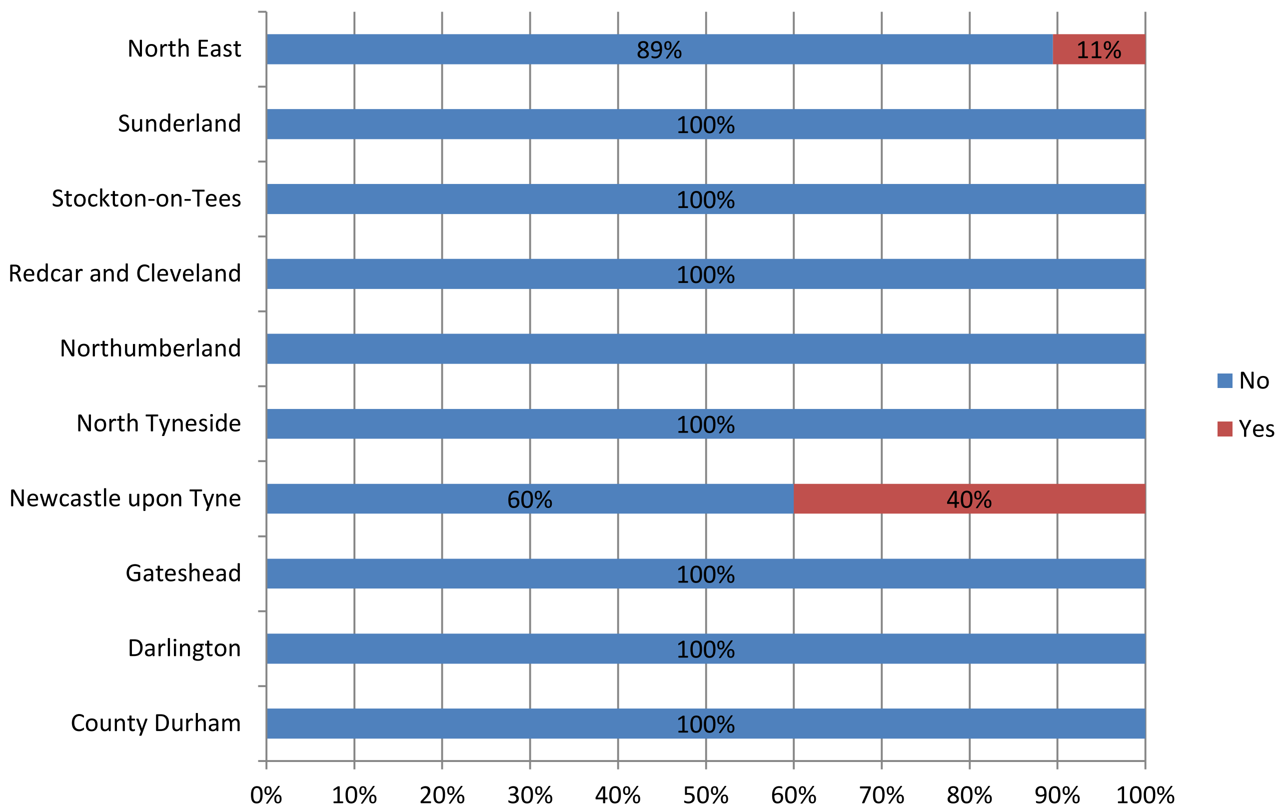


**Figure 9. DET password sharing among staff, for the North East region and by Partnership** (please note, for those who stated they were on a system other than DET their responses have been corrected to N/A where necessary) (n = 19)

For many respondents this question was not applicable as they were on a system other than the DET.

Of respondents who are on DET, 89% stated that DET password sharing does not occur within their organisation. Whilst it is positive that this figure is so high, the fact that 11% reported that staff do share their DET password with other staff members is cause for concern as this could become an information governance issue. The NDTMS team will follow up this issue with Newcastle Upon Tyne.

## Prison DET

Unsurprisingly, the majority of respondents (87%) stated that they did not have access to Prison DET. One hundred percent of respondents who did have access to prison DET stated that passwords were not shared among staff.

## CJIT Data Entry Tool (DIRDET)

Similarly, it is not surprising that the majority of respondents (78%) reported that this question was not applicable to them as they did not have access to the CJIT DET system as they were not CJIT providers. Of those who did have access to CJIT DET, 100% reported that staff did not share passwords.

## PHE Secure File Transfer System (SFT) (aka DropBox)

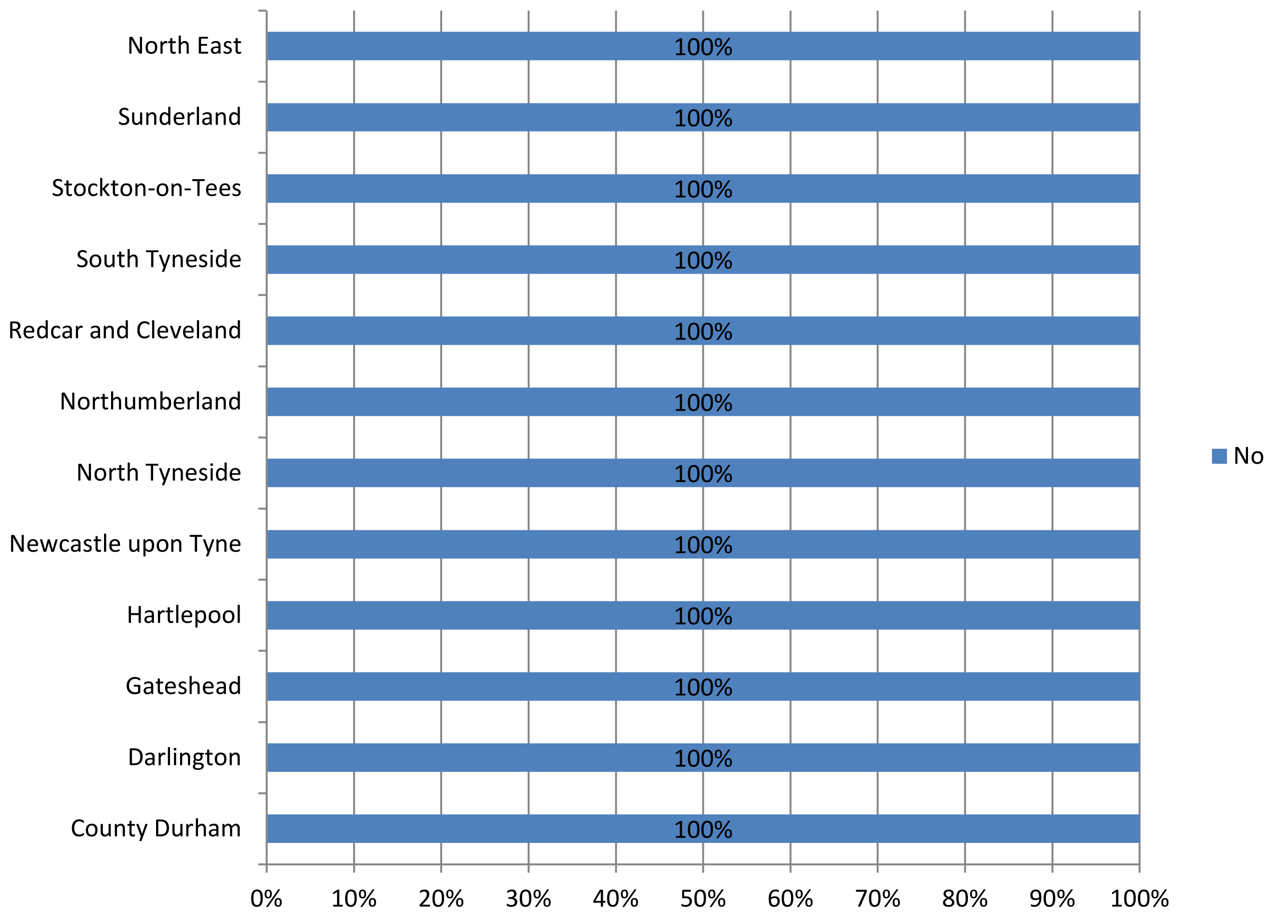


**Figure 10. SFT password sharing among staff, for the North East region and by Partnership (n = 49)**

Twenty eight  percent of respondents stated that this question was not applicable to them as they did not have access to the SFT.

Of those who did have access to the SFT, 100% stated that they did not share their password with other staff members. As above, if password sharing had been reported, services would be contacted by the NDTMS team to offer IG support and guidance.

## Needle Exchange Monitoring System (NEXMS)

The majority of respondents (84%) reported that they did not have access to NEXMS. One hundred percent of respondents who did have access to NEXMS stated that passwords were not shared among staff.

## Information governance - consent

### Does your organisation's consent policy include the latest version of the NDTMS Consent and Confidentiality Tool Kit version 6.3?

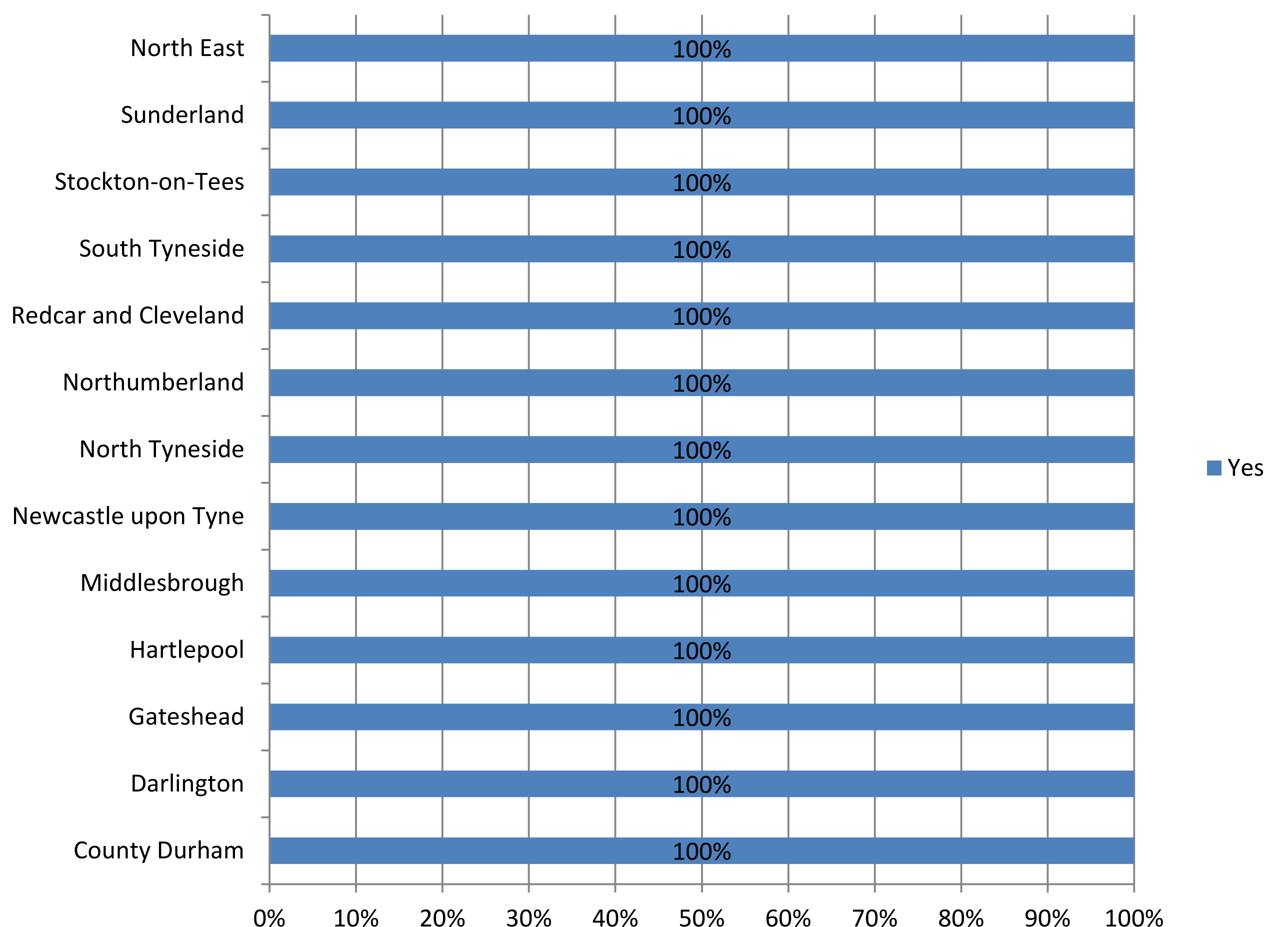


**Figure 11. Inclusion of NDTMS Consent and Confidentiality Toolkit V6.3 within organisation's consent policy**

As can be seen from Figure 11, all services reported including the NDTMS Consent and Confidentiality Toolkit V6.3 within their organisation's consent policy.

Unlike most health datasets, NDTMS is a "consented-to" dataset and it is extremely important that clients' data on NDTMS is appropriately used according to the consent provided by individuals. The use of the most recent wording for consent is an intrinsic element of the agreement between the NDTMS programme and the Confidentiality Advisory Group (CAG) in granting Section 251 permission for the programme's continued use of the data following transition into PHE.

# Business continuity

## Does your organisation have an effective Business Continuity plan covering how your agency will continue to provide NDTMS data if your NDTMS system should fail?

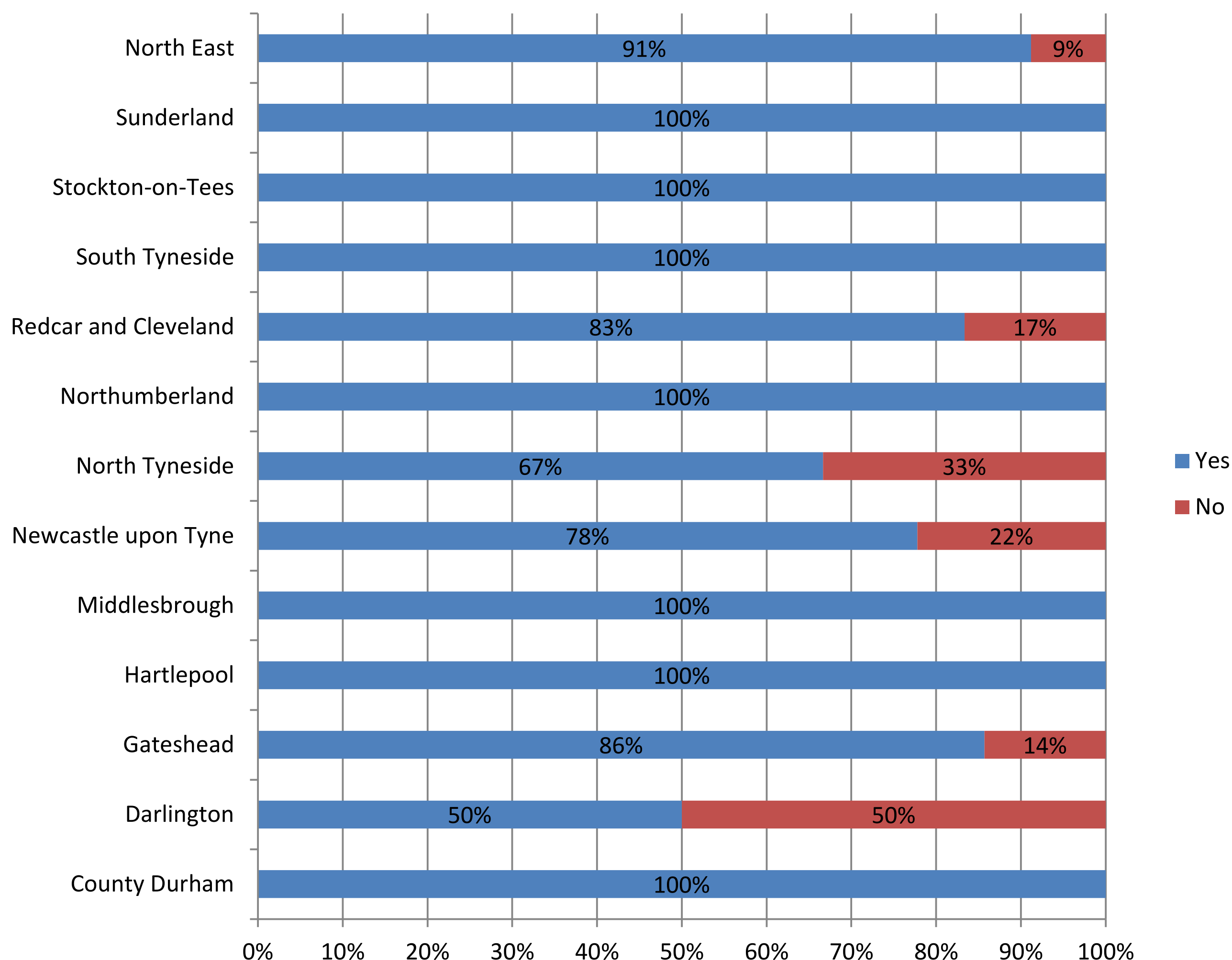


**Figure 12. Presence of a Business Continuity plan covering how agencies will submit data to the NDTMS if their NDTMS system should fail**

Regionally, 9% of services have a potential risk of non submission due to Business Continuity plans either not being in place or not being known to the member of staff who completed the survey.

Local authority areas where there is no Business Continuity plan should seek reassurance with regard to the continued capability of these services to provide NDTMS data on behalf of their treatment systems in a timely fashion regardless of the impact of staff absences, power shortage, structural damage to premises, etc. The NDTMS regional team can assist with such planning if required.

## Does your Business Continuity plan incorporate a timetable for taking backups of your NDTMS data?

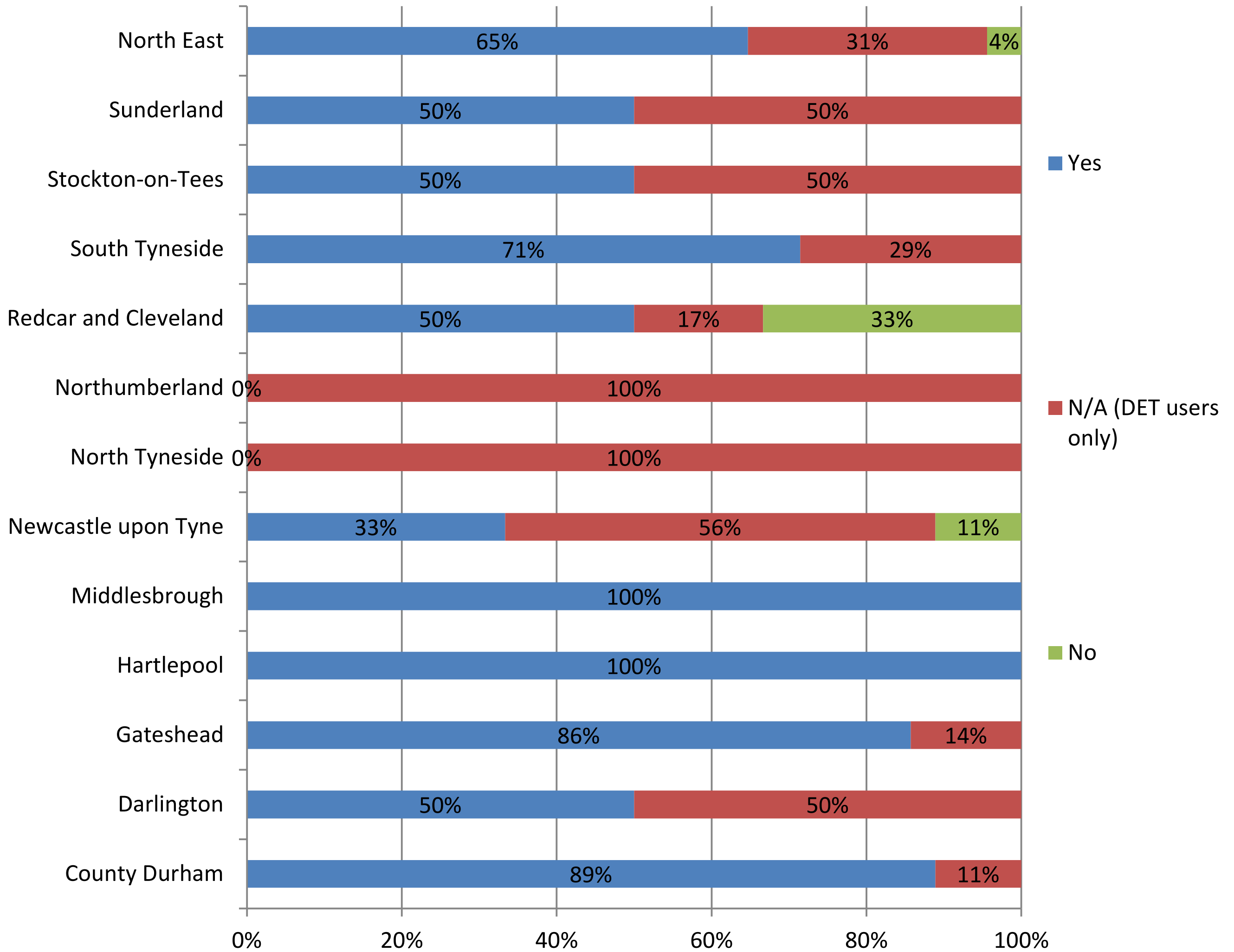


**Figure 13. Presence of a Business Continuity plan which incorporates a timetable for taking backups of NDTMS data** (please note, responses have been corrected for DET users where necessary)

Regionally, 65% of respondents have a timetable for data backups (excluding DET users) – only 4% do not.

Data entered on the DET is backed up nationally, overnight on a daily basis by the NDTMS central team. This may provide some reassurance to service managers using the DET. Those managers, however, might also consider that if their agency operates a “paperless” office policy, whereby paper forms get shredded after they are input, then the data input during the previous days may risk being lost forever. Such loss might occur if the central team’s backup processes were to fail or if they had to restore data back to an earlier point in time. Similar considerations may apply to users of other systems (although those users may have greater control over backup and restoration processes).

## How many people in your organisation are expert system users whose role includes maintaining the NDTMS data extraction system and DAMS, or supporting other system users?

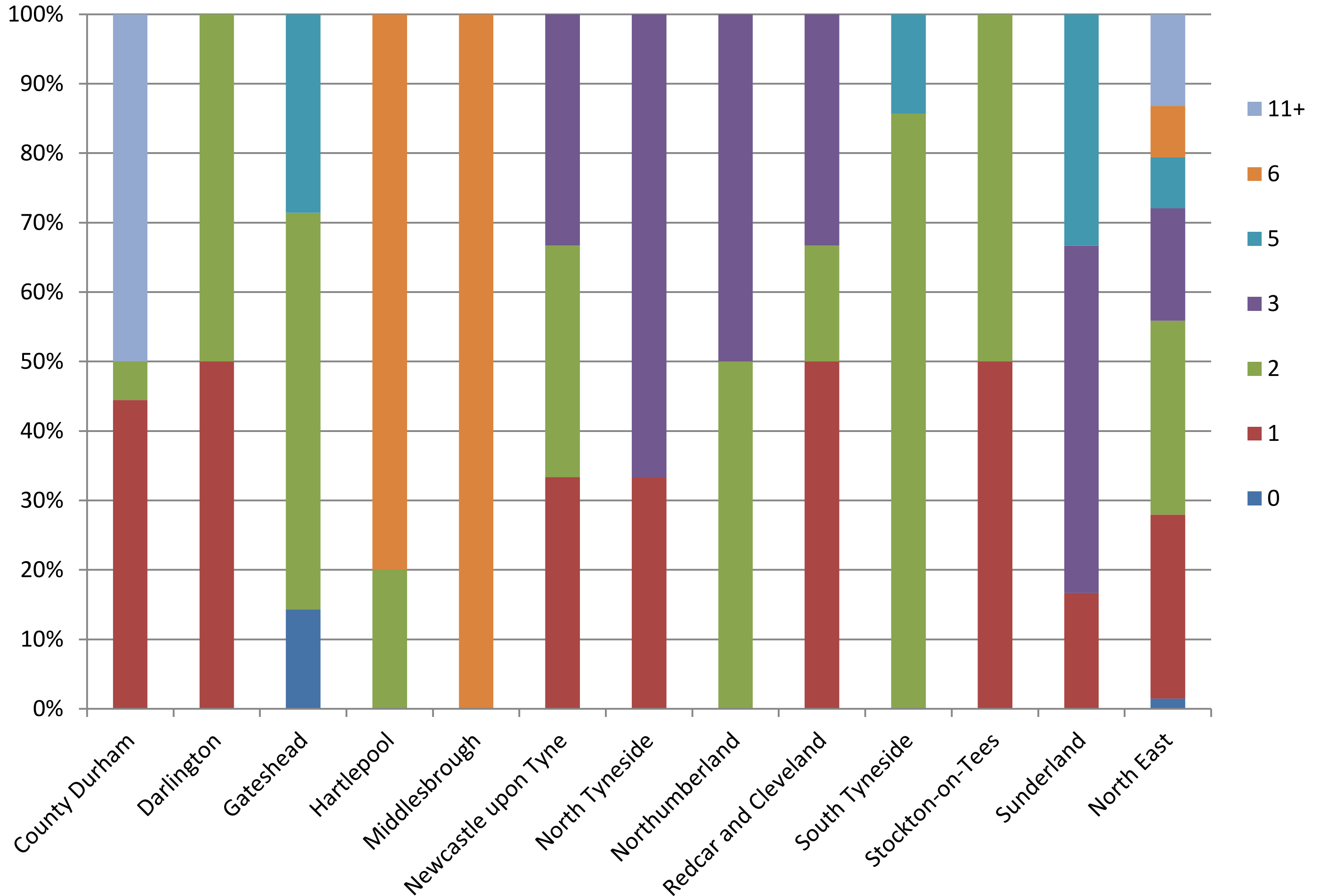


**Figure 13. Number of expert NDTMS system users per provider, for the North East region and by Partnership**

Figure 13 shows that 72% of providers regionally have at least three staff members responsible for NDTMS systems and 26% of providers only have one person responsible for NDTMS systems. This lack of resilience to cover systems in the case of staff sickness and leave means that NDTMS data may be at risk of non-submission from these providers.

## Is your organisation able to continue to update and submit NDTMS data in the absence of the person(s) usually tasked with doing so?

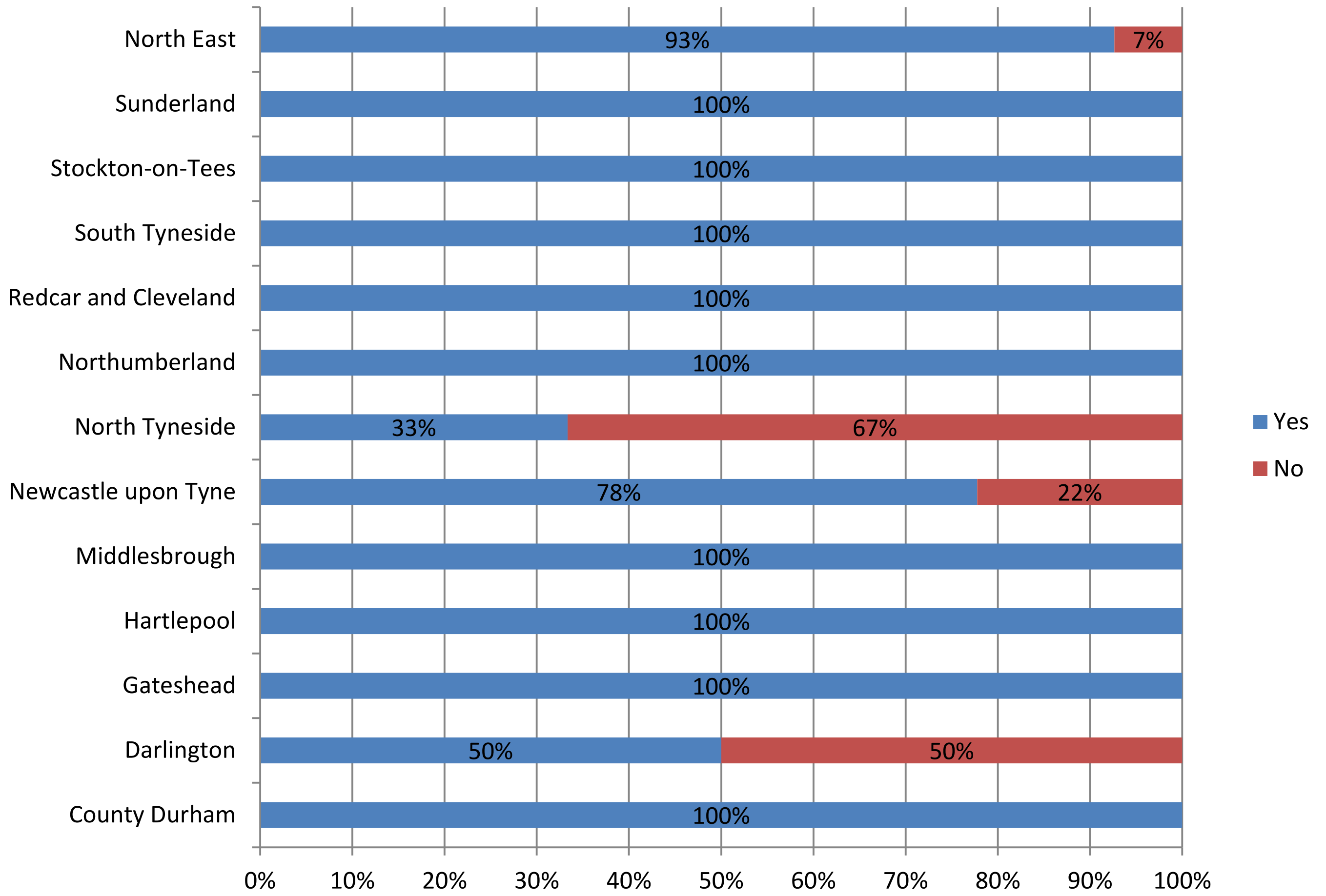


**Figure 14. Resilience of NDTMS submission in case of staff absence, for the North East region and by Partnership**

Of some concern,7% of respondents regionally stated that in the absence of the person usually responsible for submitting their NDTMS data, they would not be able to continue to submit to NDTMS. As staff absence cannot always be anticipated this means that NDTMS is at risk of non submission from these providers.

# Frequency of reviews

## Approximately how frequently does your organisation complete Sub Intervention Reviews?

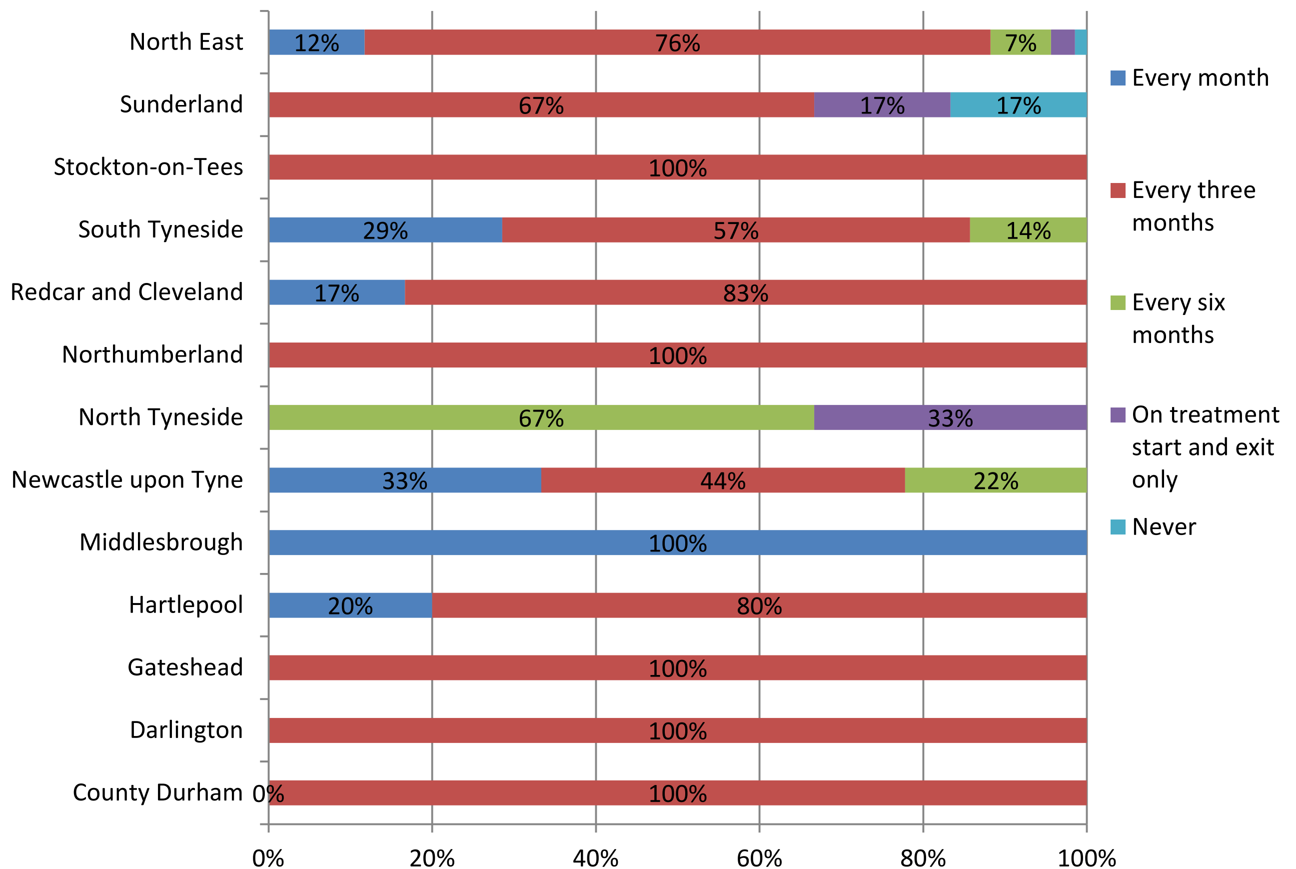


**Figure 15. Frequency of Sub Intervention Review (SIR) completion, for the North East region and by Partnership**

NDTMS guidance states that Sub Intervention Reviews should be completed at least every six months, but facilitates more frequent reporting.

Figure 15 shows that regionally 95% of respondents complete SIRs at least every 6 months, and 88% complete them at least every 3 months. 3% complete them on start and exit only and 1% stated that they never report this information.

It should be noted that due to individual treatment system configuration, some services may not be completing SIRs due to arrangements for their completion by peer services.

## Approximately how frequently does your organisation complete TOP?

**Figure 16. Frequency of Treatment Outcome Profile (TOP) completion, for the North East region and by Partnership (n = 62)**

NDTMS guidance states that Treatment Outcome Profiles (TOPs) should be completed at least every six months but facilitates more frequent reporting.

Nine percent of respondents stated that TOP are not applicable for their service (suggesting they use AOR or YPOR instead).

Of those who do use TOP (n = 62), 85% stated that they complete them at least every three months whilst 10% reported that they submit TOPs at least every month. Four per cent stated that they are completed on start and exit of treatment episodes only; these services are in Middlesbrough and Newcastle upon Tyne.

It should be noted that due to individual treatment system configuration, some services may not be completing TOPs due to arrangements for their completion by peer services.

## Approximately how frequently does your organisation complete AOR?

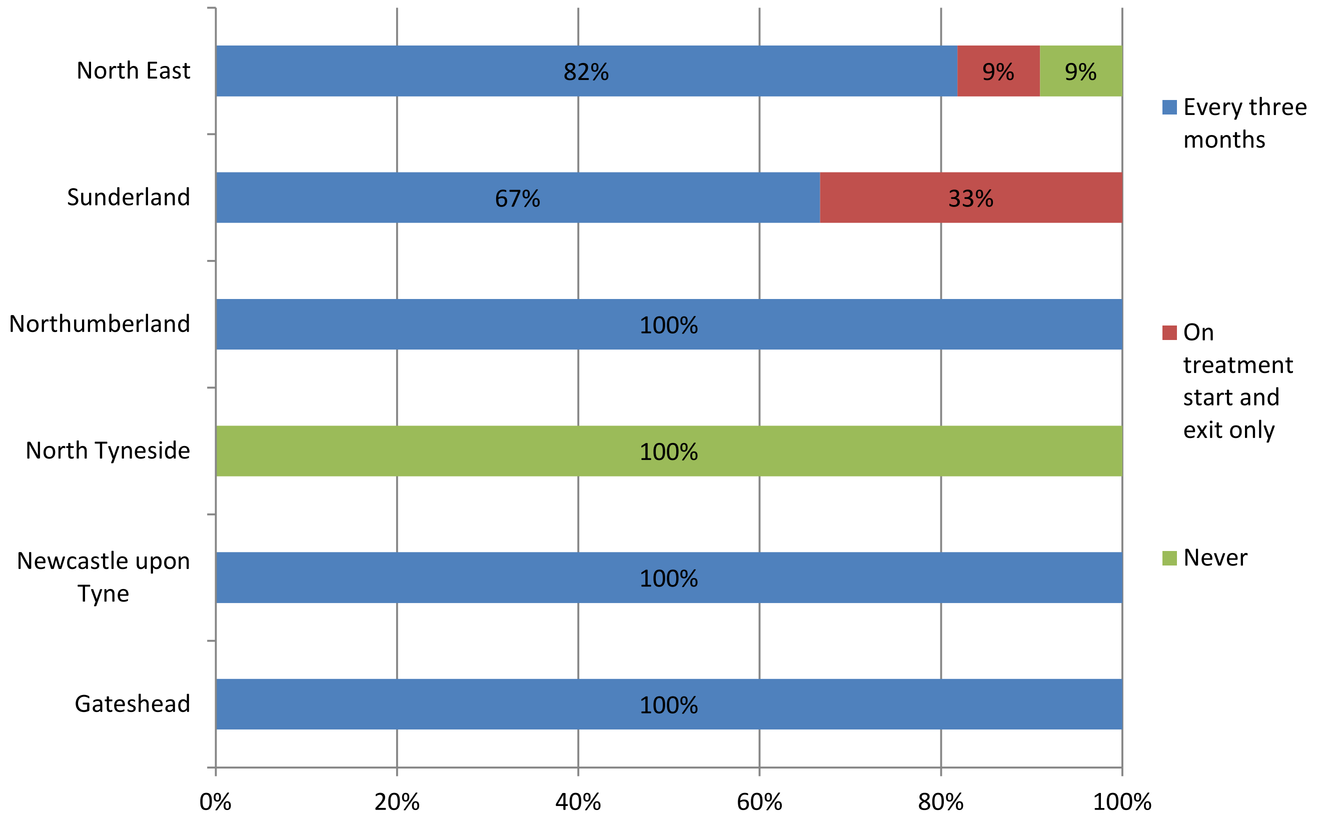


**Figure 17. Frequency of Alcohol Outcome Record (AOR) completion, for the North East region and by Partnership (n = 11)**

NDTMS guidance states that Alcohol Outcome Records (AORs) should be completed at treatment start and exit and more frequently if required. They are an option for adult clients whose primary problematic substance is alcohol if TOP is deemed not to be appropriate.

Eighty four percent of respondents in the North East region stated that the AOR form is not applicable to them (suggesting that they use TOP or YPOR instead).

Of those who do use the AOR form (n = 11), 82% of services reported completing them at least on start and exit and only 9% of services stated that they never completed them.

It should be noted that due to individual treatment system configuration, some services may not be completing TOPs due to arrangements for their completion by peer services. Also, as appears to be the case in North Tyneside where no services are recording their use, it is possible that some of these respondents should have selected “N/A” rather than “never”.

## Approximately how frequently does your organisation complete YPOR?

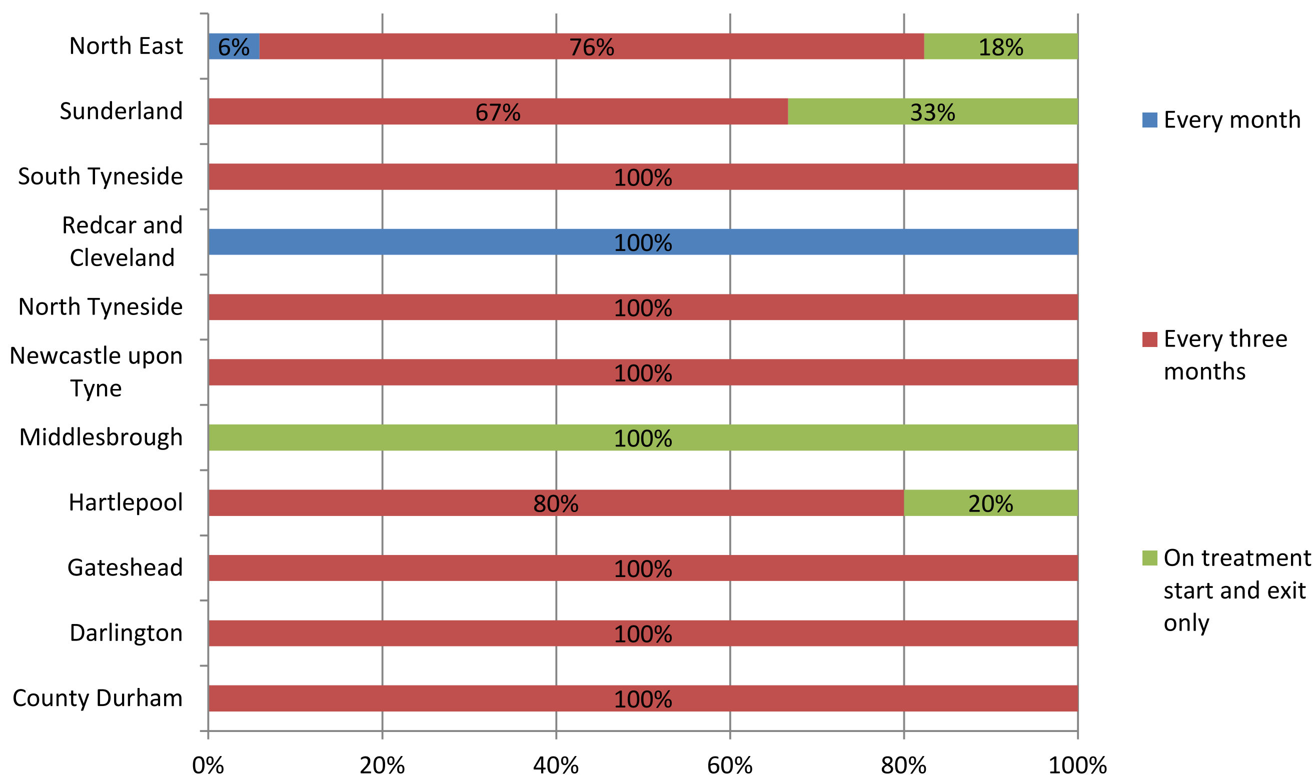


**Figure 18. Frequency of Young Person Outcome Record (YPOR) completion, for the North East region and by Partnership (n = 17)**

NDTMS guidance states that Young Person Outcome Records (YPOR) should be completed at treatment start and exit, and more frequently if required.

Seventy five percent of respondents from the North East region stated that the YPOR was not applicable to them (suggesting that they use TOP or AOR instead).

Of those who do use the YPOR (n = 17), 100% complete them at least at start and exit.

# Mutual aid referral

## Do you refer clients to mutual aid organisations?

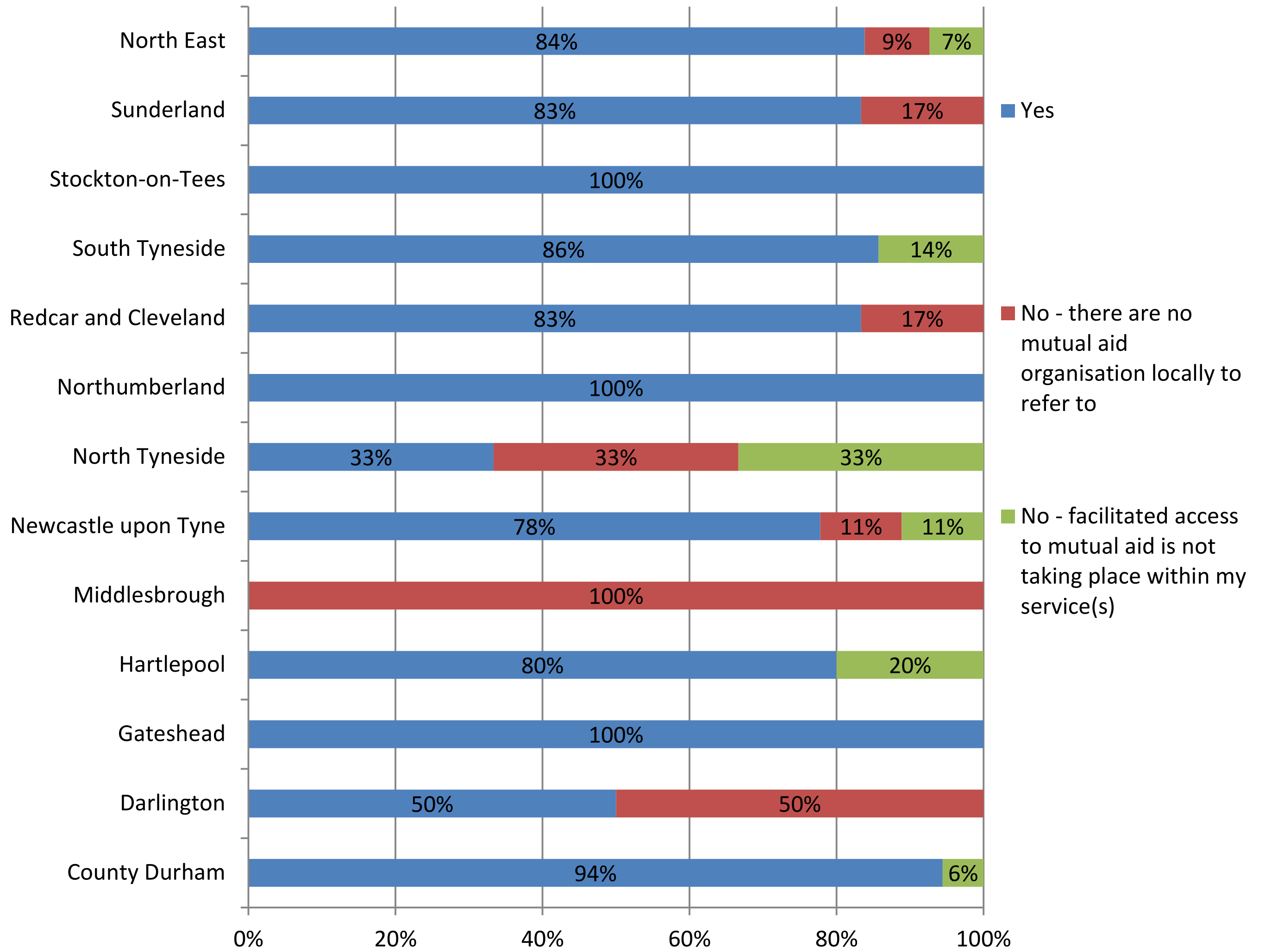


**Figure 19. Occurrence of mutual aid referral, for the North East region and by Partnership**

Regionally, 84% of services reported that they refer clients to mutual aid organisations (as illustrated in Figure 19). Seven percent of respondents reported that they are not referring to mutual aid organisation and 9 percent reported that there were no mutual aid services to refer to locally.

It should be noted that all services in the 3 local authority areas of Gateshead, Northumberland and Stockton always refer their clients to mutual aid services. However, no services in Hartlepool and Middlesbrough do so, due to a lack of local mutual aid organisations in the latter.

## Do you record mutual aid referrals on NDTMS?

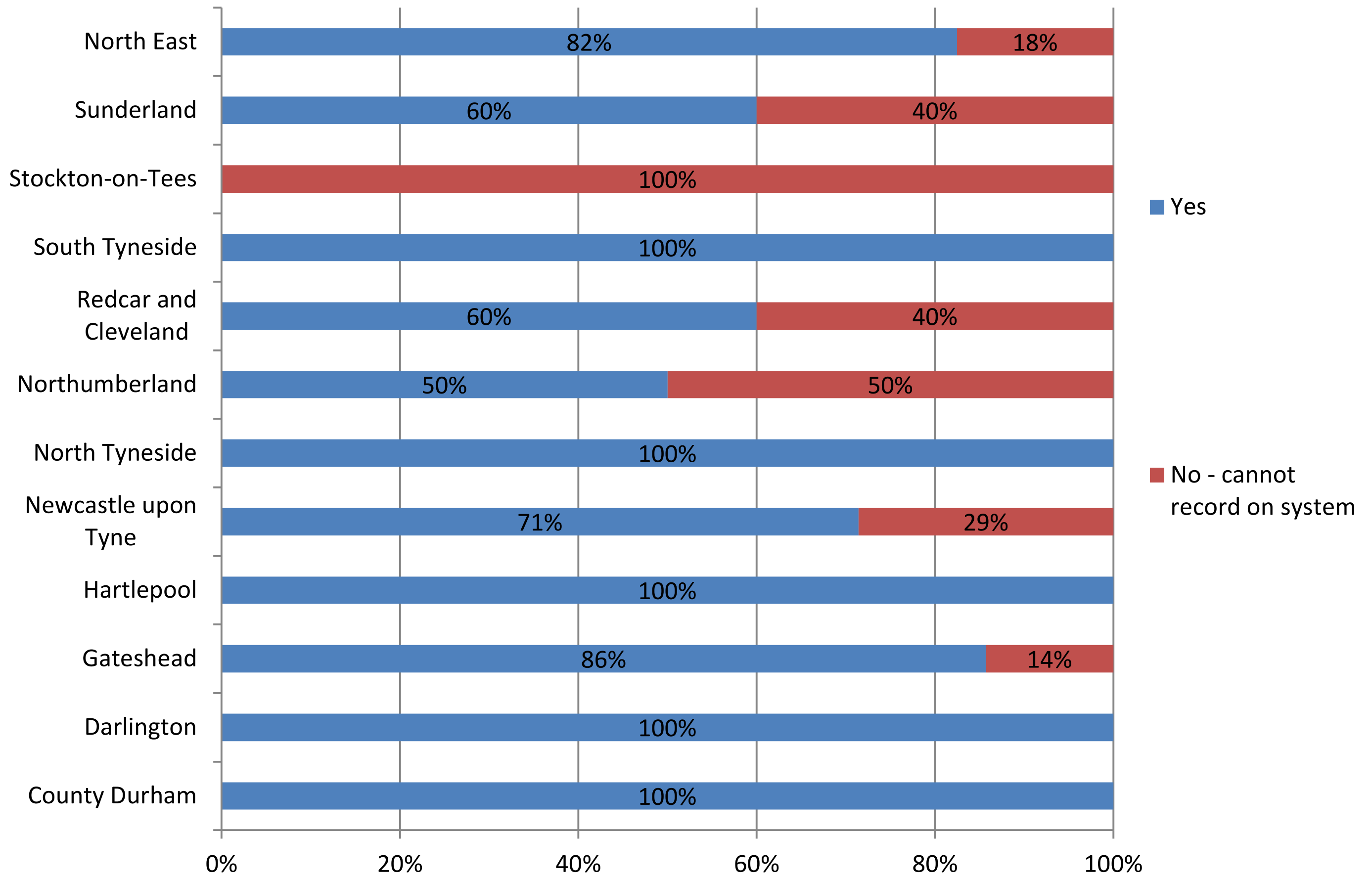


**Figure 20. Recording of mutual aid referrals on NDTMS systems, for the North East region and by Partnership (n = 57)**

Figure 20 shows that of those who do refer to mutual aid, 82% reported that they do record this on NDTMS systems. Of concern, 18. % reported that they do not record mutual aid referrals on NDTMS systems as they are unable to do so.

It is possible that respondents misinterpreted this question and were referring to not being able to record the date and where the referral was made to, however, given that the numbers are so high this highlights a general training need which the NDTMS regional teams will look to address.

Given the priority applied to the national Drug Recovery agenda and the intrinsic part that mutual aid is expected to play, regional NDTMS teams will be prioritising discussions with those services who are reportedly unable to report this activity to provide support and guidance either to the service or to the system supplier as appropriate.

# Appendix 1.

### Table 3. North East agencies who completed the NDTMS provider survey 2014

| DAT area | Parent organisation | Agency |
|---|---|---|
| County Durham | Durham County Council | N0772 4Real |
| County Durham | County Durham and Darlington NHS Foundation Trust | N0826 CAS - Easington Locality |
| County Durham | County Durham and Darlington NHS Foundation Trust | N0891 CAS - Durham and Chester Le Street Locality |
| County Durham | County Durham and Darlington NHS Foundation Trust | N0892 CAS - Dales Locality |
| County Durham | County Durham and Darlington NHS Foundation Trust | N0893 CAS - Derwentside Locality |
| County Durham | County Durham and Darlington NHS Foundation Trust | N0894 CAS - Hospital Liaison Nurse |
| County Durham | County Durham and Darlington NHS Foundation Trust | N0895 CAS - Sedgefield Locality |
| County Durham | Addaction | N0906 CDS Dales |
| County Durham | Addaction | N0910 CDS Sedgefield |
| County Durham | Addaction | N0912 CDS Durham |
| County Durham | Addaction | N0915 CDS Seaham |
| County Durham | Addaction | N0918 CDS Derwentside |
| County Durham | Addaction | N0959 Recovery Academy Durham |
| County Durham | Addaction | N0972 CDS Peterlee |
| County Durham | Addaction | N0973 CDS Chester Le Street |
| County Durham | Tees, Esk and Wear Valleys NHS Foundation Trust | N0974 Recovery Injectable Opiate Team |
| County Durham | County Durham and Darlington NHS Foundation Trust | N0976 CAS Chester-le-Street Locality |
| County Durham | County Durham and Darlington NHS Foundation Trust | N0980 Alcohol Treatment Requirement |
| Darlington | Darlington Borough Council | N0755 Young People Substance Misuse Team |
| Darlington | NECA | N0960 NECA Darlington |
| Gateshead | NECA | N0027 NECA Gateshead |
| Gateshead | Gateshead Substance Misuse Services | N0028 Gateshead Substance Misuse Service |
| Gateshead | Turning Point | N0784 Gateshead DIP |
| Gateshead | Gateshead Substance Misuse Services | N0839 Gateshead Harm Reduction Service |
| Gateshead | Turning Point | N0841 Gateshead Community Integration Team |
| Gateshead | NECA | N0880 NECA SMART Young Peoples |
| Gateshead | TheCyrenians | N0934 Changing Lives |
| Hartlepool | DISC | N0140 Hyped Young People |
| Hartlepool | DISC | N0962 DISC Structured Activity (Drugs) |
| Hartlepool | DISC | N0963 DISC Structured Activity (Alcohol) |
| Hartlepool | DISC | N0964 DISC Counselling - Alcohol |

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| Hartlepool | DISC | N0965 DISC Counselling (Drugs) |
| Middlesbrough | DISC | N0829 Platform (DISC) |
| Newcastle upon Tyne | Tyne and Wear NHS Trust | N0029 Plummer Court - AAS Newcastle and North Tyneside Addictions |
| Newcastle upon Tyne | NECA | N0032 NECA Newcastle Services |
| Newcastle upon Tyne | NECA | N0072 NECA Newcastle Floating Support Project |
| Newcastle upon Tyne | Newcastle PCT | N0417 Bridge View Drug Treatment Project |
| Newcastle upon Tyne | Newcastle PCT (Shared Care) | N0460 Cruddas Park Surgery |
| Newcastle upon Tyne | Tyne and Wear NHS Trust | N0712 DRR - Plummer Court |
| Newcastle upon Tyne | Turning Point | N0805 Turning Point Newcastle Arrest Referral Scheme |
| Newcastle upon Tyne | Newcastle City Council | N0825 DnA Services for Young People |
| Newcastle upon Tyne | Park Medical Group | N0949 Park Medical Group |
| North Tyneside | Collingwood Surgery | N0252 Collingwood Surgery |
| North Tyneside | North Tyneside Council | N0766 N2L |
| North Tyneside | North Tyneside PCT | N0811 Intermediate Treatment Project |
| Northumberland | ESCAPE Family Support | N0722 ESCAPE |
| Northumberland | Turning Point | N0977 Northumberland Tyne & Wear NHS Foundation Trust |
| Redcar and Cleveland | The Albert Centre | N0810 The Albert Centre Redcar and Cleveland |
| Redcar and Cleveland | Redcar and Cleveland Council | N0828 Crest (DISC) |
| Redcar and Cleveland | The Albert Centre | N0830 Albert Centre Alcohol coordination Team |
| Redcar and Cleveland | Lifeline | N0881 Redcar Harm Minimisation Service |
| Redcar and Cleveland | CRI | N0882 CRI Redcar Care Coordination Team |
| Redcar and Cleveland | Lifeline | N0978 Lifeline Medical Intervention Service |
| South Tyneside | NECA | N0041 NECA South Tyne |
| South Tyneside | South Tyneside Council | N0726 Matrix Young Peoples Service |
| South Tyneside | Turning Point | N0735 Turning Point South Shields (DIP) |
| South Tyneside | PCT South of Tyne and Wear | N0890 South Tyneside Substance Misuse Service |
| South Tyneside | NECA | N0936 NECA CIT South Tyne |
| South Tyneside | Turning Point | N0944 Turning Point South Tyneside Hospital Project |
| South Tyneside | NECA | N0981 NECA Single Assessment Team |
| Stockton-on-Tees | Unspecified | N0729 Counted4 Stockton |

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| Stockton-on-Tees | CRI | N0932 CRI Stockton Recovery Services |
| Sunderland | Four Seasons Healthcare | N0141 The Huntercombe Centre |
| Sunderland | Sunderland City Council | N0431 Youth Drug & Alcohol Project Sunderland |
| Sunderland | Counted 4 | N0789 Counted4 |
| Sunderland | Turning Point | N0799 Sunderland Turning Point Engaging and Motivating Team |
| Sunderland | Turning Point | N0951 Sunderland Integrated Offender Management Team (IOM) |
| Sunderland | Sunderland Integrated Substance Misuse Service (Wear TLC) | N0982 Sunderland Integrated Substance Misuse Service (Wear TLC) |