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News

CRIS Blog

The CRIS-COVID-19 Rapid Response Initiative is a project led by Professor Robert Stewart and Matthew Broadbent from the CRIS team. They have created a data resource which provides both clinicians and researchers short- and long-term monitoring of clinical outcomes and changes to service use during the COVID-19 pandemic. The aim of the project is to collect relevant, real-time data which can be used to improve the healthcare received by service users of both SLaM and fellow Mental Health Trusts. You can read more about this project, including some of the outputs from the project so far in the CRIS blog, available [here](#).

Research Spotlight

National administrative record linkage between specialist community drug and alcohol treatment data (the National Drug Treatment Monitoring System (NDTMS)) and inpatient hospitalisation data (Hospital Episode Statistics (HES)) in England: design, method and evaluation

Emmert Roberts, James C Doidge, Katie L Harron, Matthew Hotopf, Jonathan Knight, Martin White, Brian Eastwood and Colin Drummond

The number of people accessing specialist alcohol treatment has fallen by 19% between 2013 and 2017, whilst the number of hospital admissions in which alcohol was recorded as a contributory factor has increased by 5% during the same timeframe. Due to this, the Department of Health and Social Care identified an urgent need to estimate the impact of specialist drug and alcohol treatment on hospital usage and substance-related harm. Therefore, Dr Emmert Roberts and colleagues set out to link two databases – The [National Drug Treatment Monitoring System \(NDTMS\)](#) and inpatient hospital data from [Hospital Episode Statistics \(HES\)](#) – in order to enable research which will help to inform drug and alcohol policy.

The NDTMS is a database collated and maintained by Public Health England which receives monthly input from all local authority commissioned community drug and alcohol services in England. It contains information on sociodemographic characteristics (such as gender, ethnicity, and housing status), diagnostic information (including the quantity and frequency of an individual's substance use), and treatment information (including the interventions received and measures of treatment success).

HES is maintained by NHS Digital and includes information on all NHS hospital activity in England and Wales in four separate databases – Admitted Patient Care, Outpatient, Critical Care, and Accident and Emergency. The HES Admitted Patient Care database (linked in this study) contains information on all NHS inpatient admissions, this includes any activity which requires a hospital bed (e.g. day cases, planned, and emergency admissions).

The research team set out to link the NDTMS with the HES Admitted Patient Care data in order to create a resource which could support a large amount of research outputs with the aim of improving the lives of those with substance use disorders. The linkage was conducted by Public Health England, who used patient identifiers (including date of birth, sex, postcode, ethnicity, and GP practice) to match the NDTMS records with the HES records. In total, 268,251 NDTMS records were available for matching. However, not everyone who attends drug and alcohol services will have attended hospital and therefore we would not expect all of the NDTMS records to match to HES.

In total 79.7% of NDTMS records matched to a HES Admitted Patient Care record. Individuals were more likely to match if they were female, of white ethnicity, and aged between 46 and 60 years old. Using a gold-standard subset of people who had an NHS number available for linkage, the team were able to explore the potential linkage error in the data caused by missed matches (i.e. people who should have matched but did not) and false matches (i.e. people who matched but shouldn't have). Furthermore, once the data was linked, the team were able to demonstrate that individuals were more likely to have a longer than average length of stay in hospital if they were male, older, had no fixed residential address, and had problematic opioid use.

The team concluded that this linkage offers a powerful new tool to evaluate the impact of treatment on substance related harm in England. Their immediate plans for the data are to evaluate the most common reasons for hospital admission within the group of people accessing drug and alcohol treatment and to assess the impact of engagement in, and successful completion of, drug and alcohol treatment on individual and national rates hospitalisation.

If you would like to read the article in full, it is available [here](#).

Upcoming

Next Meeting

The next meeting will be held on **Thursday 3rd December**, from **4-6pm**. The meeting will be held virtually via Zoom and we will send out the details nearer the time.

Future Newsletters

We are still working remotely so if there is anything that you would like to see in future newsletters or if you would like more information about something mentioned in a newsletter, you can contact us via email: amelia.jewell@slam.nhs.uk / megan.pritchard@kcl.ac.uk.