



**DEFINITIONS AND GUIDELINES FOR THE
INTEGRATED MONITORING SYSTEM (IMS)**

VERSION 1.7

2014/2015

These guidelines have been prepared as a reference for those involved in collecting and supplying the data for the Integrated Treatment Monitoring System (IMS).

This document is intended to:

- Provide an outline of the overall collection process;
- Provide information on definitions of all the data elements included in the data set;
- Provide a guide to the way the data item is to be collected;
- Provide an up-to-date reference to ensure the data collection can be coordinated, consistent and timely;
- Provide a guide for individual client validation checks

The Integrated Monitoring System includes:

Non Structured Interventions, provision of open access facilities and outreach that provide: substance-related advice, information and support; extended brief interventions to help substance users reduce substance-related harm; and assessment and referral of those with more serious substance-related problems for care-planned treatment.

Syringe Exchange Transactions, delivered as part of the Needle Exchange Programme by both agency and pharmacy based exchanges. Includes both injecting equipment issued to clients, and sharps returns collected. Related activities can also be captured for example interventions such as harm reduction, or safer injecting advice and screenings for HIV, HEP and other blood born viruses.

DOCUMENT VERSION / CHANGE HISTORY:

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1.1	M. Whitfield	Initial draft definitions document created	21/02/11
1.2	H. Reed	Additional field added: 1.11 Initial substance used	28/03/11
1.3	H. Reed	Updated definition 3.2 postcodes can be full or truncated	15/04/11
1.4	M. Whitfield	Updated reference data for referral types from 201-206	16/06/12
1.5	M. Whitfield	Updated for 12/13 data set	17/12/12
1.6	H. Reed	Updated to standardise the dataset for users of the BAKER, GOLIATH, LAIKA(SES) databases	1/11/13
1.7	H. Reed	Updated for the Integrated Monitoring System (IMS) dataset	1/12/14

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1. CLIENT INFORMATION

1.1. AGENCY CODE

The agency code is a unique service identifier assigned by the CPH monitoring team. This code is used to identify at which service the client received the recorded treatment intervention.

Item Name:	<i>AgencyCode</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>LIV10001</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed on all rows in the data extract.</i> 		

1.2. CLIENT UNIQUE ID

A unique number or ID automatically allocated within the database to each client. This client unique ID is a technical identifier used to distinguish an individual client record within the database.

Item Name:	<i>ClientID</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Numeric</i>	Data Example:	<i>1234</i>
Validation:	<ul style="list-style-type: none"> • <i>Technical identifier auto assigned within the database.</i> • <i>Each clientID must be unique to one individual client.</i> • <i>All records relating to one individual should have the same ClientID</i> 		

1.3. CLIENT REFERENCE

A unique number or ID allocated by the treatment provider to a client. The client reference should remain the same within a single treatment provider for a client.

Item Name:	<i>ClientRef</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>AB57689X</i>
Validation:	<ul style="list-style-type: none"> • <i>Should not be composed of attributers which might identify the individual</i> 		

1.4. CONSENT FOR NSTMS

Whether the client has consented for their data to be shared with the *Centre for Public Health – Liverpool John Moores University*.

Item Name:	<i>Consent</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Yes / No</i>	Data Example:	<i>Y</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed</i> • <i>Data Extract should only contain clients where the consent is “Y” or “Yes”</i> 		

Permissible responses:

Code	Text
Y	Yes
N	No

1.5. FIRST NAME

The first initial of the first name is a common pseudo-anonymised method through which client confidentiality can be maintained; yet when combined with the surname initial can enable data validity checks to be conducted.

Item Name:	<i>FirstName</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>A</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed with a letter.</i> • <i>Should only be one character in length.</i> • <i>The client's full name can be entered. However for data extract only first initial should be transferred.</i> 		

1.6. SURNAME

The first initial of the client's surname (last name) is a common pseudo-anonymised method by which client confidentiality can be maintained yet when combined with first name initial, can enable data validity checks to be conducted.

Item Name:	<i>Surname</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>A</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed with a letter.</i> • <i>Should only be one character in length.</i> • <i>The client's full name can be entered. However for data extract only first initial should be transferred.</i> 		

1.7. DATE OF BIRTH

This is the date of birth of the client. It is required to derive the age of the person at the point in time that they are in treatment and enable generation of pseudo-anonymous identifier e.g. initials, date of birth, and sex.

Item Name:	<i>DOB</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/01/1980</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed with a valid date</i> • <i>Date must not be in the future.</i> 		

1.8. SEX/GENDER

The client’s gender at registration. This field will contribute to the generation of pseudo-anonymous identifier e.g. initials, date of birth, and sex.

Item Name:	<i>Gender</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>M</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed with a valid response</i> 		

Permissible responses:

Code	Text
M	Male
F	Female

1.9. ETHNICITY

The ethnicity that the client states as defined in the OPCS census categories. If a client declines to answer then ‘not stated’ should be used. If a client is not asked then the field should be left blank.

Item Name:	<i>Ethnicity</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>A</i>
Validation:	<ul style="list-style-type: none"> • <i>If completed, must a permissible response as listed in the reference data.</i> 		

Requires that the client has the ability to choose his or her own ethnic group of self-identity, rather than being ascribed by anyone else. If necessary, a list of options can be presented to the client.

A full list of the permissible options is found in the IMS reference data document.

1.10. NATIONALITY

Country of nationality at birth. Code selected from ISO 3166-1 alpha-3 standard.

ISO 3166 Country Codes – http://www.woudc.org/data/iso3166_e.html

Item Name:	<i>Nationality</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>GBR</i>
Validation:	<ul style="list-style-type: none"> • <i>If completed, must a permissible response as listed in the reference data.</i> 		

A full list of the permissible options is found in the IMS reference data document.

1.11. CLIENT DIED

Field to record whether the client has died. The default value for this field is N or No. Data entry is controlled with a 'tick box' where a tick indicates Y or 'Yes the client has died'.

Item Name:	<i>ClientDied</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>N</i>
Validation:	•		

Permissible responses:

Code	Text
Y	Yes
N	No

2. INTERVENTION INFORMATION

2.1. INTERVENTION UNIQUE ID

A unique number or ID automatically allocated within the database to each separate intervention. This unique ID is a technical identifier used to distinguish an individual intervention record within the database.

Item Name:	<i>InterventionID</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Numeric</i>	Data Example:	<i>1234</i>
Validation:	<ul style="list-style-type: none"> • <i>Technical identifier auto assigned within the database.</i> • <i>IntervetnionID must be unique to one individual intervention record.</i> 		

2.2. INTERVENTION DATE

Date that this treatment provider completed an intervention with the client.

Item Name:	<i>InterventionDate</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/04/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed with a valid date</i> • <i>Date must be later than the client's date of birth.</i> • <i>Date must not be in the future.</i> 		

2.3. INTERVENTION CATEGORY

The category of intervention provided by this treatment provider with the client.

Item Name:	<i>InterventionCategory</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>1</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data</i> 		

2.4. INTERVENTION TYPE

Completion of this field is optional and is utilised where the treatment provider would like to record detail of the type of interventions that they are completing with the client.

Item Name:	<i>InterventionType</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>"Harm Reduction"</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be less than 50 characters in length</i> 		

3. ASSESSMENT INFORMATION

3.1. ASSESSMENT UNIQUE ID

A unique number or ID automatically allocated within the database to each separate assessment. This unique ID is a technical identifier used to distinguish an individual assessment record within the database.

Item Name:	<i>AssessID</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Numeric</i>	Data Example:	<i>1234</i>
Validation:	<ul style="list-style-type: none"> • <i>Technical identifier auto assigned within the database.</i> • <i>AssessID must be unique to one individual assessment record.</i> 		

3.2. DATE OF ASSESSMENT REVIEW

The date that the assessment review was completed and this information was collected from the client.

Item Name:	<i>AssessDate</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/04/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed with a valid date</i> • <i>Date must be later than the client's date of birth.</i> • <i>Date must not be in the future.</i> 		

3.3. INITIAL SUBSTANCE USED

This data item collects primary substance that the client initially used (or still uses). This data item is intended to show the substance that caused the client to engage with the treatment service. Determination of which substance should be recorded is a professional decision for the treatment agency worker, for example if the client has multiple substances which might be recorded.

This item is not expected to change, although in some circumstances it may be different to the item recorded as "Substance 1" e.g. if the client became abstinent.

Item Name:	<i>InitialSubstance</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>7000</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data.</i> 		

- If you wish to record an assessment for a client who does not have a current or previous problem substance then the code "9995 – No Primary Drug" should be used.
- *However please note that this dataset is primarily intended to be completed for clients accessing services around their substance use (drugs and alcohol), so client records completed with no "initial substance" may be excluded from reporting.*

3.4. REFERRAL SOURCE

Item Name:	<i>ReferralSource</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>1</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the IMS reference data document.</i> 		

3.5. SEXUAL ORIENTATION

Item Name:	<i>SexualOrientation</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>1</i>
Validation:	<ul style="list-style-type: none"> • <i>If completed, must a permissible response as listed in the reference data.</i> 		

3.6. RELIGION OR BELIEF

Item Name:	<i>ReligionBelief</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>1</i>
Validation:	<ul style="list-style-type: none"> • <i>If completed, must a permissible response as listed in the reference data.</i> 		

3.7. DISABILITY

Item Name:	<i>Disability</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>1</i>
Validation:	<ul style="list-style-type: none"> • <i>If completed, must a permissible response as listed in the reference data.</i> 		

3.8. YOUNG PERSON: LOOKED AFTER CHILD

The definition of a Looked After Child includes all children being looked after by a local authority including those subject to care orders under section 31 of the Children Act 1989 and those looked after on a voluntary basis through an agreement with their parents under section 20 of the Children Act 1989.

Item Name:	<i>LAC</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Yes/No</i>	Data Example:	<i>“Y”</i>
Validation:	<ul style="list-style-type: none"> • <i>Should only be completed for clients aged under 18 on the assessment date</i> 		

Permissible responses:

Code	Text
Y	Yes
N	No

3.9. YOUNG PERSON: COMMON ASSESSMENT FRAMEWORK

Has the young person been assessed using the Common Assessment Framework?

Item Name:	CAF	Required:	Optional field.
Data Type:	Yes/No	Data Example:	"Y"
Validation:	<ul style="list-style-type: none"> • If completed, must a permissible response as listed in the reference data. • Should only be completed for clients aged under 18 on the assessment date 		

Permissible responses:

Code	Text
Y	Yes
N	No

3.11. POSTCODE

The postcode of the client's normal place of residence, if a client states that they are of No Fixed Abode (denoted by having an Accommodation need of "NFA") the postcode should be left blank.

The postcode should be split into two parts within the data extract, commonly referred to as the "out code" and "in code"

Item Name:	PostcodeOut	Required:	
Data Type:	Text	Data Example:	"L12" or "CH61"
Validation:	<ul style="list-style-type: none"> • Must start with a letter. • Should only be left blank if the client is recorded as "NFA". 		

Item Name:	PostcodeIn	Required:	
Data Type:	Text	Data Example:	"2ET"
Validation:	<ul style="list-style-type: none"> • Must start with a number. • Should only be left blank if the client is recorded as "NFA". 		

3.12. LOWER LAYER SUPER OUTPUT AREA - LSOA

The "Lower Layer Super Output Area" or LSOA code may be provided if available within the treatment agency database or clinical system, however this is optional. The LSOA should be generated based on the client's postcode of residence.

Item Name:	LSOAcodes	Required:	Optional
Data Type:	Text	Data Example:	"E01006651"
Validation:	<ul style="list-style-type: none"> • Must start with a letter. • Should be generated using the clients postcode of residence 		

3.13. MIDDLE LAYER SUPER OUTPUT AREA - LSOA

The “Middle Layer Super Output Area” or MSOA code may be provided if available within the treatment agency database or clinical system, however this is optional. The MSOA should be generated based on the client’s postcode of residence.

Item Name:	<i>MSOAcode</i>	Required:	<i>Optional</i>
Data Type:	<i>Text</i>	Data Example:	<i>“E02001347”</i>
Validation:	<ul style="list-style-type: none"> • <i>Must start with a letter.</i> • <i>Should be generated using the clients postcode of residence</i> 		

3.14. DAT

The Drug and Alcohol Action Team (DAT) in which the client normally resides, as defined by their postcode of their normal residence. If a client states that they are of No Fixed Abode (denoted by having an Accommodation Need of NFA) the DAT of the treatment provider should be used as a proxy.

Item Name:	<i>DATcode</i>	Required:	<i>Mandatory</i>
Data Type:	<i>Text</i>	Data Example:	<i>“B17B”</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data (Appendix A).</i> 		

3.15. LOCAL AUTHORITY

The local authority in which the client currently resides (as defined by their postcode of their normal residence). If a client states that they are of No Fixed Abode (denoted by having an Accommodation Need of NFA) the Local Authority of the treatment provider should be used as a proxy. See Appendix E

Item Name:	<i>LAcodes</i>	Required:	<i>Mandatory</i>
Data Type:	<i>Text</i>	Data Example:	<i>“E08000012”</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data.</i> 		

3.16. GP PRACTICE CODE

The GP code may be provided if available within the treatment agency database or clinical system, however this is optional. The code of the GP practice or health care should be that with which the client is currently registered.

Item Name:	<i>GPcode</i>	Required:	<i>Optional</i>
Data Type:	<i>Text</i>	Data Example:	<i>“N82001”</i>
Validation:			

3.17. ACCOMMODATION NEED

The accommodation need refers to the current situation (**14 days prior to treatment start**) of the client with respect to housing need.

Item Name:	<i>AccomNeed</i>	Required:	
Data Type:	<i>Text</i>	Data Example:	<i>1</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data.</i> 		

3.18. EMPLOYMENT STATUS

Employment status refers to the main employment / income source that the client identifies with. It is recognised that there are a myriad of sources that the client might obtain income from, for example a student may receive an allowance from parents or work part time. However, their main economic status is being a student and probably having a student loan. In other words the category selected for the best description of the status of the client.

Capturing economic or employment status enables central information to be collected about the extent to which the client is independent financially. It is recognised that the terms do not illustrate actual levels of income and therefore does not indicate true levels of economic independence, for example it does not specifically refer to illegal income. It does however, add context to the environment that the client is interacting with.

Item Name:	<i>EmployStat</i>	Required:	
Data Type:	<i>Text</i>	Data Example:	<i>1</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data.</i> 		

3.19. PARENTAL STATUS

The parental status includes biological, step, foster, and adoptive parents or guardians the client. A child is a person who is under 18 years old.

For example if the client only has children who are now adults (aged 18 or over) then the correct response to record would be *“Not a parent of children under 18”*.

Item Name:	<i>ParentalStat</i>	Required:	
Data Type:	<i>Text</i>	Data Example:	<i>11</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data.</i> 		

3.20. NUMBER OF CHILDREN

The number of children under 18 years old who reside in the same household as the client for at least one night a week. The client does not necessarily need to have parental responsibility for the children.

As an example the number of children recorded might also include siblings who are aged under 18.

Item Name:	<i>ParentalStat</i>	Required:	
Data Type:	<i>Numeric</i>	Data Example:	2
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data.</i> 		

3.21. PREGNANT

Is the client pregnant?

Item Name:	<i>Pregnant</i>	Required:	
Data Type:	<i>Yes/No</i>	Data Example:	"Y"
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data.</i> 		

Permissible responses:

Code	Text
Y	Yes
N	No

3.22. PRIMARY PROBLEM SUBSTANCE: (SUBSTANCE 1)

This data item collects primary problem substance that the client currently uses, (or **has used in the last 14 days**). Determination of which substance should be recorded as 'primary' is a professional decision for the treatment agency worker, for example if the client has multiple substances.

The primary problem substance will not necessarily be the same as that recorded as the "Initial Problem Substance" for example if the client became abstinent.

The problem substance may change over time; this would be recorded by completing a new assessment recording the date the assessment was completed and entering the problem substance that is applicable for the 14 days prior to the new assessment date.

Item Name:	<i>Substance1</i>	Required:	
Data Type:	<i>Text</i>	Data Example:	7000
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data.</i> 		

- If the client has no primary problem substance code "9995 – No Primary Drug" should be used.

3.23. SECONDARY PROBLEM SUBSTANCE: (SUBSTANCE 2)

This data item collects the secondary or additional problem substance that the client currently uses, (or **has used in the last 14 days**). Determination of which substance should be recorded as 'secondary' is a professional decision for the treatment agency worker, for example if the client has multiple substances.

The problem substance may change over time; this would be recorded by completing a new assessment recording the date the assessment was completed and entering the problem substance that is applicable for the 14 days prior to the new assessment date.

Item Name:	<i>Substance2</i>	Required:	
Data Type:	<i>Text</i>	Data Example:	<i>1101</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data (Appendix A).</i> 		

- If the client has no secondary problem substance code "9996 – No Second Drug" should be used.
- If the client is not asked then the field should be left blank.

3.24. THIRD PROBLEM SUBSTANCE: (SUBSTANCE 3)

This data item collects the tertiary or additional problem substance that the client currently uses, (or **has used in the last 14 days**). Determination of which substance should be recorded as 'third' is a professional decision for the treatment agency worker, for example if the client has multiple substances.

The problem substance may change over time; this would be recorded by completing a new assessment recording the date the assessment was completed and entering the problem substance that is applicable for the 14 days prior to the new assessment date.

Item Name:	<i>Substance3</i>	Required:	
Data Type:	<i>Text</i>	Data Example:	<i>5000</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data (Appendix A).</i> 		

- If the client has no third problem substance code "9997 – No Third Drug" should be used.
- If the client is not asked then the field should be left blank.

3.25. DRINKING DAYS IN PAST 14 DAYS

Number of days in the 14 days prior to the assessment date that the client consumed alcohol

Item Name:	<i>DrinkDays</i>	Required:	
Data Type:	<i>Numeric</i>	Data Example:	<i>10</i>
Validation:	<ul style="list-style-type: none"> • <i>When completed should be a number between 0 and 14</i> • <i>Field should be left blank if the client is 'not asked'</i> 		

3.26. UNIT OF ALCOHOL ON A TYPICAL DRINKING DAY

Typical number of units consumed on a drinking day in the 14 days prior to initial assessment

Item Name:	<i>DrinkUnits</i>	Required:	
Data Type:	<i>Numeric</i>	Data Example:	7
Validation:	<ul style="list-style-type: none"> • When completed 'Drinking Days' should also be completed • Field should be left blank if the client is 'not asked' 		

3.27. AUDIT SCORE

AUDIT Score out of 40

Item Name:	<i>DrinkAudit</i>	Required:	
Data Type:	<i>Numeric</i>	Data Example:	20
Validation:	<ul style="list-style-type: none"> • When completed should be a number between 0 and 40 • Field should be left blank if the client is 'not asked' 		

3.28. INJECTING STATUS:

Is the client currently injecting, have they ever previously injected or never injected

Item Name:	<i>InjectingStatus</i>	Required:	
Data Type:	<i>Text</i>	Data Example:	C
Validation:	<ul style="list-style-type: none"> • Must a permissible response as listed in the reference data • Field should be left blank if the client is 'not asked' 		

3.29. AGE FIRST INJECTED:

The age that the client states they first injected.

Item Name:	<i>AgeFirstInjected</i>	Required:	<i>Optional</i>
Data Type:	<i>Numeric</i>	Data Example:	19
Validation:	<ul style="list-style-type: none"> • Should not be greater than clients current age • Only completed where 'injecting status' is 'currently' or 'previously' • Field should be left blank if the client is 'not asked' 		

3.30. SHARED NEEDLES

Is the client currently sharing needles, have they ever previously shared or never shared

Item Name:	<i>ShareNeedles</i>	Required:	<i>Optional</i>
Data Type:	<i>Text</i>	Data Example:	<i>"P"</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data</i> • <i>Only completed where 'injecting status' is 'currently' or 'previously'</i> • <i>Field should be left blank if the client is 'not asked'</i> 		

3.31. DUAL DIAGNOSIS

Client has a dual diagnosis

Item Name:	<i>DualDiagnosis</i>	Required:	<i>Optional</i>
Data Type:	<i>Yes/No</i>	Data Example:	<i>"N"</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data</i> • <i>Field should be left blank if the client is 'not asked'</i> 		

Permissible responses:

Code	Text
Y	Yes
N	No

4. SCREENING INFORMATION

4.1. SCREENING UNIQUE ID

A unique number or ID automatically allocated within the database to each separate assessment. This unique ID is a technical identifier used to distinguish an individual record within the database.

Item Name:	<i>ScreeningID</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Numeric</i>	Data Example:	<i>1234</i>
Validation:	<ul style="list-style-type: none"> • <i>Technical identifier auto assigned within the database.</i> • <i>ScreeningID must be unique to one individual screening record.</i> 		

4.2. DATE OF SCREENING REVIEW

The date that the screening review was completed and this information was collected from the client.

Item Name:	<i>ScreeningDate</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/04/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed with a valid date</i> • <i>Date must be later than the client's date of birth.</i> • <i>Date must not be in the future.</i> 		

4.3. VACCINATED FOR HEP A

Number of Hepatitis A vaccinations given to the client, or if a course of vaccinations was completed. Vaccinations can be provided by the treatment agency or elsewhere.

Item Name:	<i>VaccHepAtext</i>	Required:	<i>Optional</i>
Data Type:	<i>Text</i>	Data Example:	<i>1</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data</i> • <i>Should be completed together with the "Vacc Hep A date" field.</i> • <i>Field should be left blank if the client is 'not asked'</i> 		

Permissible responses:

Code	Text
0	No vaccinations
1	1 vaccination
2	2 vaccinations
C	Course completed (or) Booster completed

4.4. DATE VACCINATED FOR HEP A

Date that the client last received a vaccination/booster for Hepatitis A.

If the exact date is not known then the 1st of the month should be used if that is known, if only the year is known then the 1st of January for that year should be used.

Item Name:	<i>VaccHepAdate</i>	Required:	<i>Optional</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/01/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Date must be later than the client's date of birth, and not a future date</i> • <i>Should be completed together with the "Vacc HepA text" field.</i> • <i>Field should be left blank if the client is 'not asked'</i> 		

4.5. VACCINATED FOR HEP B

Number of Hepatitis B vaccinations given to the client, or if a course of vaccinations was completed.

Vaccinations can be provided by the treatment agency or elsewhere.

Item Name:	<i>VaccHepBtext</i>	Required:	<i>Optional</i>
Data Type:	<i>Text</i>	Data Example:	<i>1</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data</i> • <i>Should be completed together with the "Vacc Hep B date" field.</i> • <i>Field should be left blank if the client is 'not asked'</i> 		

4.6. DATE VACCINATED FOR HEP B

Latest date that the client received a vaccination or completed a course of vaccinations for Hepatitis B.

If the exact date is not known then the 1st of the month should be used if that is known, if only the year is known then the 1st of January for that year should be used.

Item Name:	<i>VaccHepBdate</i>	Required:	<i>Optional</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/02/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Date must be later than the client's date of birth, and not a future date</i> • <i>Should be completed together with the "Vacc Hep B text" field.</i> • <i>Field should be left blank if the client is 'not asked'</i> 		

4.7. LATEST HEP A SCREENING DATE

Latest date that the client was screened/ tested for Hepatitis A.

If the exact date is not known then the 1st of the month should be used if that is known, if only the year is known then the 1st of January for that year should be used.

Item Name:	<i>ScreenHepAdate</i>	Required:	<i>Optional</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/03/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Date must be later than the client's date of birth, and not a future date</i> • <i>Should be left blank if screening never completed or client "not asked"</i> 		

4.8. LATEST HEP B SCREENING DATE

Latest date that the client was screened/ tested for Hepatitis B.

If the exact date is not known then the 1st of the month should be used if that is known, if only the year is known then the 1st of January for that year should be used.

Item Name:	<i>ScreenHepBdate</i>	Required:	<i>Optional</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/04/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Date must be later than the client's date of birth, and not a future date</i> • <i>Should be left blank if screening never completed or client "not asked"</i> 		

4.9. LATEST HEP C SCREENING DATE

Latest date that the client was screened/ tested for Hepatitis C.

If the exact date is not known then the 1st of the month should be used if that is known, if only the year is known then the 1st of January for that year should be used.

Item Name:	<i>ScreenHepCdate</i>	Required:	<i>Optional</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/05/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Date must be later than the client's date of birth, and not a future date</i> • <i>Should be left blank if screening never completed or client "not asked"</i> 		

4.10. LATEST HIV SCREENING DATE

Latest date that the client was screened/ tested for Hepatitis HIV.

If the exact date is not known then the 1st of the month should be used if that is known, if only the year is known then the 1st of January for that year should be used.

Item Name:	<i>ScreenHIVdate</i>	Required:	<i>Optional</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/06/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Date must be later than the client's date of birth, and not a future date</i> • <i>Should be left blank if screening never completed or client "not asked"</i> 		

4.11. LATEST PCR SCREENING DATE

Latest date that a PCR screening was completed.

If the exact date is not known then the 1st of the month should be used if that is known, if only the year is known then the 1st of January for that year should be used.

Item Name:	<i>ScreenPCRdate</i>	Required:	<i>Optional</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/07/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Date must be later than the client’s date of birth, and not a future date</i> • <i>Should be left blank if screening never completed or client “not asked”</i> 		

4.12. LATEST SALVIA TEST COMPLETED DATE

Latest date that a Salvia test / screening was completed.

If the exact date is not known then the 1st of the month should be used if that is known, if only the year is known then the 1st of January for that year should be used.

Item Name:	<i>SalivaTestdate</i>	Required:	<i>Optional</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/08/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Date must be later than the client’s date of birth, and not a future date</i> • <i>Should be left blank if test never completed or client “not asked”</i> 		

4.13. BBV TEST DETAIL

Whether a BBV test was offered by the treatment agency.

Item Name:	<i>BBVTest</i>	Required:	<i>Optional</i>
Data Type:	<i>Text</i>	Data Example:	<i>A</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data</i> • <i>Should be completed together with the “BBV test date” field.</i> • <i>Field should be left blank if the client is ‘not asked’</i> 		

4.14. BBV TEST DATE

Date that a BBV test was offered or completed.

Item Name:	<i>BBVTestdate</i>	Required:	<i>Optional</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/09/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Date must be later than the client’s date of birth, and not a future date</i> • <i>Should be left blank if screening never completed or client “not asked”</i> 		

5. WELLBEING¹

5.1. WELLING UNIQUE ID

A unique number or ID automatically allocated within the database to each separate assessment. This unique ID is a technical identifier used to distinguish an individual wellbeing record within the database.

Item Name:	<i>WellbeingID</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Numeric</i>	Data Example:	<i>1234</i>
Validation:	<ul style="list-style-type: none"> • <i>Technical identifier auto assigned within the database.</i> • <i>WellbeingID must be unique to one individual wellbeing record.</i> 		

5.2. DATE OF WELLBEING REVIEW

The date that the wellbeing review was completed and this information was collected from the client.

Item Name:	<i>WellbeingDate</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/04/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed with a valid date</i> • <i>Date must be later than the client's date of birth.</i> • <i>Date must not be in the future.</i> 		

5.3. WELLBEING QUESTIONS

This set of questions should be answered with one of text statements shown in the table below and the response is recorded in the database with the corresponding numeric code.

5.3.1. Wellbeing Q1: "I've been feeling optimistic about the future"

5.3.2. Wellbeing Q2: "I've been feeling useful:"

5.3.3. Wellbeing Q3: "I've been feeling relaxed:"

5.3.4. Wellbeing Q4: "I've been dealing with problems well:"

5.3.5. Wellbeing Q5: "I've been thinking clearly:"

¹ The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Government National Programme for Improving Mental Health and Well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

5.3.6. Wellbeing Q6: “I’ve been feeling close to other people:”

5.3.7. Wellbeing Q7: “I’ve been able to make up my own mind about things:”

Item Name:	<i>WellbeingQ(n)*</i>	Required:	
Data Type:	<i>Numeric</i>	Data Example:	5
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data .</i> • <i>All questions 1-7 should be answered.</i> 		

**This field layout is repeated for each wellbeing question where (n) is a number between 1 and 7*

Permissible responses:

Code	Text
1	None of the time
2	Rarely
3	Some of the time
4	Often
5	All of the time

6. REFERRALS IN AND OUT INFORMATION

6.1. REFERRAL UNIQUE ID

A unique number or ID automatically allocated within the database to each separate referral. This unique ID is a technical identifier used to distinguish an individual referral record within the database.

Item Name:	<i>ReferralID</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Numeric</i>	Data Example:	<i>1234</i>
Validation:	<ul style="list-style-type: none"> • <i>Technical identifier auto assigned within the database.</i> • <i>WellbeingID must be unique to one individual referral record.</i> 		

6.2. REFERRAL DATE

Date that the client was referred to or from an external organisation.

Item Name:	<i>ReferralDate</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/04/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed with a valid date</i> • <i>Date must be later than the client's date of birth.</i> • <i>Date must not be in the future.</i> 		

6.3. REFERRAL IN / OUT

Indicator field to show whether the referral was 'in' to the agency from another source, or 'out' as a referral by the current agency to another treatment service.

Item Name:	<i>ReferralInOut</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>"Out"</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data</i> • <i>Field should be left blank if the client is 'not asked'</i> 		

Permissible responses:

Code	Text
IN	In
OUT	Out

6.4. REFERRAL CATEGORY

The type or category of the referral that was made, selected from the reference data list.

Item Name:	<i>ReferralCategory</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>“Out”</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data</i> 		

6.5. REFERRAL TYPE

The type of referral or name of service – this is an optional field which is provided to allow further detail on the type of referrals from a locally determined list.

Item Name:	<i>ReferralType</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>“Mutual Aid Group”</i>
Validation:	<ul style="list-style-type: none"> • 		

6.6. REFERRAL OUTCOME

Whether the referral was successful, did the client attend or not.

Item Name:	<i>ReferralOutcome</i>	Required:	<i>Optional field.</i>
Data Type:	<i>Text</i>	Data Example:	<i>“Attended”</i>
Validation:	<ul style="list-style-type: none"> • <i>Must a permissible response as listed in the reference data</i> 		

Permissible responses:

	Text
	Attended
	Accompanied
	Did not attend
	Don't Know

7. SYRINGE EXCHANGE TRANSACTIONS

7.1. TRANSACTION UNIQUE ID

A unique number or ID automatically allocated within the database to each separate transaction. This unique ID is a technical identifier used to distinguish an individual record within the database.

Item Name:	<i>TransactionID</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Numeric</i>	Data Example:	<i>1234</i>
Validation:	<ul style="list-style-type: none"> • <i>Technical identifier auto assigned within the database.</i> • <i>TransactionID must be unique to one individual transaction record.</i> 		

7.2. TRANSACTION DATE

Date that the syringe exchange transaction took place.

Item Name:	<i>TransactionDate</i>	Required:	<i>Mandatory field.</i>
Data Type:	<i>Date</i>	Data Example:	<i>01/04/2013</i>
Validation:	<ul style="list-style-type: none"> • <i>Must be completed with a valid date</i> • <i>Date must be later than the client's date of birth.</i> • <i>Date must not be in the future.</i> 		

7.3. EQUIPMENT ISSUED OUT

The number of items given out to the client within this syringe exchange transaction.

Item Name:	<i>(as listed below)</i>	Required:	
Data Type:	<i>Numeric</i>	Data Example:	<i>10</i>
Validation:	<ul style="list-style-type: none"> • <i>At least one field must have a value</i> 		

	<u>Item Name</u>	<u>Description</u>
7.3.1.	Insulin1ml	Number of 1ml Insulin syringes
7.3.2.	Barrel1ml	Number of 1ml barrels
7.3.3.	Barrel2ml	Number of 2ml barrels
7.3.4.	Barrel5ml	Number of 5ml barrels
7.3.5.	Barrel10ml	Number of 10ml barrels
7.3.6.	Barrel20ml	Number of 20ml barrels
7.3.7.	Yellow1/2	Number of yellow ½ inch needles
7.3.8.	Orange5/8	Number of orange 25 gauge 5/8 th inch needles
7.3.9.	Orange1in	Number of orange 25 gauge 1 inch needles
7.3.10.	Blue1in	Number of blue 23 gauge 1 inch needles

7.3.11.	Blue1_1/4	Number of blue 23 gauge 1¼ inch needles
7.3.12.	Green1_1/2	Number of green 21 gauge 1½ inch needles
7.3.13.	Citric	Number of citric acid sachets
7.3.14.	Stericup	Number of Stericup spoons
7.3.15.	Water	Number of water ampoules
7.3.16.	VitC	Number of VitC sachets
7.3.17.	Filters	Number of packs of filters
7.3.18.	AlcoholWipes	Number of alcohol swabs or wipes
7.3.19.	Foil	Number of packs of foil
7.3.20.	Condoms	Number of condoms (any type)
7.3.21.	Lube	Number of lube sachets

7.4. TYPE OF SHARPS BINS ISSUED OUT

The type of sharps bins that are given out to the client within this syringe exchange transaction.

Item Name:	<i>SharpsBinType</i>	Required:	
Data Type:	<i>Text</i>	Data Example:	<i>"1 Litre Bin"</i>
Validation:	<ul style="list-style-type: none"> • <i>Should be completed together with the "Sharps Bin Number" field</i> • <i>Must a permissible response as listed in the reference data</i> 		

Permissible responses:

Code	Text
1	0.25 Litre
2	0.45 Litre
3	0.6 Litre
4	1 Litre
5	2 Litre
6	4 Litre
7	5 Litre
8	6 Litre
9	7 Litre
10	10 Litre
11	12 Litre
12	13 Litre
13	20 Litre
14	21 Litre
15	22 Litre
16	23 Litre
17	50 Litre

7.5. NUMBER OF SHARPS BINS ISSUED OUT

The number of sharps bins that are given out to the client within this syringe exchange transaction.

Item Name:	<i>SharpsBinNumber</i>	Required:	
Data Type:	<i>Numeric</i>	Data Example:	2
Validation:	<ul style="list-style-type: none"> Should be completed together with the “Sharps Bin Type” field. 		

7.6. SHARPS RETURNED: TYPE OF BINS

Description of any sharps bins that the client returns in this syringe exchange transaction, the description includes both the type of bin being returned and an estimate of the fill level.

Item Name:	<i>ReturnBinType</i>	Required:	
Data Type:	<i>Text</i>	Data Example:	“1”
Validation:	<ul style="list-style-type: none"> Should be completed together with the “Return Bin Number Type” field. Must a permissible response as listed in the reference data 		

7.7. SHARPS RETURNED: NUMBER OF BINS

Number of sharps bins that client returns in this syringe exchange transaction.

Item Name:	<i>ReturnBinNumber</i>	Required:	
Data Type:	<i>Numeric</i>	Data Example:	2
Validation:	<ul style="list-style-type: none"> Should be completed together with the “Return Bin Type” field. 		

7.8. SHARPS RETURNED: FULL OR HALF FULL BINS

Whether the returned bins were full or half full, to allow for an estimated return rate.

Item Name:	<i>ReturnBinFullHalf</i>	Required:	
Data Type:	<i>Text</i>	Data Example:	“F”
Validation:	<ul style="list-style-type: none"> Should be completed together with the “Return Bin Type” field. 		

Permissible responses:

Code	Text
F	Full
H	Half Full

7.9. SHARPS RETURNED: NUMBER OF LOOSE BARRELS

Number of loose barrels that client returns in this syringe exchange transaction.

Item Name:	<i>ReturnBarrels</i>	Required:	
Data Type:	<i>Numeric</i>	Data Example:	<i>12</i>
Validation:	•		

7.10. SHARPS RETURNED: NUMBER OF LOOSE NEEDLES

Number of loose needles or syringes that client returns in this syringe exchange transaction.

Item Name:	<i>ReturnNeedles</i>	Required:	
Data Type:	<i>Numeric</i>	Data Example:	<i>10</i>
Validation:	•		