

Data Provision Notice

Alcohol Dependence Programme Patient Level Data Collection

Information Asset Owner: Richard Irvine

Version: 1.0

Published: 13 January 2022



Information and technology
for better health and care

Contents

Background	4
Purpose of the collection	4
Benefits of the collection	4
Legal basis for the collection, analysis, publication and dissemination	5
Persons consulted	6
Scope of the collection	7
Form and manner of the collection	7
Period of the collection	8
Data quality	8
Burden of the collection	8
Steps taken by NHS Digital to minimise the burden of collection	8
Detailed burden assessment findings	8
Assessed costs	8

Glossary of Terms

Term / Abbreviation	What it stands for
EIS	Early implementer site
ACTs	Alcohol Care Teams
PLD	Patient Level Data
LTP	Long Term Plan
NHSEI	NHS England and NHS Improvement

Document Control:

The controlled copy of this document is maintained on the NHS Digital corporate website. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Background

The Health and Social Care Act 2012 (the Act) gives the Health and Social Care Information Centre, now known as [NHS Digital](#) and hereafter referred to by this name, statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice, is required to support a direction from NHS England to NHS Digital. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose of the collection

The [NHS Long Term Plan](#) (LTP) has set out a number of commitments towards the prevention of ill health, including the implementation of NHS-funded [alcohol care teams](#) (ACTs).

To deliver these commitments, NHS England and NHS Improvement (NHSEI) is investing £24m by 2023/24 through the LTP, to optimise ACTs in hospitals with the highest rates of alcohol dependence related harm.

This work builds on the previous [Preventing Ill Health CQUIN](#) which incentivised the data collection and reporting on the identification and provision of brief advice in relation to alcohol use and the provision of very brief advice at a point when people are more likely to make changes and adopt healthier behaviours. This CQUIN (which was extended into 2019/20) has acted as an enabler to now stand up a distinct data collection for identifying activity in new ACTs so that this information can be used to underpin the identification of clinical outcomes and onward development / delivery of local services.

Benefits of the collection

The new collection will ensure that NHS England and NHS Improvement can demonstrate delivery of the alcohol LTP commitments. and have data available to influence service improvement. ACTs support reduction in hospital demand by:

- Reducing alcohol specific readmissions
- Reducing the length of stay
- Reducing the risk of future ill-health for the cohort of patients seen by the ACT through interventions to reduce alcohol use such as alcohol-related liver disease (ALRD).

Patient level data is required specifically to monitor the impact and clinical outcomes of alcohol dependence treatment services and the impact on reducing health inequalities. It will also contribute to the evaluation of the programme and drive future policy decisions in terms of further roll out.

Legal basis for the collection, analysis, publication and dissemination

NHS Digital has been directed by NHS England under section 254 of the Health and Social Care Act 2012; to establish and operate a system for the collection and analysis of the information specified for this service. A copy of the direction is published here:

<https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/nhs-england-directions/alcohol-dependence-workstream-directions-2021>

This information is required by NHS Digital under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of NHS Digital duty under section 259(8).

Legal basis for collection

NHS Digital is directed pursuant to the Alcohol Dependence Treatment Patient Level Data Collection Directions 2021, which are given in exercise by NHS England of the powers conferred by sections 254(1), (3) and (6) and sections 304(9), (10) and (12) of the 2012 Act.

Legal basis for analysis

Pursuant to NHS England's powers under sections 254(1) and 254(6) of the 2012 Act, NHS Digital is directed to analyse the information collected pursuant to and/or obtained by NHS Digital complying with these Directions, as may be requested by NHS England or as NHS Digital determines is necessary to achieve the Purpose.

Such analysis includes:

- analysis by reference or linkage to other data obtained by NHS Digital as described in the Requirements Specification which is published as Annex A of the direction
- analysis for data quality purposes, including undertaking comparison and consistency analysis of the same or similar information.

Legal basis for disclosure

In accordance with section 260(1) of the 2012 Act, NHS Digital has a legal duty to publish all information it collects by complying with a direction unless it falls within section 260(2) of the 2012 Act. Pursuant to NHS Digital's duty to publish, and in accordance with section 260(4)(a) of the 2012 Act, NHS Digital must publish the information at an aggregate level as part of a dashboard tool as set out in the Requirements Specification.

Pursuant to section 262(3) of the 2012 Act, NHS Digital is directed to exercise its powers under section 261(4) of the 2012 Act to disseminate the information collected pursuant to these Directions to the organisations that provided the information where it would be lawful for NHS Digital to do so.

Regular Dissemination/Sharing

The data will be made available in the form of dashboards to NHSEI to support regions and systems for the purpose of performance management, identifying/promoting good practice and wider learning about the effectiveness of the interventions.

NHSEI is also looking at evaluation and for example may link with an established evaluation partner, e.g. the National Institute for Health Research (NIHR). Any analysis requirement will be in line with appropriate Information Governance requirements via agreed access to the National Commissioning Data Repository (NCDR) with requisite permissions.

Data Access Request Service (DARS)

The DARS application will be processed as part of the existing NHSEI Core Data Sharing Agreement with NHSD (139035-X4B7K) which will be updated to include this collection.

Data will be pseudonymised in line with IG requirements to maintain patient confidentiality but allow for linkages with other individual-level data sets held by NHSEI. NHSEI has an approved DPIA for the use of the pseudonymised person level data in line with intended use.

Compliance with data protection legislation

The UK GDPR Article 6 lawful basis for the processing of the personal data within this collection falls under:

- Article 6(1)(c) the processing is necessary for compliance with the direction.

The UK GDPR Article 9 condition for processing special categories of personal data is one or more of:

- Article 9 2 (h) processing is necessary for the provision of health care or treatment, and for the management of health care systems or services; and/or
- Article 9(2)(i) public interest in the area of public health, supplemented by DPA 2018, Schedule 1 Part 1, paragraph 3 - public health; and/or
- Article 9(2)(j) processing is necessary for Research and statistics supplemented by DPA 2018 paragraph 4: Schedule 1.

Persons consulted

Following receipt of a direction to establish a system to collect these data, NHS Digital has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following:

- NHSEI - the directing organisation
- Mental Health Trusts
- Community Trusts
- Acute Trusts
- NHS England and NHS Improvement policy leads

- NHS Digital data collection subject matter experts.

The original metrics were derived from the ACT best practice case study at [Sandwell and West Birmingham Hospitals NHS Trust](#)

The metrics and an aggregate data collection has already been rolled out to EISs with the assistance of Northeast London (NEL) Commissioning Support Unit. Feedback has been gathered from Trusts on this data collection specification, which has informed the final specification of the patient level data collection.

Scope of the collection

ACTs are liaison services that support patients who are in hospital who have alcohol use disorders, mainly those who are alcohol dependent. As such, services are based within non-specialist inpatient acute settings.

The collection will be from all NHS secondary care providers which deliver alcohol dependence treatment services in England.

All non-specialist NHS Trusts provide alcohol dependence treatment, with approximately 80% having some level of specialist provision, such as an ACT (based on an unpublished 2017 survey) and are in scope of the collection on a voluntary basis.

Patient level data will be collected from all services that are delivering ACTs in England and specifically from the non-specialist acute trusts (secondary care) in receipt of targeted funding from July 2021.

Data will be submitted directly by NHS Trusts and NHS Foundation Trusts through to the NHS Digital SCDS and will then be pseudonymised via Arden and GEM Data Services for Commissioners Regional Office (DSCRO) and shared with the NHSEI National Commissioning Data Repository (NCDR).

Form and manner of the collection

Each submitting organisation will employ a controlled MS Excel template as the means to collect the data stipulated which includes the following identifiable fields.

NHS NUMBER
PERSON BIRTH DATE
PERSON GIVEN NAME
PERSON FAMILY NAME
PERSON STATED GENDER CODE
ETHNIC CATEGORY
POSTCODE OF USUAL ADDRESS

Organisations will submit their data via the NHS Digital Strategic Data Collection Service (SDCS). Information and guidance on how to submit the data can be found on the NHS Digital website: <https://digital.nhs.uk/services/strategic-data-collection-service-sdcs>

Further information about the data items can be found in the Direction specification which is published here: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/alcohol-dependence>

Period of the collection

The data will be collected monthly. Details of the submission timetable are published on the NHS Digital website here: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/alcohol-dependence>.

Data quality

Data quality measures are built into the Excel template to ensure the consistency of formatting and validation. SDCS has an additional layer of validation to ensure only valid data flows.

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

The programme has explored alternative options for collecting data; however no existing tools provide the necessary details in order to underpin the programme's need. There is scope to use data in conjunction with the NDTMS - National Drug Treatment Monitoring System - to support local planning and development of services.

In seeking to minimise the burden it imposes on others, in line with sections 253(2)(a) and 265(3) of the Health and Social Care Act 2012, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching Data Alliance Partnership Board (DAPB) approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Detailed burden assessment findings

Assessed costs

The associated burden of the data collection is:

Burden on providers	£2.7m	Year 1 costs (including set up costs)
Burden on providers	£2.1m	Year 2 and ongoing annual costs

For further information

www.digital.nhs.uk

0300 303 5678

enquiries@nhsdigital.nhs.uk

Under the Open Government Licence you are encouraged to use and re-use the publicly accessible information in this notice free of charge. Re-use includes copying, issuing copies to the public, publishing, broadcasting and translating into other languages and its subsequent use in commercial or non-commercial enterprise.