

**Key Performance Indicators for substance misuse treatment services in Wales.**

**Version: 1.6**

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**REVISION HISTORY**

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| **Version** | **Author** | **Purpose / Reason** | **Date** |
| 1.2 | S Thompson | Following the initial review of the Key Performance Indicators (KPIs) implemented in 2012 the injecting risk KPI was omitted due to the continuing small numbers. This information remains available to Area Planning Boards (APBs) for monitoring purposes. | June 2014. |
| 1.3 | S Thompson | Definitional guidance for KPIs strengthened in light of operation experience | April 2015. |
| 1.3 | S Thompson | Reporting requirements section refreshed to take into account the national governance arrangements in place. | April 2015. |
| 1.3 | S Thompson | Reporting requirements section refreshed to take into account the national targets. | June 2015 |
| 1.4 | E Walsh | Report updated to reflect the KPI changes | October 2017 |
| 1.5 | E Walsh | Report updated to reflect the KPI baselines | April 2019 |
| 1.6 | E Walsh | Report updated to reflect the 2021-22 year and the move from NWIS to DHCW | April 2021 |

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**1.0 Introduction**

In 2016/17 the Welsh Government announced that a formal review of the current key performance indicators for substance misuse treatment services in Wales would take place.

The revised suite of indicators were approved by the Data Information Analysis Board (DIAB) comprising of substance misuse providers and commissioners, representatives from Digital Health & Care Wales (DHCW) who host the database and Welsh Government officials.

The review ensured that the key performance indicators remained fit for purpose and also looked to incorporate some outcome focussed indicators as the previous suite of indicators had focussed on activity information.

The review was undertaken following a discussion at the Data Information Analysis Board (DIAB) on the current KPIs and the need to review these to consider whether they were still the most appropriate KPIs for reporting on the services provided, and to ensure that the way in which data is collected and reported, is consistent and comparable across Wales.

It was agreed that a working group would be established to review the KPIs and the existing guidance.

**2.0 The Scope of the Key Performance Indicators**

These national performance indicators apply to treatment services (delivered in Wales) for individuals who misuse alcohol, drugs and other substances. This includes clients’ resident in England but in receipt of Welsh treatment services.

The following is not within the scope of this guidance:

* Clients’ resident in Wales but in receipt of English treatment services.
* Wraparound services delivered to substance misuse clients or interventions provided to carers and concerned others.

**3.0 Guidance to Implement Indicators**

The following pages provide additional guidance on each of the indicators. To note the provisional indicator measuring injecting risk has been omitted from this suite of indicators.

Providers and commissioners of substance misuse treatment services are able to analyse their own progress in relation to each of these indicators by accessing the Digital Health & Care Wales hosted (DHCW) website. Additional guidance is provided on this site in respect to navigating these reports.

Further information can be obtained from the Welsh Government Substance Misuse Advisory Regional Teams (SMARTs) or at [substancemisuse-queries@wales.nhs.uk](mailto:substancemisuse-queries@wales.nhs.uk).

**3.1 Key Performance Indicator 1: Measure of Relevant & Appropriate Service**

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| Performance Indicator 1:  Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment date. | |
| **Rationale** | Effective service delivery, in terms of appropriateness and relevance to service users is an important and relevant performance indicator. The extent to which services are relevant to the client’s needs (that is, take into account of the individuals’ background and circumstances, and the involvement of other agencies and service providers) is known to have an effect on the stability of the client’s relationship with the service. |
| **Definitional Information.** | This KPI will capture clients that DNA or do not respond to follow up contact post the assessment stage. This will be reported as either a DNA or respond to follow up contact between assessment and treatment or during treatment.  ‘Did not attend or respond to follow up contact’ is defined as the treatment provider has lost contact with a client without a planned discharge and attempts to re-engage the clients have not been successful.  In the event of Did Not Attend (DNA) cases: from an administrative perspective these should be closed on the Substance Misuse National Database 8 weeks from the failure to attend.  ‘Planned ending’ in this context accounts for all closures unless they are DNA/ disengaged from service.  All service level agreements should ensure that service providers regularly and routinely monitor, review and report on rates and reasons for ‘drop out’ / ‘did not attend’ at key stages, i.e. assessment, commencement of the care plan and during delivery of the care plan. |
| **Data source** | The Welsh National Database for Substance Misuse will provide the data showing those that ‘did not attend or respond to follow up contact’ (data item - reason contact ended) and total number of active cases. |
| **Methodology** | Numerator = Number of clients where reason contact ended is code 05 (DNA) and assessment date is completed.  Denominator = All discharged clients with an assessment date. |
| **Additional Information** | It will be expected that each APB reports on both the number and percentage who do not attend (DNA) when reporting against this KPI.  *Drop out rates between referral and assessment will be monitored for management information purposes. Commissioners and providers will be expected to respond to any trends which become visible i.e. an increase in inappropriate referrals.* |
| **Proposed Future Changes** | Amend the modality exit status (currently 01 planned and 02 unplanned) to record the individual treatment/modality exit reason and base the KPI on the expanded modality exit status. |

**3.2 Key Performance Indicator 2: Measure of Waiting Times for Services**

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| Performance Indicator 2:  Achieve a waiting time of less than 20 working days between referral and treatment. | |
| Rationale | Prompt and meaningful contact with clients is more likely to result in effective on-going contact and treatment.  Waiting time for service is an important and relevant measure of performance. Delays are of concern to service users and are known to compromise treatment. |
| Definitional Information. | The indicator should be reflected in Service Level Agreements or contracts with service providers and monitored by commissioners.  Referral – means the date in which the referral letter, e-mail, fax or phone call was received/taken.  (Referral = day 0, a count of up to 19 days would be deemed as within target).  Day means working day, this excludes weekends and bank holidays.  Treatment began (modality start date) is defined as: ‘The date when the treatment modality commenced – i.e. the client attended the appointment’  *Referral to assessment and assessment to treatment will be expected to be collected as part of management information so it is clear if there are waits within the treatment system that these are identified.*  In this context the assessment date is defined as the date that the initial assessment was completed. It is recognised that the full scope and depth of the assessment will vary according to the presenting needs of a client, but should include an initial assessment of the client’s physical health and mental health needs. |
| Data source | The Welsh National Database for Substance Misuse will provide the data using date of referral, and earliest modality start date. The definitions are contained within the guidance for the Welsh National Database for Substance Misuse. |
| Methodology | Time in days from referral date to earliest/first modality start date. |
| Additional information | On a quarterly basis, a report showing the waiting times between modality referral date and modality start date (or first appointment offered date) for each individual modality will be made available to APBs. |

**3.3 Key Performance Indicator 3 Measure of the Impact Services has on the Reduction of Substance Misuse**

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| Performance Indicator 3:  Substance misuse is reduced or unchanged for problematic substances between start and most recent review / exit Treatment Outcomes Profile (TOP) | |
| Rationale | The outcome for clients when in receipt of substance misuse services is crucial to ascertaining the effectiveness of treatment programmes and is crucial to the evaluation of the impact of the Welsh Government’s strategy to tackle substance misuse. |
| Definitional Information. | The indicator should be reflected in Service Level Agreements or contracts with service providers and monitored by commissioners.  Eligible records are for clients aged 16 or over within structured treatment. |
| Data source | Welsh National Database for Substance Misuse will provide the data using the following data items:   * TOP Interview Date (The date at which the treatment outcome profile is undertaken), * Treatment Stage (The point of treatment at which the treatment outcome profile is undertaken) and * The relevant types of problematic substances for an individual client to be recorded as appropriate |
| Methodology | Nominator = Number of TOP review/exits in period where substance used is reduced, unchanged or abstinent compared with the same substance used in the start TOP.  Denominator = Number of TOP Reviews/exits in period with a corresponding start TOP. |
| Additional Information | It will be expected that each APB reports on both the number & percentage where substance misuse has reduced for problematic substances between start and most recent review/exit TOP when reporting against this KPI.  This data will be available by treatment modality for management information purposes. |

**3.4 Key Performance Indicator 4 Measure of the Impact Services has on Enhancing Quality Of Life for Clients**

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| Performance Indicator 4:  Quality of life is improved or unchanged between start and most recent review / exit Treatment Outcomes Profile (TOP) | |
| Rationale | The outcome for clients when in receipt of substance misuse services is crucial to ascertaining the effectiveness of treatment programmes and is crucial to the evaluation of the impact of the Welsh Government’s strategy to tackle substance misuse. |
| Definitional Information. | The indicator should be reflected in Service Level Agreements or contracts with service providers and monitored by commissioners.  Eligible records are for clients aged 16 or over within structured treatment. |
| Data source | Welsh National Database for Substance Misuse will provide the data using the following data items:   * TOP Interview Date (The date at which the treatment outcome profile is undertaken), * Treatment Stage (The point of treatment at which the treatment outcome profile is undertaken) and * Quality of Life (Where the client scores their overall quality of life (e.g. able to enjoy life, gets on well with family and partners) using a scale 0 - 20). |
| Methodology | Numerator = Number of TOP review/exit in period where quality of life is improved or unchanged comparing the review/exit to the start TOP.  Denominator = Number of TOP review/exit in period where there is a corresponding start TOP. |
| Additional Information | It will be expected that each APB reports on both the number and percentage whose quality of life has improved when reporting against this KPI.  This data will be available by treatment modality for management information purposes. |

**3.5 Key Performance Indicator 5 Measure of the Impact Services Have On Clients at Completion of Treatment**

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| Performance Indicator 5:  Number / Percentage of cases closed (with a treatment date) as treatment completed. | |
| Rationale | The outcome for clients when in receipt of substance misuse services is crucial to ascertaining the effectiveness of treatment programmes and is crucial to the evaluation of the impact of the Welsh Government’s strategy to tackle substance misuse. |
| Definitional Information. | The indicator should be reflected in Service Level Agreements or contracts with service providers and monitored by commissioners.  Eligible records will include all records on the Welsh National Database for Substance Misuse which has a treatment date.  Treatment completed will be deemed as either problematic substance free or by client reaching treatment goal(s) as agreed at the commencement of treatment.  Negative outcomes are considered as the following:  Treatment withdrawn (breach of contract), deceased and DNAs. It is noted that the following closure reasons are omitted from this calculation as they do not have a treatment date:   * Inappropriate referrals * Client unaware of referral, and * Treatment commencement declined by the client. |
| Data source | Welsh National Database for Substance Misuse will provide the raw data using modality start date and reason contact ended. |
| Methodology | Numerator = Clients with a discharge code of 01 Treatment completed – substance free or code 02 Treatment completed  Denominator = All clients with a treatment date and discharged (excluding neutral cases of Referred to another service, GP Led Prescribing, Moved, and Prison) and inappropriate referral, client unaware of referral and treatment commencement declined by the client as these are unlikely to have a treatment date. |
| Reporting  Arrangements | It will be expected that each APB reports on both the number and percentage of cases closed as treatment completed when reporting against this KPI. |

**4.0 Reporting Requirements**

It is expected that APBs will monitor progress against service provider reports on a monthly basis; this duty will normally be discharged to a performance management sub group (or equivalent) of the APB.

From a national perspective the Key Performance Indicators will also be monitored through the established APB Chairs and via the Welsh Government Substance Misuse Advisory Regional Teams (SMARTs) through the formal collation of the KPIs.

‘RAG’ statuses have now been set against each KPI. These are listed below for information.

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| **KPI** | **Target / benchmarks** |
| 1 - Increase number of clients engaging. | Red ≥ 30%, Amber 20.1 - 29.9%, Green ≤ 20% |
| 2 - Waiting times from referral to treatment. | Red ≤70%, Amber 70.1 – 79.9%, Green ≥ 80% |
| 3 - Substance misuse is reduced for problematic substances. | Achievement to show continual improvement against own baseline and adherence to the Welsh benchmark figure of 86.5%  RAG ratings based according to movement against the established baseline (red < baseline; amber < baseline but an improving picture; green >= baseline). |
| 4 - Quality of Life improved. | Achievement to show continual improvement against own baseline and adherence to the Welsh benchmark figure of 84.2%  RAG ratings based according to movement against the established baseline (red < baseline; amber < baseline but an improving picture; green >= baseline). |
| 5 - Increased number of ‘treatment completed’ closures. | Achievement to show continual improvement against own baseline and adherence to the Welsh benchmark figure of 76.9%  RAG ratings based according to movement against the established baseline (red < baseline; amber <baseline but an improving picture; green >= baseline). |