Responsible Gambling Trust
Data Reporting Framework

User Guidance

responsible
gambling **trust**

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Prepared for: The Responsible Gambling Trust

[The Responsible Gambling Trust is the leading charity in the UK committed to minimising gambling-related harm. As an independent national charity funded by donations from the gambling industry, the Responsible Gambling Trust funds education, prevention and treatment services and commissions research to broaden public understanding of gambling-related harm. The aim is to stop people getting into problems with their gambling, and ensure that those that do develop problems receive fast and effective treatment and support.]

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PLEASE NOTE: The Responsible Gambling Trust will be working closely with provider organisations to monitor the capture and delivery of the Data Reporting Framework. This may necessitate further changes to this document. This document should be read in conjunction with the RGT DRF Specification.

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Responsible Gambling Trust:
Data Reporting Framework User Guidance

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1. The Data Reporting Framework – A suggested data collection tool. *See separate PDF.*

About the RGT Data Reporting Framework

1. Introduction

1.1. Purpose of this document

This document comprises the *Data Reporting Framework (DRF) User Guidance* for providers of problem gambling treatment services funded by the Responsible Gambling Trust (RGT).

The document is intended to equip providers of problem gambling treatment services with all of the information necessary to allow the capture of the *Data Reporting Framework* to the specification defined herein.

1.2 Scope of this document

This document provides guidance on how to implement the collection of the RGT DRF and should be read in conjunction with the *Responsible Gambling Trust Data Reporting Framework Specification*. RGT funded treatment providers have the flexibility to adopt any local data collection processes or systems as long as they are able to output and submit data conforming to the DRF specification to the RGT. The DRF is not intended to act as a client care record, and it is likely that services will collect additional data alongside the DRF for internal clinical and performance management.

1.3 Types of providers

The RGT DRF will be used across the range of organisations that provide RGT services including:

- Directly funded services;
- Partners and subsidiaries of directly funded services;
- Commissioners of RGT services;
- Professional bodies;
- Research institutions;
- Other key RGT stakeholders.

1.4 Data subjects

The data subjects of the DRF are those people accessing RGT funded treatment services for problem gambling and gambling-related harm in Great Britain. The DRF applies to adults over the age of 18, but children and adolescents aged 16 to 18 may be added where they are receiving care from an RGT funded provider.

1.5 DRF uses

The DRF is intended to support client care, and to provide sufficient data for secondary analysis and reporting for service quality development. It is expected that service providers will collect additional data to support clinical work, however this will not be required to be reported to the RGT. The data submitted to the RGT should be anonymised so that no client can be identified. RGT funded service providers should be able to access client level data (e.g. postcode and date of birth) for use in local analysis.

The information captured through the RGT DRF may support the following activity:

- National analysis and statistics (e.g. activity)
- Policy development
- Monitoring the implementation and effectiveness of national policy
- National audit of RGT funded services
- Commissioning
- Performance analysis and benchmarking
- Performance management
- Service planning and improvement

The RGT DRF is also intended to aid the improvement of RGT funded services to meet local needs.

2. Data Reporting Framework

2.1 Background

There is not yet a standardised approach to screening, assessment and outcome measurement in the problem gambling treatment field. A variety of different tools are used, some of which are empirically established, while other tools are designed in-house by services, with unknown validity and reliability. The need for a Data Reporting Framework for RGT funded problem gambling treatment services was identified in 2012 after discussion between service providers and the RGT at the National Clinician's Network Forum. This manual and the related DRF Specification are the output of the collaborative development of a minimum dataset.

Screening is the initial step in the process of identifying possible conditions (Croton, 2007). This process is not diagnostic (i.e., it cannot establish whether a disorder actually exists); but rather, it identifies the presence of symptoms which may indicate the presence of a disorder. Thus, screening helps to identify individuals with symptoms that may require further investigation and treatment, and help the therapist to select the most appropriate service for that individual. Additionally, an important component of a treatment programme is the regular review and assessment of the client's progress in relation to their treatment goals, that is, outcome assessment (Treatment Protocol Project , 2000). Measuring outcomes is also central to assessing quality of care. Standardised assessment should be completed upon entry into and exit from treatment, as well as at follow-up (Mattick & Hall, 1993; Winters, 1999). Specific instruments are also often useful and recommended for routine outcome measurement to monitor a client's condition (Lambert, 2010; Duncan, 2010; Green & Latchford, 2012). Test results can provide useful clinical information (for both the client and therapist) on the client's case and an evaluation of how effective treatment has been.

Data collection is important to ensure that commissioners and service providers can:

- Build a robust data archive to contribute to improve local and national strategies and services
- Monitor service performance to improve quality and cost effectiveness for the benefit of clients/communities
- Ensure fair/equitable access to services for all sectors of the local population
- Provide clinically useful information to guide therapy/supervision and make stepped care decisions

Whilst a broad dataset is useful for research, audit and clinical improvement, it is imperative that the dataset recommended is feasible for use in clinical settings: i.e. it must be brief, useful and comprehensive. The dataset should also ensure that it uses measures which are reliable and valid to ensure that it is fit for the purposes for which it was designed.

Consent should be obtained from clients, which must describe local arrangements for data collection, storage, and transfer and arrangements for secondary analysis and reporting. The dataset must also allow for instances where a client is unwilling for data about them to be recorded.

The RGT is grateful for the support of the services it funds in collecting the data described in this document. It will enable the development of a robust, comprehensive, nationally consistent and comparable dataset to support the improvement of problem gambling services in Great Britain.

2.2 Details of DRF

The DRF will be used to support and monitor the delivery of RGT funded services. Data is collected on the following domains:

- Person
- Gambling History
- Referral
- Appointments

The DRF will support the information needs of commissioners, service providers, RGT and relevant stakeholders, including service users, by providing information in a consistent and comparable way across services.

3. Additional Information about the DRF

3.1 How and when should data be captured

Data should be recorded at all relevant points along the care pathway. Typically, this will be at an initial referral, at first and subsequent contacts, at discharge and at any time at which there is a change in clients' circumstance.

3.2 How often should data be updated

Information should be updated on a regular basis following activity, events or changes in status, as well as at key points in the care pathway as described above. It is important that data is updated as soon as possible after the changes are known or activity has taken place.

3.3 How often does data need to be submitted

Data should be submitted on a quarterly basis.

3.4 Timescales

A trial submission period will be in place prior to the mandation of the DRF. This will allow both RGT and service providers to ensure they have systems in place to compile, validate and submit the dataset. It is anticipated that the trial submission period will begin in September 2014, and that services will be fully conformant by April 2015, at which time the dataset will be mandated by the commissioner.

3.5 Potential safety, confidentiality and risk considerations

Stakeholders are encouraged to raise any potential safety risks during the trial submission period. At present, no risks have been identified as data will be anonymised and will be used in a non-clinical setting for secondary use purposes. There may be a small risk that data capture may be time consuming and could impact upon client care. To mitigate this risk every effort has been made to maximise the use of data already being routinely captured by RGT service providers.

Any concerns should be directed to jane@responsiblegamblingtrust.org.uk

4. Support

For specific enquiries relating to the RGT DRF please contact jane@responsiblegamblingtrust.org.uk, with 'RGT DRF Query' as the subject title.

Preparing DRF Submissions

1. How to read the DRF Specification

Full details of all the data items in the RGT DRF are included in the '*Responsible Gambling Trust Data Reporting Framework Specification'.* The Specification consists of four tables describing the data required (Person, Gambling History, Referral and Appointment). Each Data Item is given a Data Item Code, and where data coding is necessary an Input Code table exists to describe the possible responses for that data item.

> Example 1: Data Item P1 is 'Gender'. There are three possible responses to this item, outlined in Input Code table P-A (see Table 1).

> Example 2: Data Item P2 is 'Postcode'. Data must be entered in standard postcode format, and as such no Input Code table is necessary for this item (see Table 1).

This document contains only the Data Item tables, for Input Codes please see the '*Responsible Gambling Trust Data Reporting Framework Specification'.*

1.1 Table heading names
- Data Item Code: the code given to each data item.
- Data Item: Brief title acting as a description of the data item.
- Mandatory or Required: Indicates whether data is compulsory or required (see 1.2)
- Input Code Table: the title of the related Input Code table in the *Specification*.

1.2 Data item levels

Mandatory: This data items MUST be reported. Failure to submit these will result in the rejection of the full dataset submission.

Required: These data items SHOULD be reported where they apply. Failure to submit these items will not result in the rejection of the dataset but may affect the derivation of indicators and analysis.

2. Summary of DRF tables

Table 1: Person

This table will contain personal demographic data that relates to client differences such as age, gender, sexuality, socio-economic status and ethnicity.

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Client Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
P1	Gender	M	P-A
P2	Postcode	R	-
P3	Socio-economic indicator	R	P-B
P4	Relationship status	R	P-C
P5	Ethnic background	R	P-D
P6	Additional Client Diagnosis	R	P-E

Table 2: Gambling History

This table will contain details of client gambling behaviour and related history, including impacts of problem gambling behaviour.

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Client Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
G1	Gambling activity/location	M	G-A
G2	Length of time gambling	M	-
G3	Job loss through gambling	R	G-B
G4	Relationship loss through gambling	R	G-C
G5	Age of problem gambling onset	M	-
G6	Early big win	R	G-D
G7	Debt due to gambling	R	G-E
G8	(30 days)	R	G-F
G9	Time spent gambling (daily average)	R	G-G
G10	Money spent gambling (daily average)	R	G-H
G11	Money spent gambling (per month)	R	G-I

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Table 3: Referral

This table will contain summary information about a client's referral, such as referral source and key dates.

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Client Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
R1	Referral Source	M	R-A
R2	Date referral received	M	-
R3	Referral acceptance indicator	M	R-B
R4	Referral reason	M	R-C
R5	Recurrence indicator	R	R-D
R6	End reason	R	R-E
R7	End date	R	-

Table 4: Appointment

This table holds details of each appointment, which is defined as a scheduled interaction with a client with the objective of making a contribution to the overall health of the client. A client may have multiple appointments which require a record.

Data Item Code	Data Item	Mandatory (M)/Required (R)	Input Code Table
X1	Local Client Identifier	M	-
X2	Provider code	M	-
X3	Date of Birth (MMYY)	M	-
A1	Appointment date	M	-
A2	Unique caregiver code	R	-
A3	Attendance	M	A-A
A4	Contact duration	R	-
A5	Appointment purpose	R	A-B
A6	Appointment medium	R	A-C
A7	Intervention given	M	A-D
A8	PGSI score	R	-
A9	CORE-10 score	M	-

3. How to submit DRF data

Dependent on processes already in place within organisations, the resource implications for data providers required to collect and submit the data will vary. However, the most cost effective approach is likely to be one where data is recorded once, at source and in an electronic system.

Data items initially captured on paper and subsequently transferred to an electronic system will produce duplication in effort and time and an increased likelihood of data quality issues. The current scope of the project does not include financial support for paper-based sites to procure, install and provide adequate training to deploy electronic systems capable of delivering the standard requirements. This does not exclude smaller or independent organisations from being commissioned to supply RGT funded problem gambling treatment services; however where paper based systems are being used, organisations are encouraged to make provision to employ an interim solution and progress the procurement of an IT system as early as possible. Organisations which already employ an IT system are expected to upgrade their current system(s) to meet this standard.

Service providers are asked to seek consent from clients for their information to be used to support secondary uses as described above. However, no client identifiers are used within data transfer for secondary purposes.

Data should be submitted to RGT electronically on a quarterly basis.