

Alcohol Reports

The columns in the table on the PCT level summary contain the following information.

New Presentations

The number of clients residing in the PCT, presenting for treatment services in the month. An individual can only be counted once within the PCT each month but may be counted in more than one month if they have presented for services at different times during the year.

Numbers in Treatment

The number of clients residing in the PCT, 'in treatment' in the month. An individual can only be counted once within the PCT each month but may be counted in more than one month. The definition for in treatment is that used in the LDP guidance.

Numbers in Treatment to date

The number of clients residing in the PCT, 'in treatment' in the year to date. An individual can only be counted once within the PCT and within the period year to date. An individual is defined as being in treatment if any portion of their treatment episode(s), between triage and discharge, overlaps with the year to date i.e April to current month.

Number of Discharges

The number of clients residing in the PCT, discharged from treatment services in the month. An individual can only be counted once within the PCT each month but may be counted in more than one month if they have been discharged at different times during the year.

Note on Interpolation

Data for a PCT area are reported against clients PCT of residence. Although every effort is made to establish this from the data, a proportion of the data is returned without an identifiable PCT of residence in the record. In these cases, for the purposes of reporting as fairly and accurately as possible, these clients are allocated to PCTs using the proportions of PCTs of residency within the agency that returned the record.

An example;

An agency reports 110 records, 90 of which have PCT of residency attached to the record, and 20 which do not. 10 of the clients with missing residency data can be allocated to a PCT using DAT of residence where this is confined within a PCT (except where DAT of residence covers more than one PCT). Once this is done, 70 of the clients have been allocated to PCT A, 20 to PCT B, and 10 to PCT C. The remaining 10 are allocated according to these proportions, i.e. 7 to PCT A, 2 to PCT B and 1 to PCT C.

Where an agency supplies no PCT of residence data and the DAT of treatment covers more than one PCT, an additional code has been created which covers all the possible PCTs with all the clients then assigned to this code.