

Publication Report



Drug Treatment Waiting Times Information Framework Report

January – March 2011

28 June 2011

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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

Introduction

This publication presents data from the Drug Treatment Waiting Times Information Framework. It includes details on the number of clients waiting and the time waited for (1) clients to be offered an assessment date, (2) clients to be offered an appointment date for their first intervention and (3) clients to be offered an appointment date for specific interventions (namely: structured preparatory & motivational intervention, prescribed drug treatment, community based support/ rehabilitation and residential rehabilitation).

Waiting times are important to patients and are a high profile measure of how NHS Scotland is responding to demands for services. These waiting times statistics provide a wide range of users with a clear picture of one aspect of NHS performance across Scotland.

The national HEAT (Health improvement, Efficiency, Access, Treatment) target A11 expects that by March 2013, 90% of people who need help with their drug problem will wait no longer than three weeks for treatment. As a milestone to deliver this target a Key Performance Indicator (KPI) was agreed for December 2010. The KPI expected that by December 2010, 90% of clients were offered an assessment date that fell within 4 weeks of the referral date and 90% of clients were offered a treatment date that fell within 4 weeks of their recovery plan being agreed. For more information on the KPI please see the [Oct-Dec 2010 publication](#).

Since 2004, drug treatment services have routinely collected data on waiting times. The data is submitted to local teams, formerly Alcohol and Drug Action Team (ADATs), now Alcohol and Drug Partnerships (ADPs), who are responsible for assuring data quality; these teams feed the data into local databases, which generate summary reports each quarter. The summary reports are then sent to ISD, where they are collated, aggregated, and then published on the ISD drugs misuse website.

Operational structures have changed since October 2009, when the 22 ADATs were dissolved and replaced by 30 ADPs, the majority of which are at local authority level, rather than NHS Board level. The Waiting Times Framework was designed to function at ADAT level and will continue to report on an ADAT-based geography for data up to March 2011.

Since March 2010 the Drug Treatment Waiting Times report has been published at both Health Board and ADAT level. As data is submitted to ISD at ADAT level data has been aggregated to produce Health Board level comparison.

This is the last report from the old Drug Waiting times Framework. ISD has developed a new system which allows submission of data securely to ISD over the web, and was fully rolled out on 1st April 2011. The new database also has the facility for services to upload data extracted from local systems and will facilitate reporting at ADP level. One of the benefits of the new system is that it enables the addition of new data items to measure the full wait from referral to treatment for both drug and alcohol services. It also collects information on where clients *could not* or *did not* attend offered appointments and calculates the time clients wait for treatment. The first reporting period for the new system will be April to June 2011 and this will be reported on in September 2011. This will be the first time Alcohol Treatment Waiting Times are published in Scotland. At this point trend data will no longer be published as it will not be comparable to data from the old system.

Key points

Time waited from referral to assessment date offered

- In Jan-Mar 2011, approximately 94% of those offered an appointment for assessment were offered a date which fell within the reporting period and was within 4 weeks of referral ([Table 1](#)).
- Approximately 77% of those offered an appointment for assessment were offered a date which fell within the reporting period, Jan-Mar 2011, and which was within 14 days of referral ([Table 1](#)).
- Of those who were still waiting for an appointment for assessment, almost 2% had waited more than 26 weeks by the end of March 2011 ([Table 2](#)).

Time waited for first intervention

- In Jan-Mar 2011, approximately 96% of those offered an appointment for treatment were offered a date within 4 weeks of the date a care plan was agreed ([Table 3](#)).
- Over 90% of those offered an appointment for treatment were offered a date which fell within the reporting period, Jan-Mar 2011, and which was within 14 days of the date a care plan was agreed ([Table 3](#)).
- Of those who were still waiting for a treatment appointment at the end of the reporting period, almost 4% had waited more than 52 weeks by the end of March 2011 ([Table 4](#)).

Results and Commentary

Interpreting the data

Caution is recommended when interpreting these statistics. The number of services submitting data varies significantly from area to area and within areas across the data collection period ([see Table 13](#)).

It should also be noted that there is a wide range of demand for substance misuse services across Scotland, and to meet this demand, an equally variable set of practices across the country. In some Alcohol and Drug Action Team (ADAT) areas, the impact of a single specialized service – for example, a crisis management centre – may dramatically alter the distribution of waiting times. Consequently, to compare data across ADATs or Health Boards is potentially inappropriate.

The tables include small numbers for some ADATs and Health Boards; caution is therefore recommended when interpreting differences in percentages.

Due to the rollout of the new Drug and Alcohol Treatment Waiting times web system, data for this quarter's publications had to be combined from both the old and the new data collection systems. While every effort has been made to avoid this having an impact on data quality it is possible that in some areas the data reported may not be fully updated.

Data from the new web-based system was extracted on 16/04/2011 (16/05/2011 for Highland ADP and Edinburgh City ADP data) and is a snapshot of the data on the system at that time. There are known data quality issues for Highland ADP that impact on tables 2 and 4 therefore their data have been removed from these tables.

ISD will continue to work closely with ADPs to ensure that data on the web system is as up to date as possible for future quarterly extracts.

Time waited from referral to assessment date offered

Offered an assessment date:

- In Jan-Mar 2010, approximately 94% of those offered an appointment for assessment were offered a date which fell within the reporting period and was within 4 weeks of referral ([Table 1](#)).
- Between Jan-Mar 2011 all Health Boards, except Grampian (77%), had 90% or more clients offered an appointment date for assessment within 4 weeks of referral ([Table 1](#)).
- Approximately 77% of those offered an appointment for assessment were offered a date which fell within the reporting period, Jan-Mar 2011, and which was within 14 days of referral ([Table 1](#)).
- Between Jan-Mar 2011 there were 7 Health Board areas (Fife, Forth Valley, Greater Glasgow & Clyde, Lanarkshire, Orkney, Shetland, Western Isles) where at least 80% of clients were offered an appointment date for assessment within 14 days of referral ([Table 1](#)).

Still waiting for an assessment date to be offered:

- Of those who were still waiting for an appointment for assessment, almost 2% had waited more than 26 weeks by the end of March 2011 ([Table 2](#)).

- Of those health boards presented, Fife (6%) had the highest percentage of clients who had waited more than 26 weeks for an assessment appointment at the end of March 2011 ([Table 2](#)).

Time waited for first intervention

Offered an appointment date:

- In Jan-Mar 2011, approximately 96% of those offered an appointment for treatment were offered a date within 4 weeks of the date a care plan was agreed ([Table 3](#)).
- Between January and March 2011, all Health Boards, with clients offered first treatment, except NHS Fife had had 90% or more clients offered a treatment appointment within 4 weeks of the date a care plan was agreed. NHS Orkney did not have any clients offered treatment during this period and therefore excluded ([Table 3](#)).
- Over 90% of those offered an appointment for treatment were offered a date which fell within the reporting period, Jan-Mar 2011, and which was within 14 days of the date a care plan was agreed ([Table 3](#)).
- Between Jan-Mar 2011 there were 8 Health Boards (Ayrshire & Arran, Borders, Forth Valley, Greater Glasgow & Clyde, Highland\$, Lanarkshire, Lothian, Shetland,) where over 90% of clients were offered a treatment appointment within 14 days of the date a care plan was agreed ([Table 3](#)).

Still waiting for an appointment date to be offered:

- Of those who were still waiting for a treatment appointment at the end of the reporting period, almost 4% had waited more than 52 weeks by the end of March 2011 ([Table 4](#)).
- Of those health boards presented, only Grampian, Greater Glasgow & Clyde and Lothian had clients who were still waiting for an appointment at the end of March 2011 and had waited for more than 52 weeks (8%, 2% and 2% respectively) ([Table 4](#)).

Time waited for structured preparatory intervention

Offered an appointment date:

- In Jan-Mar 2011, approximately 98% of those offered an appointment for structured preparatory treatment were offered a date which fell within the reporting period and was within 4 weeks of the date a care plan was agreed/ date client was ready for second treatment ([Table 5](#)).

Still waiting for an appointment date to be offered:

- Of those who were still waiting for an appointment for treatment, approximately 16% had waited more than 26 weeks by the end of March 2011 ([Table 6](#)).
- Nearly 44% of those who were still waiting to be offered an appointment had waited 14 days or less by the end of March 2011 ([Table 6](#)).

Time waited for prescribed drug treatment

Offered an appointment date:

- In Jan-Mar 2011, nearly 92% of those offered an appointment for prescribed drug treatment were offered a date which fell within the reporting period and was within 4 weeks of the date a care plan was agreed/ date client was ready for second treatment ([Table 7](#)).

Still waiting for an appointment date to be offered:

- Of those who were still waiting for an appointment for treatment, just over 20% had waited more than 26 weeks by the end of March 2011 ([Table 8](#)).
- Almost 27% of those still waiting to be offered an appointment had waited 14 days or less by the end of March 2011 ([Table 8](#)).

Time waited for community based support

Offered an appointment date:

- In Jan-Mar 2011, almost 97% of those offered an appointment for community based support were offered a date which fell within the reporting period and was within 4 weeks of the date a care plan was agreed/ date client was ready for second treatment ([Table 9](#)).

Still waiting for an appointment date to be offered:

- Of those who were still waiting for an appointment for treatment, almost 12% had waited more than 26 weeks by the end of March 2011 ([Table 10](#)).
- Almost 46% of those still waiting to be offered an appointment had waited 14 days or less by the end of March 2011 ([Table 10](#)).

Time waited for residential rehabilitation

Offered an appointment date:

- In Jan-Mar 2011, 100% of those offered an appointment for residential rehabilitation were offered a date which fell within the reporting period and was within 4 weeks of the date a care plan was agreed/ date client was ready for second treatment ([Table 11](#)).

Still waiting for an appointment date to be offered:

- Of those who were still waiting for an appointment for treatment, almost 7% had waited more than 26 weeks by the end of March 2011 ([Table 12](#)).
- Of those still waiting to be offered an appointment almost 47% had waited 14 days or less by the end of March 2011 ([Table 12](#)).

§ Based on partial data submissions, please see ADAT compliance section below for further information.

ADAT compliance

Table 13 in both the [ADAT](#) & [Health Board](#) workbooks shows that the number of services returning data within each ADAT varies over time. It is important to take account of this information when interpreting data on trends.

ADATs are asked to encourage services to submit data. The substance misuse team at ISD continue to monitor the number of services submitting data and provide additional training where necessary.

Additional Information

As ISD only receive aggregate data from each of the ADAT areas, it is not possible for us to validate the data. Detailed questions regarding local data should be addressed to the relevant ADAT/ ADP.

Glossary

ADAT Alcohol and Drug Action Team

ADP Alcohol and Drug Partnership

HEAT Health Improvement, Efficiency, Access, Treatment

Structured preparatory and motivational intervention - Planned intervention that stabilises the client or prepares them for further interventions. It must be structured and have agreed goal(s).

Prescribed drug treatment - the prescribing of a substitute drug, (e.g. methadone, lofexidine, subutex) for facilitating the complete cessation of the use of illicit drugs, controlling withdrawal symptoms or reducing illicit drug use.

Community support/rehabilitation - Interventions that have the purpose of tackling the social and psychological problems faced by the client (such as debt / benefit / relationship and family problems, relapse prevention or employability and training issues) e.g. structured day programmes, counselling, group work.

Residential detoxification/rehabilitation - detoxification and/or rehabilitation that involves the client being admitted to a residential facility or hospital.

List of Tables

Table No.	Name	Time period	File & size
1	SG Report Jan-Mar 11 by HB	Jan – Mar 2011	Excel [410kb]
2	SG Report Jan-Mar 11 by ADAT	Jan – Mar 2011	Excel [500kb]

Contact

Calum MacDonald

Senior Information Analyst

calum.macdonald@nhs.net

0131 275 7656

Lucy Aitken

Information Analyst/ Researcher

lucyaitken@nhs.net

0131 275 6801

Further Information

Further information can be found on the [ISD website](#)

Appendix

A1 – Background Information

The National Waiting Times Information Framework was introduced in April 2004. The main aim of the framework was to give ADATs overall responsibility for local monitoring of treatment services.

The benefits of the framework are:

- ADATs will be able to utilise waiting times information to monitor equity of access for drug users across their local area.
- ADATs will be able to use waiting times information to hold meaningful, informed discussions with agencies about blockages in the system.
- ADATs will be able to ensure that attention/resources are focused on areas with the longest waiting times.
- ADATs will be able to review waiting times for assessment and consider the disparity in lengths of assessment processes.
- ADATs will be able to identify treatment ‘types’ that have the longest wait.
- ADATs will be able to consider the drop out rates of clients referred for drug treatment.
- ADATs will be able to consider the length of time clients attend particular services.

The benefits of ADATs having overall responsibility for monitoring waiting times are:

- ADATs will be able to ensure that the waiting times dataset is included in any local information system development.
- Agencies will regard reducing waiting times as a local priority.
- Monitoring waiting times will be viewed as a local initiative and not as ‘another national return’.
- ADATs will receive monthly returns automatically rather than having to wait for reports from ISD/SG.

In February 2007, ISD provided ADATs with a revised data collection system. The revised system now allows ADATs to produce a wider range of reports and also provides them with the facility to monitor data quality more easily.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Drug Treatment Waiting Times Information Framework Report January to March 2011
Description	Data is presented on the number of clients seen and the length of time they waited to be seen for drug treatment interventions. Data is shown by Health Board and Alcohol and Drug Action Team area.
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	PDF report with Excel tables
Data source(s)	Summary information provided by Alcohol and Drug Partnerships and the national Alcohol and Drugs Treatment Waiting Times Database
Date that data is acquired	May 15th 2011
Release date	Tuesday 28th June 2011
Frequency	Quarterly
Timeframe of data and timeliness	The timeframe for this publication is January to March 2011. The publication is considered timely as there have been no delays.
Continuity of data	Caution is recommended when interpreting these statistics. The number of services submitting data varies significantly from area to area and within areas across the data collection period (see Table 13).
Revisions Statement	Historic Data is not revised. Planned Revisions are not currently a feature of this publications release.
Revisions relevant to this publication	Since April 2011 Drug and Alcohol Treatment Waiting Times data had been collected through a new web system. The first report from this system will be published in September 2011. It is expected that historic data will be revised quarterly to account for waiting times records which are belatedly updated on the web system.
Concepts and definitions	http://www.drugmisuse.isdscotland.org/wtpilot/framework.htm
Relevance and key uses of the statistics	Key uses of Drug Treatment Waiting Times Information include: performance management, monitoring against the HEAT A11 target and service planning.
Accuracy	As ISD only receive aggregate data from each of the ADAT areas, it is not possible for us to validate the data. Detailed questions regarding local data should be addressed to the relevant ADAT/ ADP. The new Alcohol and Drug treatment Waiting Times database will have much stronger validation built in and will allow ISD to monitor data quality.
Completeness	This quarter there was 98% compliance from the services.
Comparability	Not comparable outwith Scotland.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. See attached link for further details: http://www.isdscotland.org/About-ISD/Accessibility/
Coherence and clarity	The report is available as a PDF file with tables clearly linked

	for ease of use.
Value type and unit of measure	Percentage of clients offered or still waiting to be offered an Assessment or Treatment.
Disclosure	There is considered to be a medium risk of disclosure of the information published. Cell suppression was employed in order to reduce this risk. More information on the Statistical Disclosure Protocol can be found at: http://www.isdscotland.org/isd/4489.html
Official Statistics designation	Official Statistics
Official Statistics	Awaiting assessment by UK Statistics Authority
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Date form completed	13th June 2010

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
Scottish Government Justice Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)
Scottish Government Justice Department (Analytical Services Division)

These statistics will also have been made available to those who needed access to 'management information', i.e. as part of the delivery of health and care:

Scottish Government Drug Policy Unit

These statistics will also have been made available to those who needed access to help quality assure the publication:

Alcohol and Drug Partnership Coordinators