DRUG & ALCOHOL INFORMATION SYSTEM (DAISy)

CONSULTATION DOCUMENT

Scottish Drugs Forum has participated and contributed in this consultation process on behalf of membership organisations by -

- **Attending the ISD Briefing Event in Glasgow 8th May**
- **Preparing a briefing paper with commentary which was distributed to all members**
- **Receiving and compiling responses both in writing and via telephone**
- **Preparing this response.**

Areas of concern outwith present consultation.

There was disappointment expressed about a lack of capacity within this consultation for some wider concerns. These have been included below as a positive contribution in the hope that a process can be developed to address these issues and ensure the further development of DAISy and to ensure implementation.

Services affected Although this seems clear cut there is concern that there are services that do not complete the SMR forms currently but do collate the Waiting Times Data. Although not Tier 3 or 4 Drug Treatment Services, such services will have to stop collecting this data. Has this been considered? It may be that DAISy is not best described as replacing these two data systems.

Computer hardware, software and compatibility. What are the logistical implications for services including voluntary sector services in terms of hardware or software development/investment?

How do statutory and voluntary sector services work on the same assessment software if their computer systems are incompatible? – Experience tells us that bespoke statutory sector systems are often difficult to fully share with voluntary sector for a variety of technical reasons including minimum required specification. There are lessons from single shared assessment experiences.

Staff workload The implementation of such a system has some degree of workload implication. Services need to assess what elements of present workload can be replaced by the proposed system and the extent to which this may represent additional workload.

Work style There are concerns that the working relationship with clients in carrying out regular reviews as extensive as that proposed. Are there issues with entering data while speaking with a client – can this be avoided without inefficiency? How can any possible negative effects of implementation be reduced/avoided?

Team balance There is concern that introducing DAISy will mean that there will be more resource spent on administration for data input and therefore less on work with clients.

Confidentiality By what process will clients' permission be sought for collection of this amount of data? - each client needs to consider carefully the

implications of the extent of such data-sharing across services. Although ISD states that 'client confidentiality will remain paramount' in return for the loss of client anonymity, there remains an issue of confidential information being shared across services before it even reaches ISD. What system will be in place to ensure good practice and systems?

Benefit for clients There is some feedback to the effect that It seems the main value of the system will be in reporting on aggregated data; there will be limited, if any, benefit for individual clients. This does not invalidate this process but raises issues about what priority it should have in the wider perspective. If this process will allow the improvement of services based on the data generated, this must be regarded as a longer term benefit. This benefit should be clearly communicated to all stakeholders.

Involvement of families For some people in Tier 3 and 4 treatment there can be a positive role in engagement with family. The potentially positive contribution of families may be delivered through support to the family as well as the client. There is little scope within the present draft of DAISy to explore or record this. Relationships with family, social networks etc are not necessarily indicators of recovery for all clients but it may be useful in goal-setting.

SDF has completed the fields in the consultation response below on which it received feedback.

To help us fully understand the feedback it would be helpful if you could provide your designation and organisation.

Designation	Organisation
Austin Smith **Policy and Practice Officer**	**Scottish Drugs Forum**

1. Dataset

ISD have recently carried out a review of the use of data items within the current datasets. This combined with feedback received during the Alcohol Treatment Outcomes consultation last summer has enabled us to propose a number changes. Appendix 2 outlines the new proposed single dataset whilst appendix 3 highlights a number of items that could be retired.

We would like to hear your comments on the proposed dataset, more specifically: - whether the data item should be collected or not, is the data available for collection and do you have any issues with the proposed changes to wording or values of data items?

Please provide any comments on the dataset here, noting the reference number of specific data items where applicable.

Demographics:

Assessment and treatment dates:

Assessment Information:

Drug Information:

Alcohol Information:

Review:

Discharge:

Items to be removed:

2. When should reviews be carried out?

SDMD currently recommends that client follow up reviews (for national reporting) are carried out at 3 and 12 months. It has been suggested that other review timeframes could be looked at, e.g. in England reviews are carried out at 6 and 12 months months.

Question a – Would you like to see a change to the current 3 and 12 month reporting timeframes?

Answer -	Yes		No	x	Don't know		N/A	

Question b – If Yes, what timeframes would you like to see instead – please provide reason/evidence?

Answer - **Although there was more feedback saying no, this is a matter on which there is no definite fixed view. Once proposals are made SDF will consult with stakeholders again to see if there is an overall preference.**

Question c – Should alcohol client reviews (for national reporting) be carried out at the same timeframes as drug clients?

Answer -	Yes		No		Don't know	x

If No please suggest appropriate timeframes.

3. Completion of follow up assessments

For national reporting purposes (and not client management purposes) the system currently notifies users when a follow up assessment is due and this can be completed within an eight-week window, four weeks either side of the scheduled date. To allow for more accurate reporting on recovery for both drug and alcohol clients it is proposed that this be reduced to a four week window, i.e. a review needs to occur either 2 weeks before or after the scheduled date.

Question – Do you agree with the change that a follow up assessment for a drug or alcohol client must be completed within a four-week window, two weeks either side of the scheduled date?

Answer -	Yes		No	x	N/A	

It is likely this will be experienced as a significant change in practice logistics and will be dependent on services' capacity to accommodate this within current resources. A cost-benefit analysis could be undertaken if the value, to clients and services in particular of such a change as proposed could be explained.

4. Client Information

At present inconsistencies exist between recording of data in Scottish Drug Misuse Database (SDMD) and Drug and Alcohol Treatment Waiting Times (DATWT) database. For instance, SDMD requires client identifiers (e.g. full forename and surname, date of birth) to be recorded whereas DATWT does not and the individual can remain anonymous (where the records are stripped of personal identifiers unique to individuals). It is therefore currently not possible to link an individual with a waiting times record to their treatment and outcome record if these identifiers are not recorded. The outcome of treatment is a key component of public accountability for investment in this area and anonymous records should be entered on an exceptional basis only. Moving to a single system will allow one record per individual to be created who could then be followed from referral through to treatment, follow up and then discharge. It is therefore proposed that the ability to record a client as anonymous is removed. This would save on double data entry and allow for client linkage across the system. Client confidentiality will remain paramount.

Current analysis shows that a significant percentage of clients in DATWT are being recorded as anonymous and we would like to see a decrease in these numbers to ensure that accurate data is available to inform accountability and the local planning, design and delivery of services tailored to individual needs. We would therefore like to understand the concerns that either the clients have or issues that you be experiencing in recording this. Please also note any suggestions that you may have that you feel could overcome these issues.

Please provide your comments/concerns here.

There is significant concern over this proposal. The ability to engage anonymously is important to some clients and even where not extensively used (in fact maybe especially in these services) this right is held to be an important principle.

There is the fundamental issue, though, of whether the right to anonymity is sacrificed for the benefit of keeping more accurate data. This is hard to justify – given that people engage with services that may well save their lives on the basis of anonymity and that the full and frank disclosure involved in assessment and support is the basis for the relationship so crucial to service efficacy.

Please suggest any solutions here

Reassurances from ISD are undoubtedly sincere. However, Government reassurances on the sensitive handling of data are somewhat undermined by the behaviour of government elsewhere. This is unfortunate but further service user consultation may assist in finding means to address concerns.

5. Reporting

ISD have been producing reports on drug treatment and drug and alcohol treatment waiting times on behalf of the ADPs and services for a number of years. Current reports are listed in Appendix 4. With the new combined dataset it will be possible to provide more information on alcohol users with the inclusion of alcohol treatment and outcomes data and compare alcohol and drug clients than was previously available. It would be beneficial to understand the reporting needs of ADPs and Services in order that this can be included in the development of the reporting system going forward.

Question – Please provide comment on the usefulness of the current reports or provide details of any other reports required (particularly for alcohol treatment outcomes) other than those outlined in appendix 4.

Please provide details here.

6. Data migration

With the introduction of any new system to replace an existing system we must look at the issue of data migration, i.e. what client information in the old system is required to be moved to the new system? ISD has the capability to archive all the data from the existing systems and provide ad-hoc reports on this data going forward. However we understand that ADPs and services may want to use this information locally and it may be more beneficial to move some of this data across to the new system. At present there is approximately 5years worth of data held on the SDMD system. We therefore need to understand local needs on client information, whether only open records need to be transferred and how many years worth of data would be required to be migrated. It should be noted that this would only be possible for non-anonymised records.

Question - What data items, and how many years worth of data, would you require to be moved across from the current SDMD/DATWT system to the new system? Please refer to appendix 1 for list of proposed data items.

Data item required	**Number of years worth of data required**

7. Data review process

Currently no mechanism exists to review the data items collected with the current datasets having not changed much since first introduced. In order to make the dataset fit for purpose going forward and take account of changing needs, it is proposed to introduce a process where change requests can be made to the dataset. This may be either to retire, change or add a data item. This may happen annually or every other year and that approval could be made by through the Drug and Alcohol Database Action Group (DADA) with appropriate input from ISD analysts. The Drug and Alcohol Database Action (DADA) Group is the user and stakeholder group for the data management and quality aspects of the current drugs and alcohol systems (SDMD and DATWT) and the proposed new single system. This process will not affect requests to change reports or enhancements to the system as these will be considered on an ad-hoc basis.

Question – Do you agree with the introduction of a data review process with changes to be approved by the DADA group?

Answer - Yes ☐ No ☐ Don't know ☐

Stakeholders made no comment on this issue

8. Draft Recovery Outcome Measures

Indicators which measure recovery from alcohol and drug problems are important components of delivering high-quality, effective services. Over the last few years, alcohol and drug treatment services have been required to report on performance, in terms of process measures such as waiting times, while the existing Scottish Drugs Misuse Database has captured a limited number of recovery indicators (e.g. housing, employment, injecting behaviour, levels of substance misuse, offending behaviour) for clients attending drug services. Considerable work has also been undertaken to consult on appropriate recovery indicators for clients attending services with a primary alcohol problem. Many Alcohol and Drug Partnerships use existing tools (e.g. Treatment Outcome Profile, Star Outcome Tool) or have also developed their own outcomes framework which has been informed by the agreed core ADP Outcomes and Indicators: -
http://www.scotland.gov.uk/Resource/0039/00394539.pdf

There is now an opportunity to design an integrated database which better measures clients' journeys through treatment (e.g. from waiting times to treatment and then discharge) for both alcohol and drugs. A draft set of recovery indicators are presented in Appendix 5. These

recovery indicators exclude the previous measures used within the SMR25 forms (e.g. offending, injecting, substance misuse, housing and employment) as these are included within the general consultation questions. The draft recovery indicators in appendix 5 are therefore new, and reflect data fields within the TOPs and the Outcome Star outcomes tools, as well as the work previously undertaken by the short-life working group on ADP Planning and Reporting and the development of outcome indicators for alcohol.

Following the consultation we intend to use a suite of national recovery indicators within the integrated dataset. This will provide information that local services and ADPs can use to measure progress towards achieving the following national ADP outcome:-

RECOVERY: Individuals are recovering from problematic drug and alcohol use: *a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.*

As part of this consultation you are asked to:-

1. Comment on the value of the indicator as a measure of the recovery journey of a typical client within an alcohol or drug service.
2. Rate the value of the recovery indicators chosen, where a score of 1 would suggest that you strongly agreed with the wording of the indicator and ways of measuring it and 5 that you strongly disagreed with the wording of the indicator and ways of measuring it.
3. In addition you are asked to suggest a different way of measuring the indicator if you disagreed or strongly disagreed with it
4. Provide any additional indicators that you would like included here with suggestions on how they could be measured.

Recovery Indicator ID Number	**Comments on the value of Indicator**	**Please score, 1= strongly agree, 5= strongly disagree.**	**If scored 3 or above please provide alternative wording or suggest a different indicator with appropriate wording**
RI 1 Engagement in meaningful activities (leisure, volunteering)	**There is a judgement in 'meaningful 'that may be personal. Deeply personally significant behaviour may be profoundly meaningful but not contribute to health or progress in fact it can be destructive**	*3*	***Mental health may provide a better phrase with similar intended meaning.***
RI 2 Physical health			
RI 3 Psychological/emotional/ Mental health			

RI 4 Social networks			
RI 5 Overall quality of life			
RI 6 Level of motivation and taking responsibility for achieving own goals			
RI 7 Self-care and daily living skills			
RI 8 Confidence in managing money			
RI 9 Parenting capacity (if appropriate)	**Surely we want to measure contribution to parenting? Then again, if a person does not take on this role is this necessarily an indicator of recovery or otherwise? This category seems grafted on and is profoundly different from other measures,** **There was some confusion whether this was about Child protection. There was concern that this confusion would be shared by clients.** **It was thought that some parents, women in particularly would find this intimidating or upsetting in particular personal circumstances.**	5	**Remove**

Please provide additional comments or suggest other indicators here.

Self-scoring is useful in the relationship but meaningless in service monitoring and evaluation. Why, then, would ISD collect such statistics? A heroin user in profound personal crisis may entirely ignore health and so rate health reasonably positively. The same person may realise the symptoms of health problems as they move onto ORT or detox. They may the score lower. Likewise they may score higher and then lower as the result of a Hep C diagnosis. The crude score is meaningless and does not represent improvement in health.