

North Tyneside Drug Action Team

2008-9 Guidance to NTA performance information and definitions

Traffic light system

Performance in an area can be awarded one of four colours relating to the progress in that area. This includes both quantitative (numerical) and qualitative (progress against objectives, anecdotal information etc)

Colour	Quantitative Performance	Qualitative Performance
Green	Equal to or target exceeded	All elements of the required outcome have been met; the quality in this area is to an approved standard and / or the target or deadline has been achieved or exceeded.
Amber	Within 5% of the target	Some further work or investment is needed to meet the required outcome.
Red	Below 5% of the target	Progress has not been achieved or the results are not of the required standard. Significant improvements or needs have been identified
Lavender or red	No information available	No information available, no action is needed or the objective is no longer required.

Treatment Journey

The National Treatment Agency defines a treatment journey as a series of treatments/ modalities at various agencies that make up a clients experience of treatment.

Definition

Two treatments are considered to follow on from each other if they overlap, or are less than or equal to 3 weeks apart. (This corresponds with waiting times)

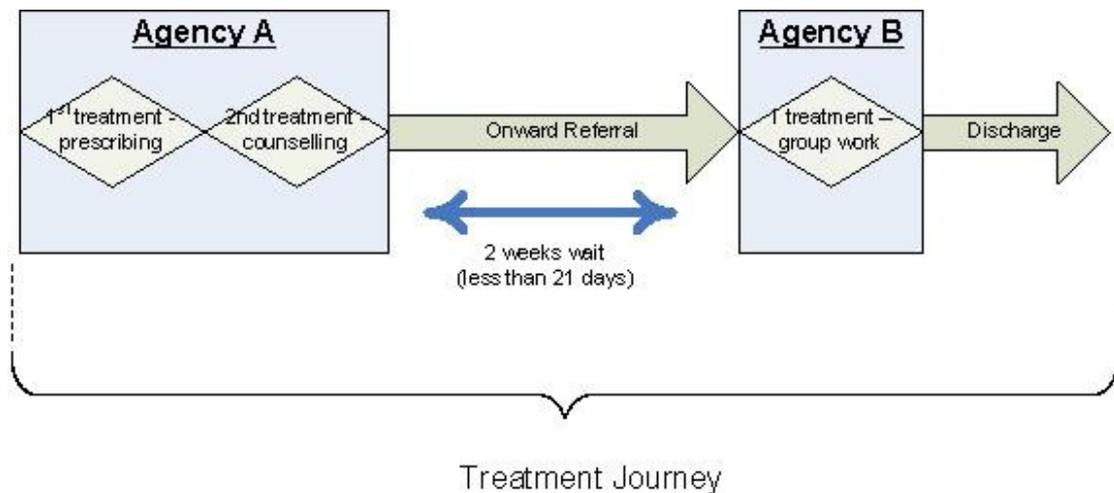
The whole treatment journey is also the length of time for which retention calculations are measured from

Example

For example a client could receive prescribing then counselling at agency A, then once these are complete referred to a group intervention at agency B, which starts 2 weeks later.

Follow this group intervention the client is then discharged drug free into the community.

The whole length of time from starting the prescribing at agency A to finishing the group work at agency B is referred to as the treatment journey.



The Tier System

Different types of treatment are assigned tiers according to the intensity and relevance of the type of treatment.

Tier 1

This level mainly involves interventions from general healthcare and other services that are not specialist drugs services, for example hospital A&E departments, pharmacies, GPs, antenatal wards and social care agencies. Tier 1 services offer facilities such as information and advice, screening for drug misuse and referral to specialist drugs services.

Tier 2

This is open-access drug treatment (such as drop-in services) that does not always need a care plan. Tier 2 covers things like triaging assessment, advice and information, and harm reduction given by specialist drug or alcohol treatment services.

Tier 3

This is drug / alcohol treatment in the community with regular sessions to attend, undertaken as part of a care plan. Prescribing, structured day programmes and structured psychosocial interventions (counselling, therapy etc) are always Tier 3. Advice, information and harm reduction can also be Tier 3 if they are part of a care plan.

Tier 4

This is residential treatment – inpatient treatment and residential rehabilitation. Treatment should include arrangements for further treatment or aftercare for clients finishing treatment and returning to the community.

Waiting times

Waiting times for a modality (treatment) is the length of time between:-

- The date that it was mutually agreed that the client required the intervention
- The day that the first appointment was offered for this treatment

For the first treatment in a client's treatment journey this is from the date that the client was first referred into the treatment system requiring a tier 3 or 4 intervention, to the first appointment offered.

For any treatments after that it is usually taken from the time that the client agreed with the worker that they would be ready for this type of intervention, to the first appointment offered.

Planned and unplanned discharges

A client who is discharged from a treatment journey will have an outcome of their course of treatment attached to the modalities attended while at that particular agency. A discharge can either be:

Planned

A planned discharge is when a client completes the course of treatment or is drug free on leaving treatment

Unplanned

If the discharge was unexpected or generally a negative outcome, eg if the client drops out of treatment or goes to prison.

If the client was **referred on**, this counts as an unplanned discharge as it indicates that the client still requires further tier 3 treatment – ie they were referred on to another treatment agency

Remember it only 'count's however at the end of a treatment journey, so only if a client is referred on and does not turn up for treatment at another Tier 3 agency then it is counted as an unplanned discharge

Treatment System Exits

This refers to the outcome of the **last** discharge on a client's treatment journey. This is designed to show how the treatment system has done as a whole, rather than for each individual modality / agency.

The exit can be recorded as either a planned or unplanned discharge, see the above definitions.

Retention

This performance measure looks at the proportion of clients whose treatment journey has lasted for 12 weeks or more, from beginning to end.

Not only does keeping a client in treatment for this length of time improve the likelihood of a planned discharge, research suggests that clients who are in touch with services longer are more likely to see improvements in associated morbidity and mortality, reduced criminal activity and in their health and social functioning.¹

Effective treatment

This is also known as retention and care planned discharge, and is exactly that!

A client's treatment journey is deemed to be 'effective' if they have either:

- Stayed in treatment for 12 weeks or more (were retained)
- If they were not retained, then they had completed their treatment in a planned way (see 'planned and unplanned discharges')

The performance is measured as a total number of clients who are in effective treatment for a given period.

Problem Drug Users (PDU's)

This refers to the set of clients who mention heroin or crack cocaine as **either** a primary or additional drug.

¹ Gossop, M, Marsden, J, Stewart, D (2001) NTORS after 5 years: Changes in substance use, health and criminal behaviour during the five years after intake. London, National Addiction Centre, 2001.

Adult Drug Users

Adults are recorded as clients who are 18 or over at the midpoint of the year (or period of time) that the performance measure is referring to.

Previously the performance measures separated clients according to how old they are at the moment of triage, this is now no longer used.

Types of treatment

These can also be referred to as modalities, and / or interventions. For performance management purposes this refers to a single intervention, or course of treatment that takes place during a clients treatment journey

This includes the following tier 3 modalities:

Community prescribing

Community prescribing involves the provision of care-planned specialised drug treatment, which includes the prescribing of drugs to treat drug misuse. The range of community prescribing interventions can include substitute prescribing, prescribing for the treatment of withdrawal symptoms, stabilisation and prescribing to prevent relapse.

GP prescribing

GP prescribing is community prescribing for drug misuse which may be carried out in a primary care setting through a primary healthcare team, consisting of GPs and other primary care staff (depending on contractual arrangements). This is normally assisted or supported by a specialist drug team.

Specialist prescribing

Specialist prescribing is community prescribing for drug misuse in a specialist drug service setting, which normally comprises a multidisciplinary substance misuse team. Specialist prescribing interventions normally include comprehensive assessments of drug treatment need and the provision of a full range of prescribing treatments in the context of care-planned drug treatment. The specialist team should also provide, or provide access to, a range of other care-planned healthcare interventions including psychosocial interventions, a wide range of harm reduction interventions, BBV prevention and vaccination, and abstinence-oriented interventions.

Structured Psychosocial Intervention

Structured psychosocial interventions are clearly defined, evidence-based psychosocial interventions, delivered as part of a client's care plan, which assist the client to make changes in their drug and alcohol using behavior.

These include:

- Cognitive-behaviour therapy (CBT)

- Coping skills training
- Relapse prevention therapy
- Motivational interventions
- Contingency management
- Community reinforcement approaches
- Some family approaches.

Structured day programmes

Structured day programmes provide a range of interventions where a client must attend 3–5 days per week. Interventions tend to be either via 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 keyworking sessions. The care plan should address drug and alcohol misuse, health needs, offending behavior and social functioning.

Other Structured Drug Treatment

Other structured treatment' describes a package of interventions set out in a client's care plan which includes as a minimum regular planned therapeutic sessions with the keyworker or other drugs worker. The care plan should address drug and alcohol misuse, health needs, offending behaviour and social functioning, and doesn't fall into any of the other categories.

Year to date

This is used to describe a figure that has been measured cumulatively from the start of the year (usually the financial year)

For example the performance indicator: 'Year to date numbers in treatment at the end of December 2007', represents the number of clients who were in treatment at any time from April 2007 – December 2007

Interchangeable & similar words appendix

Modality / Treatment / Intervention

These all mean the same thing – a course of treatment that a client can undertake at a drug treatment agency. For example, prescribing, counselling or structured day care

Effective treatment / Retention and care planned discharge

Treatment for a client is considered to be effective if they either remain in treatment for more than 12 weeks (retention) or if they leave before the 12 week target, they exited in a care planned way, either finishing the course of treatment or being referred on to another agency.

Treatment system exits / discharges

Treatment system exit refers to the final outcome of a clients whole treatment journey (see definition)

A **discharge**, and the performance measures attributed to it usually refer to the outcome of **one** treatment only.

Year to date / Cumulative

A Year to date figure is simply the cumulative figure up to now, measured from the start of the year.