



Public Health
England

NDTMS provider survey February 2014

Regional report – London

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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Introduction

The National Drug Treatment Monitoring System (NDTMS) captures data on the numbers of people presenting to English services with problematic drug and alcohol misuse. There are 8 regional NDTMS teams based across the country supporting the processes required for ensuring that the ongoing primary data collection is maintained and that monthly deadlines and quality targets are met.

In January 2014 all drug and alcohol treatment providers in England, reporting to NDTMS were requested to complete a national survey relating to topic areas as agreed with the central and regional NDTMS teams. The survey included questions around software providers, information governance, business continuity, the frequency of reviews and mutual aid referrals. It also recorded the respondent's name, contact details, NDTMS region, parent organisation and agency codes.

Aims

The aim of the survey was to provide information to regional and central NDTMS teams, PHE Alcohol & Drug team colleagues and individual partnerships with regards to the ongoing timely delivery of high quality data around drug and alcohol treatment in England.

Objectives

To gather information on a national, regional, DAT and organisational level in relation to:

- **Systems:** To verify software systems used, how they are accessed and to obtain information in relation to planned migrations of data from or to NDTMS or Case Management systems.
- **Information Governance:** To verify awareness and use of the NDTMS Consent and Confidentiality Tool Kit V6.3 and to assess password security.
- **Business Continuity:** To verify the presence of a Business Continuity plan for each provider, including a timetable for backups and information in relation to the resilience of data entry.
- **Frequency of Reviews:** To verify the frequency of Sub Intervention Reviews and Outcomes Records (TOP, AOR, YPOR).
- **Mutual Aid:** To verify that agencies are referring clients to mutual aid organisations, such as Alcoholics Anonymous and Narcotics Anonymous and that these referrals are being recorded on NDTMS systems.

This report will be made available to NDTMS teams, PHE alcohol and drug leads and alcohol and drug commissioners.

Unless otherwise stated, this report includes all English alcohol and drug treatment providers in the community, for young people and adults reporting to NDTMS.

Please note, percentages may not always add up to 100% due to rounding. Percentages are based on the denominator of the number of providers completing the survey.

Overall survey completion rates

Table 1. National survey completion rates

Region	Number of providers	Number of providers with completed surveys	Completion rate %
Northern & Yorkshire – Yorkshire & Humber	187	124	66.3
Northern & Yorkshire – North East	98	68	69.4
North West	149	118	79.2
South East	148	126	85.1
South West	79	66	83.5
London	247	158	64
West Midlands	103	80	77.7
East Midlands	67	22	32.8
Eastern	94	50	53.2
Total	1172	812	69.3

The national rate of completion of this survey was 69.3%. Completion rates varied across NDTMS regions. The highest completion rate was in the South East where 85.1% of providers completed the survey.

Where returns have been made, there can be some reassurance to the commissioning local authority that there is less chance of system changes being made or planned without the knowledge and involvement of regional NDTMS teams and any resulting discontinuity in national statistics and monitoring information.

This survey has followed on from practice prior to NDTMS transition to PHE of varying degrees of information gathering at regional level and has been the first year that a national survey has been completed. It is hoped that there will be an improvement in completion of this survey next year and teams are continuing to pursue completion for this year outside of this analysis.

Table 2. London survey completion rates by Partnership

Partnership code	Partnership name	Number of providers	Number of providers with completed surveys	Completion rate %
H01B	Barking & Dagenham	6	5	83.3
H02B	Havering	4	4	100
H03B	Camden	9	5	55.6
H04B	Islington	14	3	21.4
H06B	Hackney	7	2	28.6
H07B	Lambeth	18	5	27.8
H08B	Lewisham	6	6	100
H09B	Southwark	15	7	46.7
H10B	Redbridge	9	5	55.6
H11B	Waltham Forest	7	7	100
H12B	Barnet	3	3	100
H13B	Bexley	8	8	100
H14B	Brent	8	8	100
H15B	Bromley	5	3	60
H16B	Croydon	11	11	100
H17B	Ealing	2	2	100
H18B	Enfield	5	3	60
H19B	Greenwich	7	3	42.9
H20B	Hammersmith & Fulham	8	6	75
H21B	Haringey	6	6	100
H22B	Kensington & Chelsea	11	7	63.6
H23B	Kingston upon Thames	4	2	50
H24B	Merton	5	3	60
H25B	Newham	5	4	80
H26B	Richmond upon Thames	8	8	100
H27B	Sutton	4	1	25
H28B	Tower Hamlets	13	8	61.5
H29B	Wandsworth	11	11	100
H30B	Westminster	13	5	38.5
H31B	Harrow	6	4	66.7
H32B	Hillingdon	7	2	28.6
H33B	Hounslow	2	1	50
Total		247	158	64

A full list of London providers who completed the survey can be found in Appendix 1.

Overall, 64% of London providers responded to the survey with services from 11 out of 32 local authority areas fully responding. City of London did not respond.

Provider profiles

What client group does your provider treat?

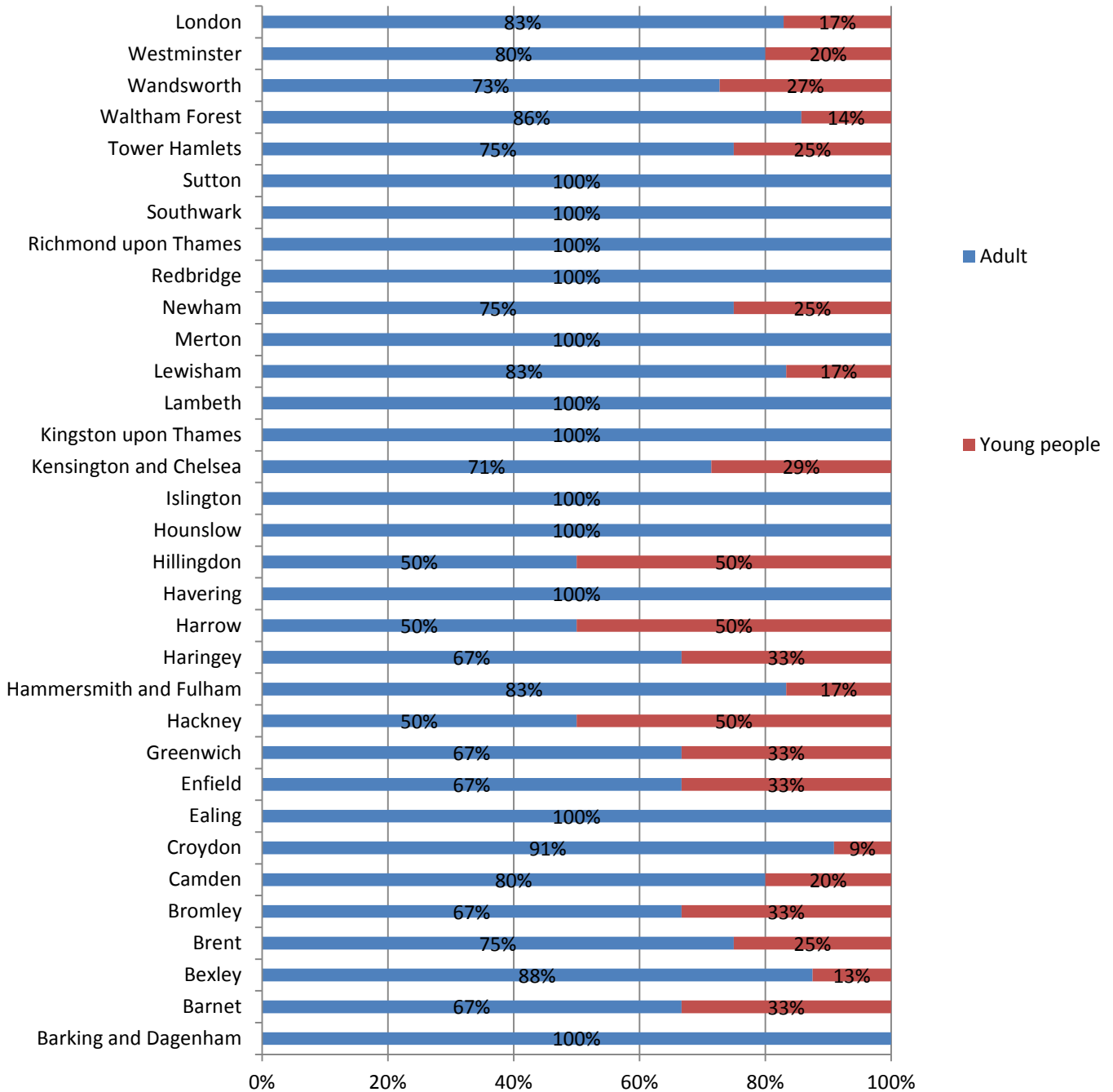


Figure 1. Client group, for the London region and by Partnership

Regionally of the 158 providers who completed the survey, 83% report that they treat adult clients and 17% report that they treat young people. This distribution is generally consistent across other NDTMS regions and nationally there is an 81:19 ratio.

What treatment service/s do you provide?

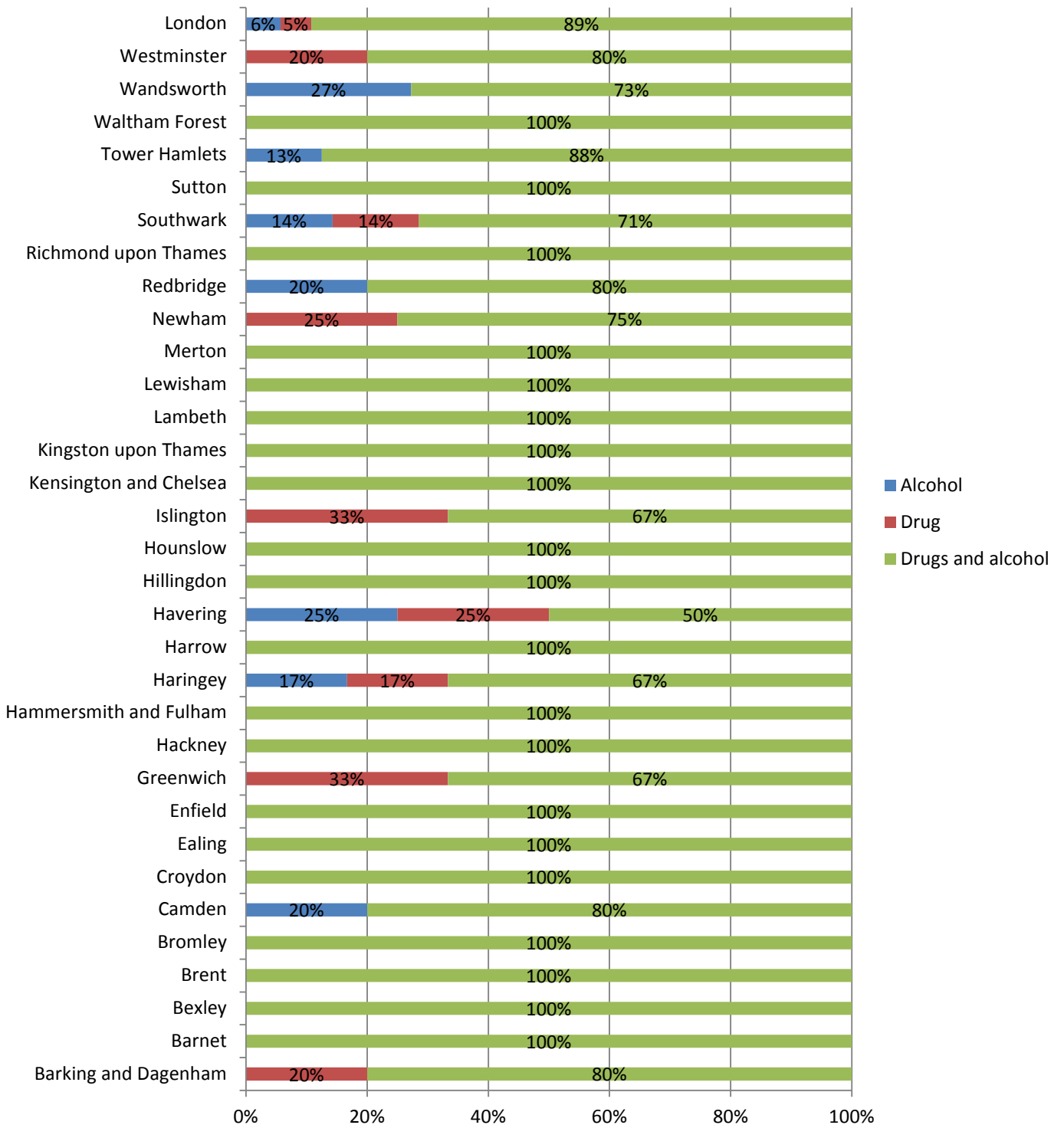


Figure 2. Treatment service offered, for the London region and by Partnership

Figure 2 shows that of the providers that completed the survey, 6% offer alcohol only treatment, 5% offer drug only treatment and 89% offer both drug and alcohol treatment. This latter figure is the highest when compared with other NDTMS regions.

Do you have a Care Quality Commission (CQC) registration number?

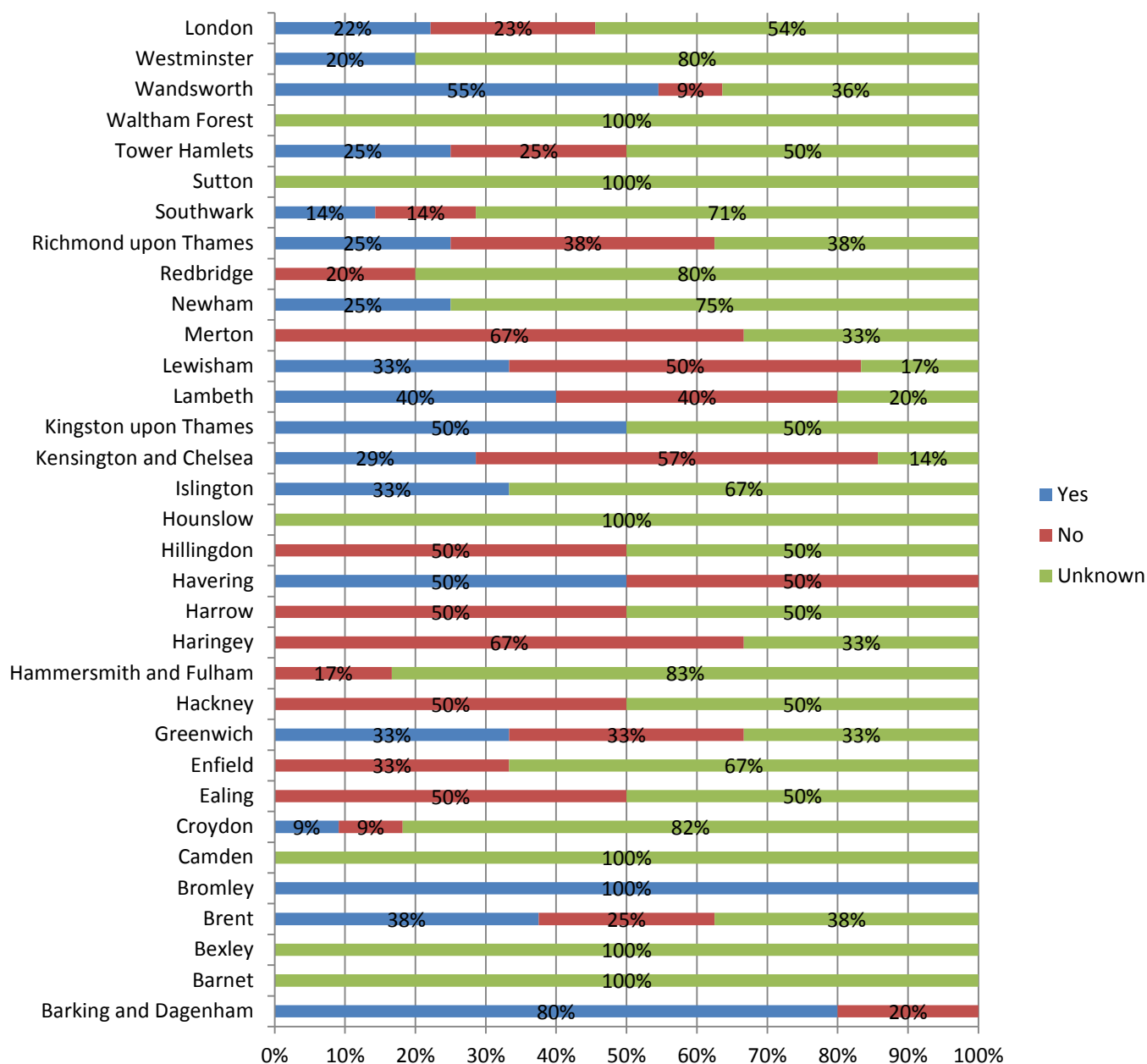


Figure 3. CQC membership, for the London region and by Partnership

22.2% of survey respondents stated that they have a CQC registration number. Twenty three percent stated that they did not have a number and a further 54.4% did not know. Due to the number of providers who reported that they did not know, caution should be exercised when interpreting these results. We will endeavour to improve on this information in next years' survey.

It should be noted that all residential drug and alcohol treatment providers should be registered and all community-based providers with nurses, doctors, social workers or psychologists employed as such are also required to be CQC registered.

NDTMS systems

What software system does your treatment service use to collect NDTMS data?

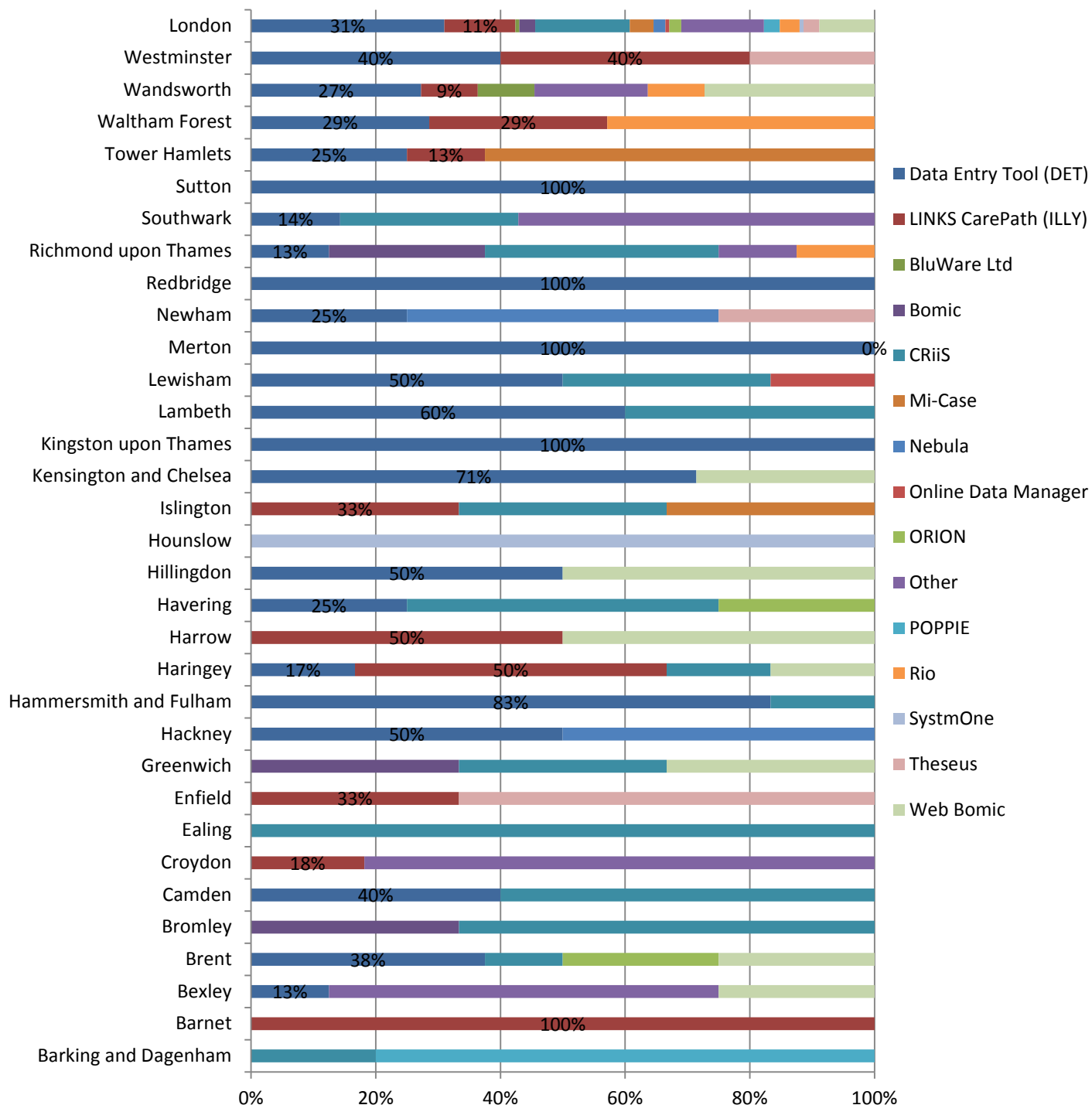


Figure 4. Software provider, for the London region and by Partnership

Surprisingly, there are at least 14 systems apart from the NDTMS Data Entry Tool (DET) reported as in use to generate a data extract for NDTMS purposes. There was wide variation in the use of these software systems regionally. The most popular software system is DET with 31%. The next most popular is CRIIS with 15% followed by LINKS CarePath (ILLY) system at 11%.

Some local areas such as Barnet and Ealing report across their treatment services with one system only (LINKS CarePath and CRIIS respectively). Others have multiple systems in use to provide NDTMS extract data, for example Richmond upon Thames with five.

From where can staff access the system that you use to submit your NDTMS data?

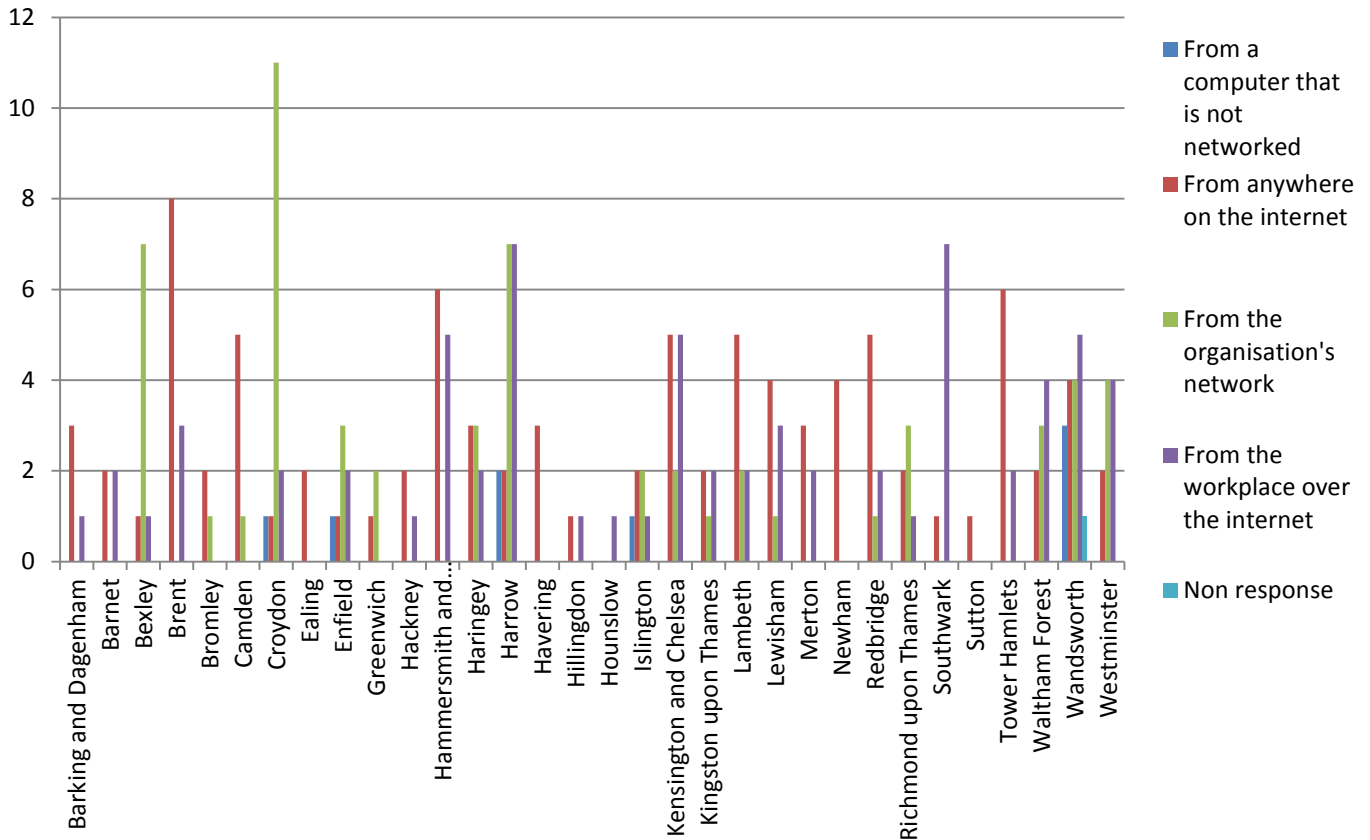


Figure 5. System access methods by Partnership (please note, respondents could select as many options as applicable for this question, therefore the categories are not mutually exclusive). Please note, where necessary answers have been corrected for DET Users who are able to access DET from anywhere over the internet.

Regionally, the most common method to access the system that is used to submit NDTMS data was from anywhere over the internet (n=87).

An NDTMS extract system that is able to provide access from anywhere over the internet may be less vulnerable to disruption following certain types of critical incidents requiring the short term relocation of administrators/key workers.

Responses from DET users indicated that there are misconceptions about the capabilities of DET, which may in fact be accessed from anywhere over the internet. It would be beneficial for managers of DET system services to understand this and factor it into their own business continuity planning.

Are you considering changing your NDTMS systems?

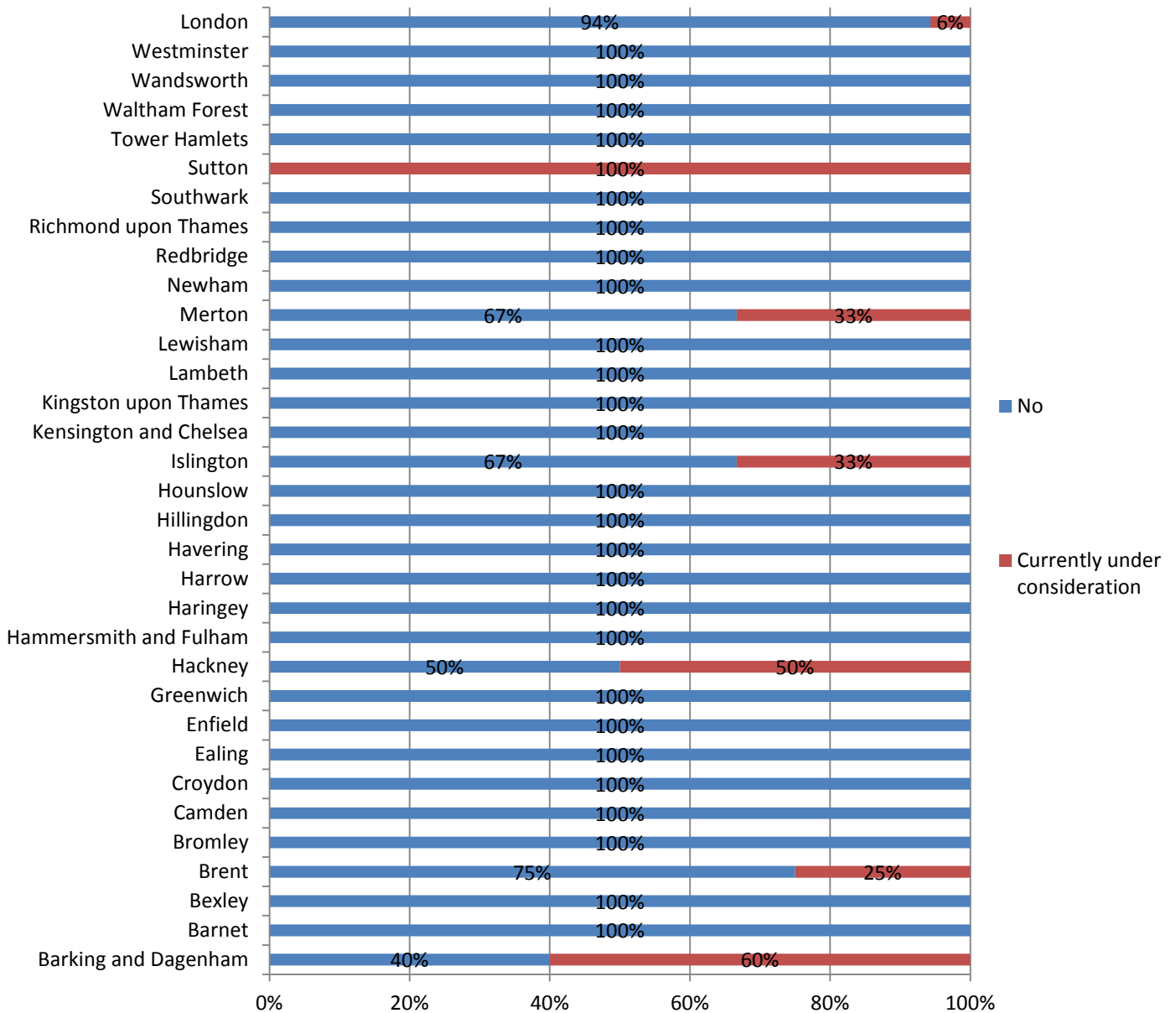


Figure 6. Software migration intentions, for the London region and by Partnership

Figure 6 shows that regionally only 6% of providers reported currently considering changing their software system. This compares to a higher figure of 11% nationally, and gives the NDTMS team some confidence that software use remains relatively stable in the London. The main exceptions are Barking & Dagenham, Hackney and Sutton where half or more than half of their services reported considering changes.

Are you considering changing your Case Management System?

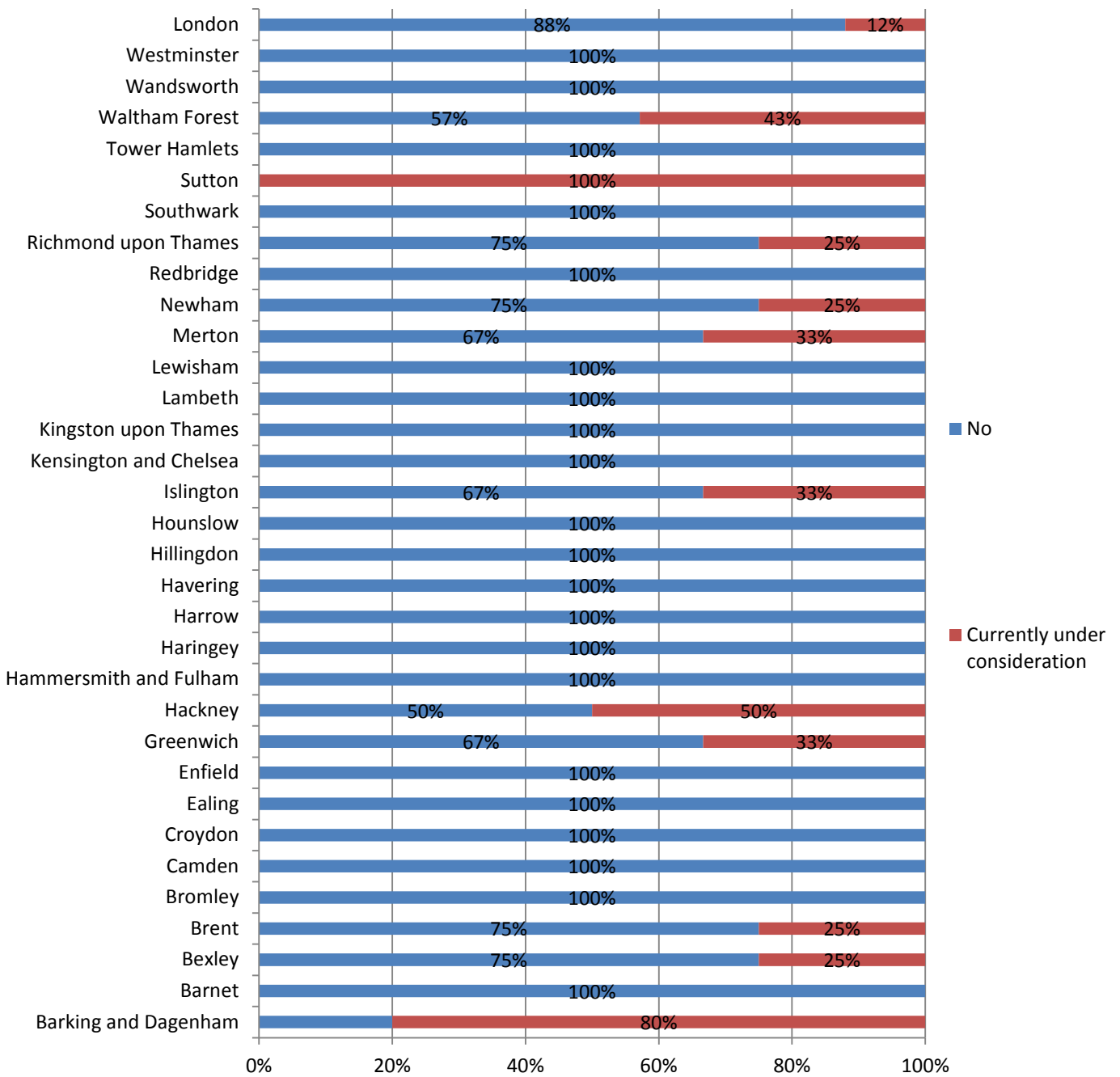


Figure 7. Intentions to change Case Management System, for the London region and by Partnership

Figure 7 shows that only 12% of providers regionally are currently considering changing their case management system (CMS) which is on a par with the national percentage of 11%. This gives the London NDTMS team some confidence that CMS system choice remains relatively stable. The exceptions are Barking & Dagenham, Hackney and Sutton where half or more than half of their services are considering changing their CMS.

Information governance

Respondents were asked whether staff at their organisation allowed other people to use their login details for the following systems (n/a indicates that the provider does not have access to that system).

It is strongly recommended that staff are not permitted to share passwords to any of these systems in the interests of security.

Drug and Alcohol Monitoring System (DAMS)

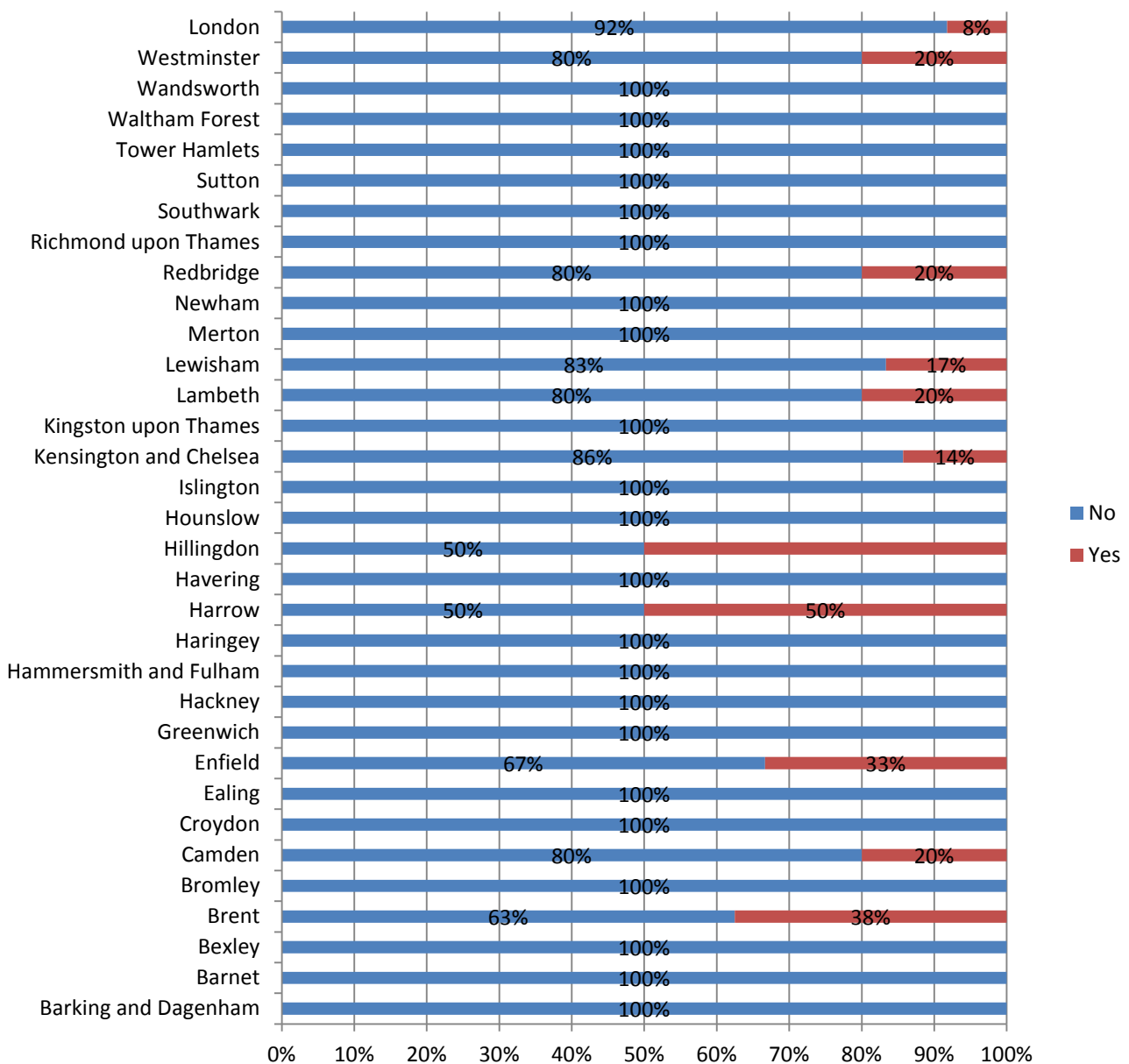


Figure 8. DAMS password sharing among staff, for the London region and by Partnership

Regionally, only 8% of respondents stated that DAMS passwords were shared amongst staff at their organisation. Whilst this figure is low, it is higher than comparative national responses, this practice is not appropriate and should cease as it poses an information governance risk. Those respondents who have stated that they do share passwords will be contacted by the NDTMS team to provide support and guidance if required including the creation of new DAMS accounts where needed.

It was also noted that no services stated that they do not have access to DAMS.

Data Entry Tool (DET)

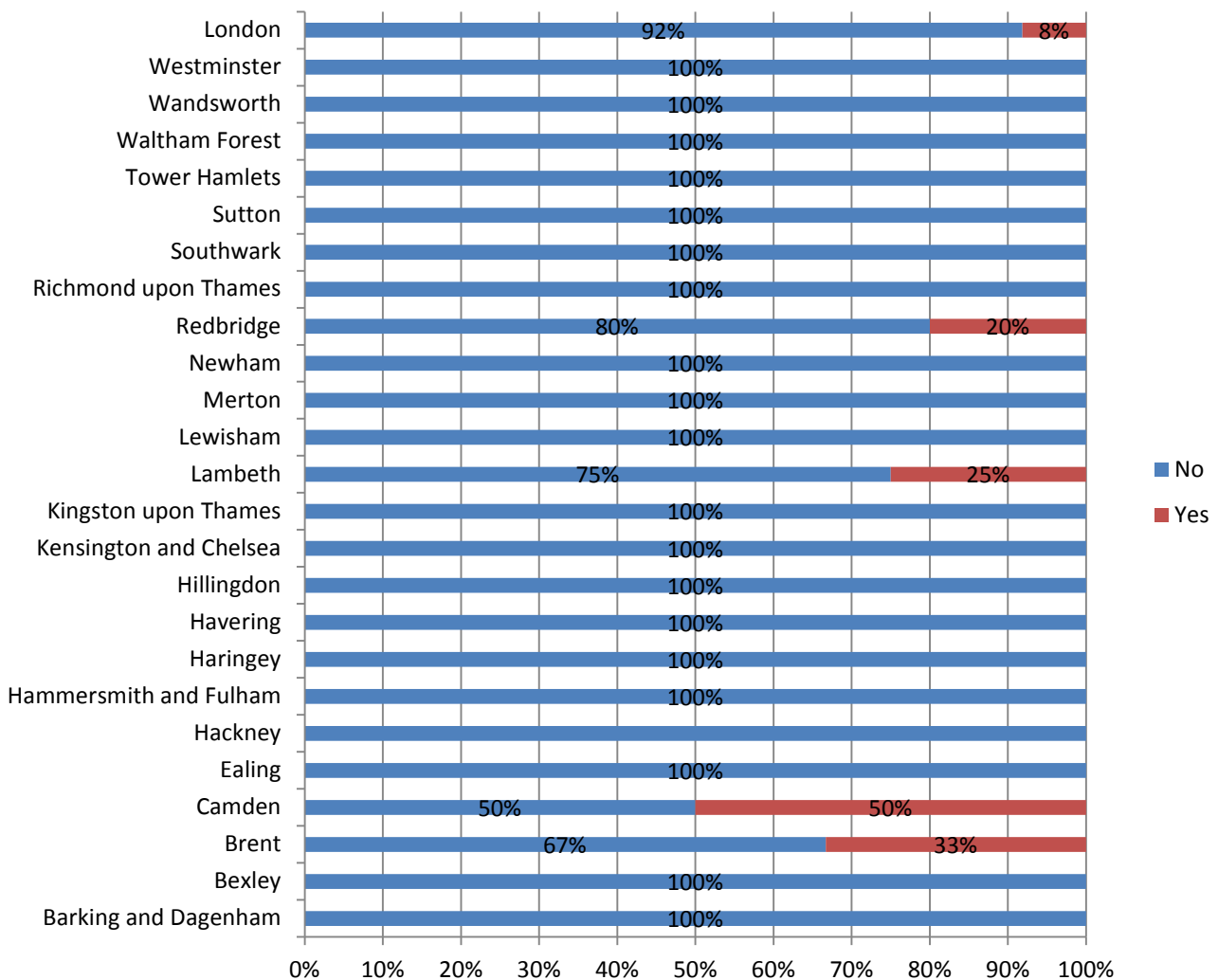


Figure 9. DET password sharing among staff, for the London region and by Partnership (please note, for those who stated they were on a system other than DET their responses have been corrected to N/A where necessary) (n = 49)

For the vast majority of respondents (69%), this question was not applicable as they were on a system other than the DET. Figure 9 therefore only shows responses from 22 local authority areas with services using DET (n = 49).

Of respondents who are on DET, 92% stated that DET password sharing does not occur within their organisation. Whilst it is positive that this figure is so high, the fact that 8% reported that staff do share their DET password with other staff members is cause for concern as this could become an information governance issue. The NDTMS team will follow up this issue with Brent, Camden, Lambeth and Redbridge.

Prison DET

Unsurprisingly, the majority of respondents (75%) stated that they did not have access to Prison DET. One hundred percent of respondents who did have access to prison DET stated that passwords were not shared among staff.

CJIT Data Entry Tool (DIRDET)

Similarly, it is not surprising that the majority of respondents (65%) reported that this question was not applicable to them as they did not have access to the CJIT DET system as they were not CJIT providers. Of those who did have access to CJIT DET, 100% reported that staff did not share passwords.

PHE Secure File Transfer System (SFT) (aka DropBox)

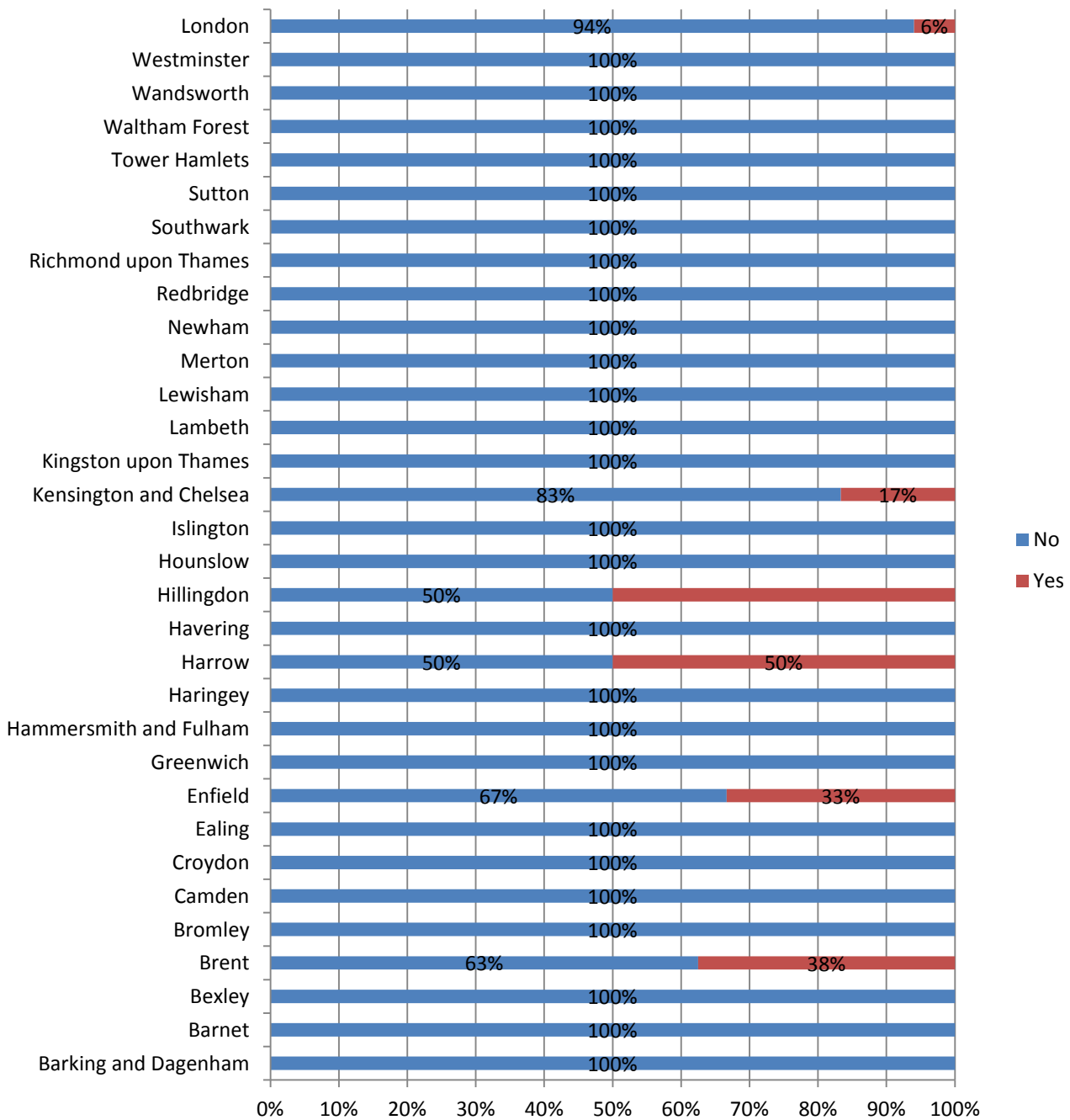


Figure 10. SFT password sharing among staff, for the London region and by Partnership (n = 134)

Fifteen percent of respondents stated that this question was not applicable to them as they did not have access to the SFT.

Of those who did have access to the SFT, 94% stated that they did not share their password with other staff members. However, 6% stated that they did. As above, those services where password sharing has been reported will be contacted by the NDTMS team to offer support and guidance.

Needle Exchange Monitoring System (NEXMS)

The majority of respondents (65%) reported that they did not have access to NEXMS. One hundred percent of respondents who did have access to NEXMS stated that passwords were not shared among staff.

Information Governance - Consent

Does your organisation’s consent policy include the latest version of the NDTMS Consent and Confidentiality Tool Kit version 6.3?

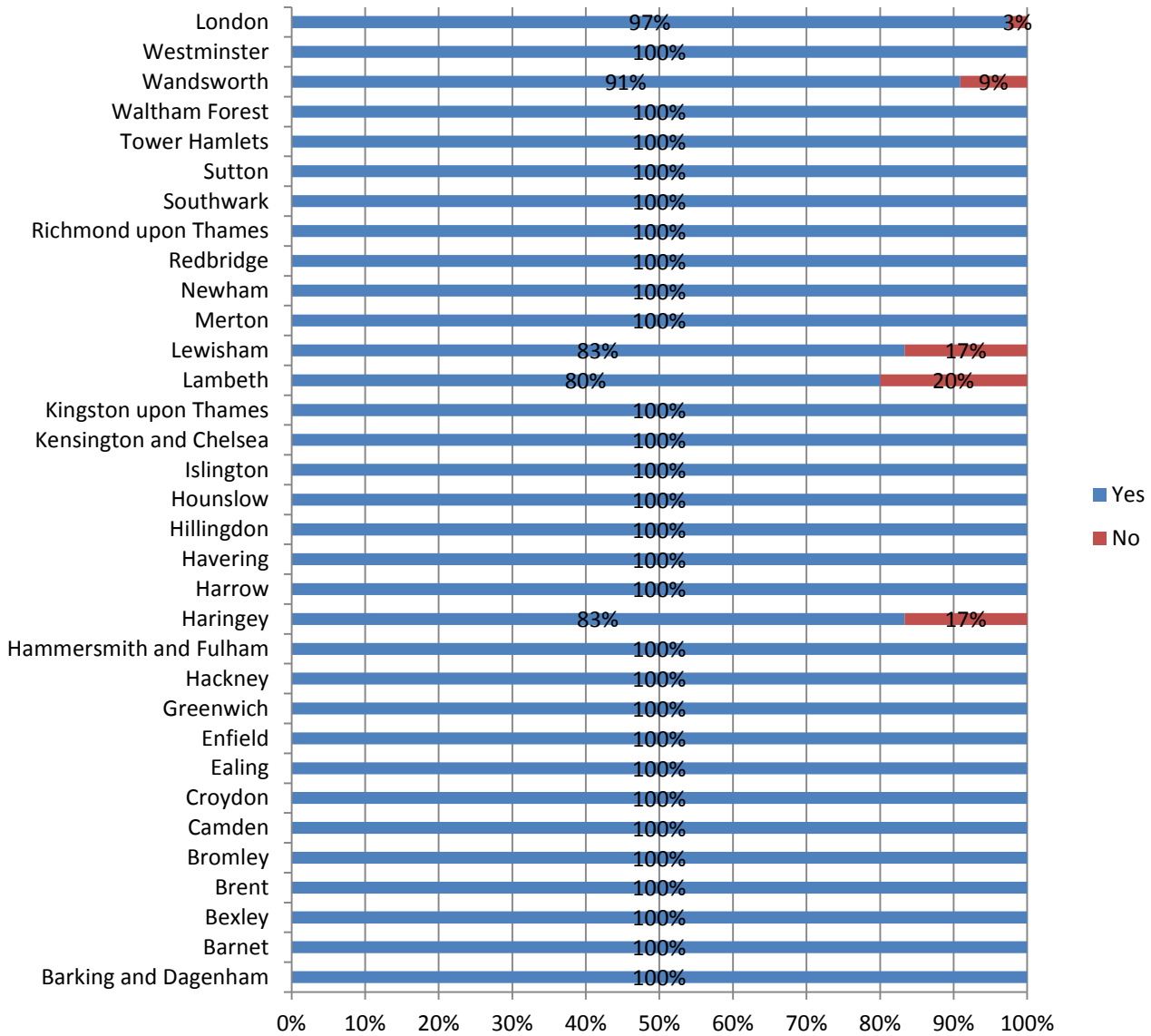


Figure 11. Inclusion of NDTMS Consent and Confidentiality Toolkit V6.3 within organisation’s consent policy

As can be seen from Figure 11, all but four services reported including the NDTMS Consent and Confidentiality Toolkit V6.3 within their organisation’s consent policy.

Unlike most health datasets, NDTMS is a “consented-to” dataset and it is extremely important that clients’ data on NDTMS is appropriately used according to the consent provided by individuals. The use of the most recent wording for consent is an intrinsic element of the agreement between the NDTMS programme and the Confidentiality Advisory Group (CAG) in granting Section 251 permission for the programme’s continued use of the data following transition into PHE.

Business continuity

Does your organisation have an effective Business Continuity plan covering how your agency will continue to provide NDTMS data if your NDTMS system should fail?

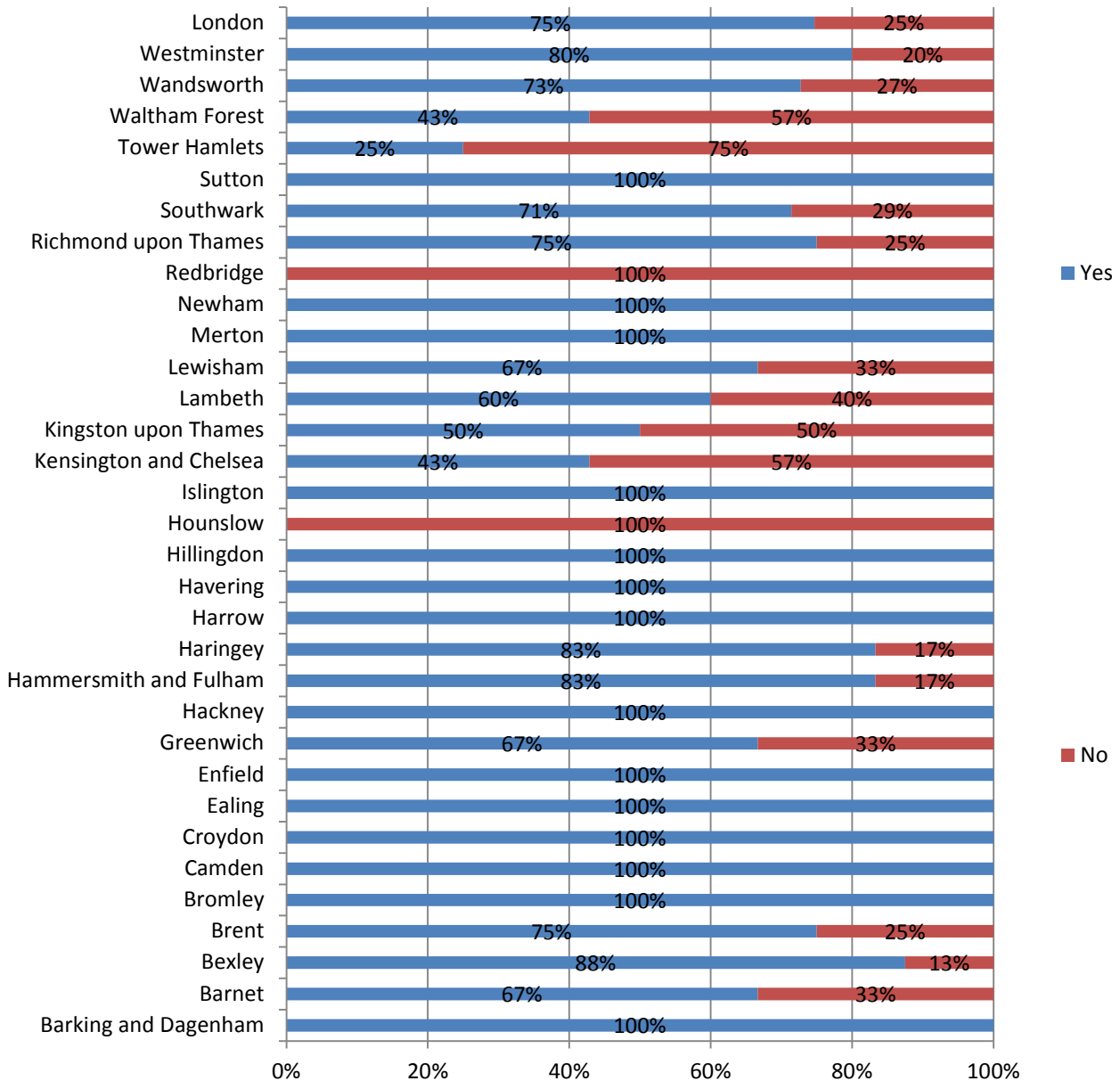


Figure 12. Presence of a Business Continuity plan covering how agencies will submit data to the NDTMS if their NDTMS system should fail

Regionally, 25% of services have a potential risk of non submission due to Business Continuity plans either not being in place or not being known to the member of staff who completed the survey.

Local authority areas where there is no Business Continuity plan should seek reassurance with regard to the continued capability of these services to provide NDTMS data on behalf of their treatment systems in a timely fashion regardless of the impact of staff absences, power shortage, structural damage to premises, etc. The NDTMS regional team can assist with such planning if required.

Does your Business Continuity plan incorporate a timetable for taking backups of your NDTMS data?

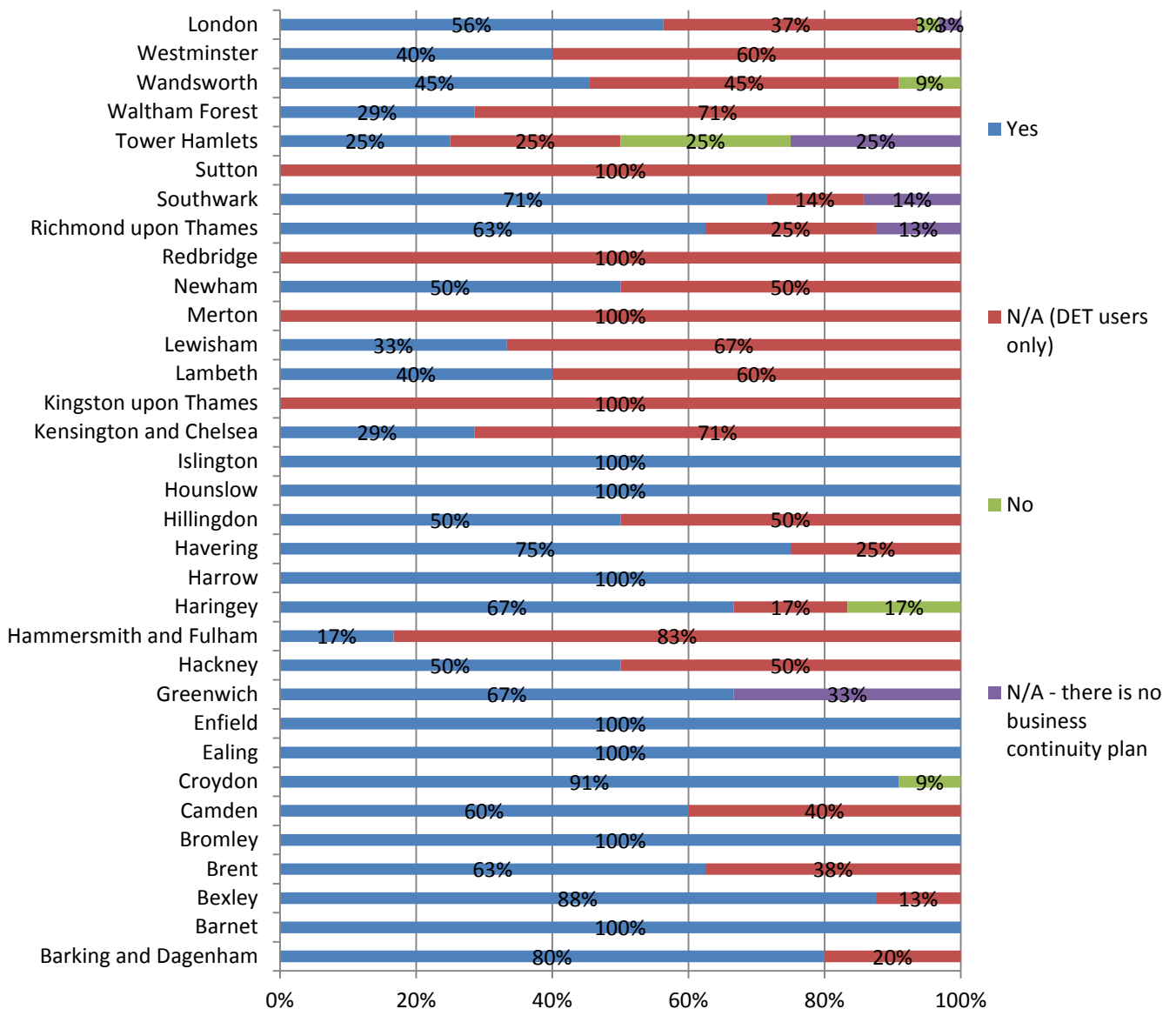


Figure 13. Presence of a Business Continuity plan which incorporates a timetable for taking backups of NDTMS data (please note, responses have been corrected for DET users where necessary)

Regionally, 56% of respondents have a timetable for data backups (including DET users).

Data entered on the DET is backed up nationally, overnight on a daily basis by the NDTMS central team. This may provide some reassurance to service managers using the DET. Those managers, however, might also consider that if their agency operates a ‘paperless’ office policy, whereby paper forms get shredded after they are input, then the data input during the previous days may risk being lost forever. Such loss might occur if the central team’s backup processes were to fail or if they had to restore data back to an earlier point in time. Similar considerations may apply to users of other systems (although those users may have greater control over backup and restoration processes).

How many people in your organisation are expert system users whose role includes maintaining the NDTMS data extraction system and DAMS, or supporting other system users?

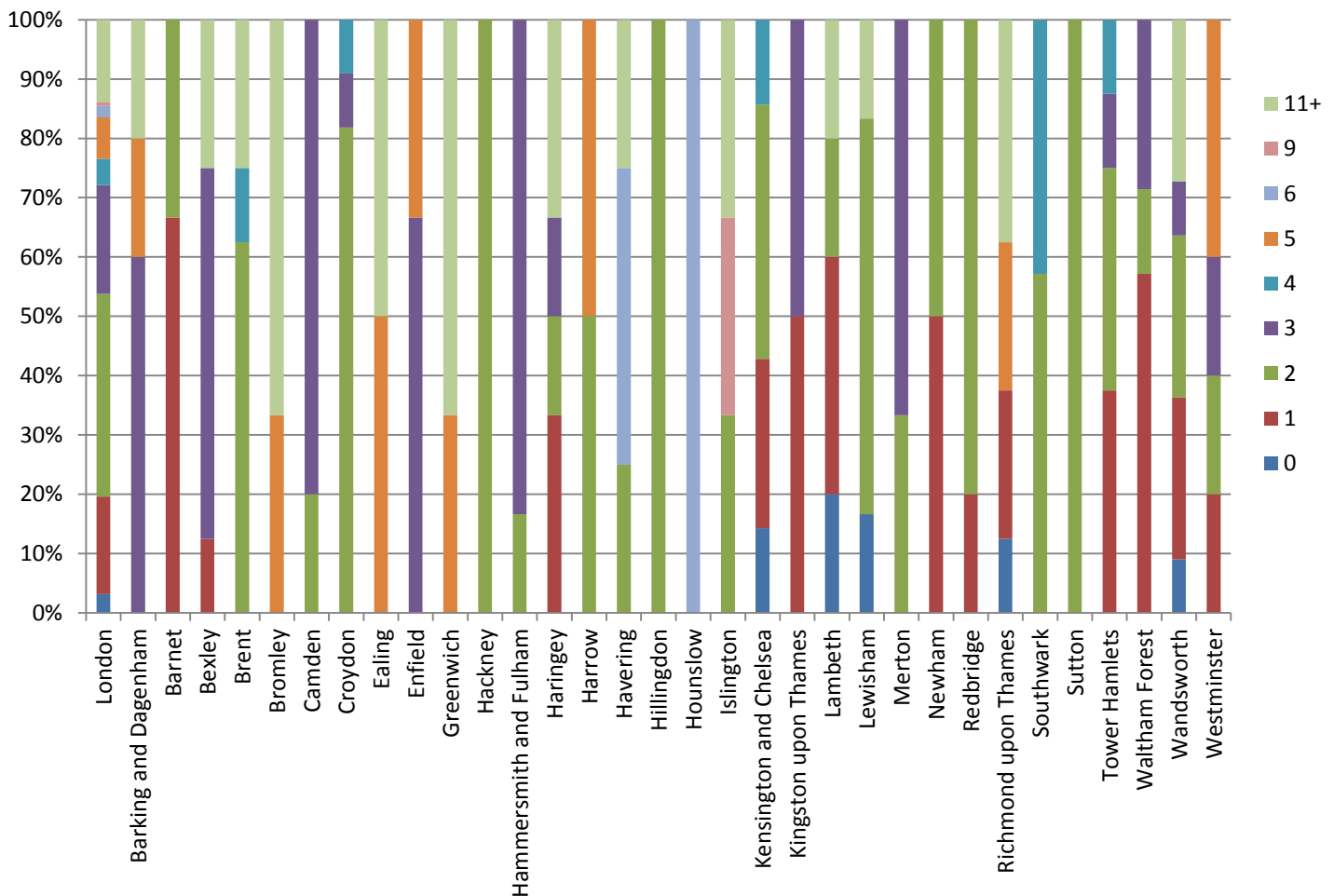


Figure 13. Number of expert NDTMS system users per provider, for the London region and by Partnership

Figure 13 shows that at least 80% of providers regionally have at least two staff members responsible for NDTMS systems and 19% of providers only have one person (or fewer) responsible for NDTMS systems. This lack of resilience to cover systems in the case of staff sickness and leave means that NDTMS data may be at risk of non-submission from these providers.

Is your organisation able to continue to update and submit NDTMS data in the absence of the person(s) usually tasked with doing so?

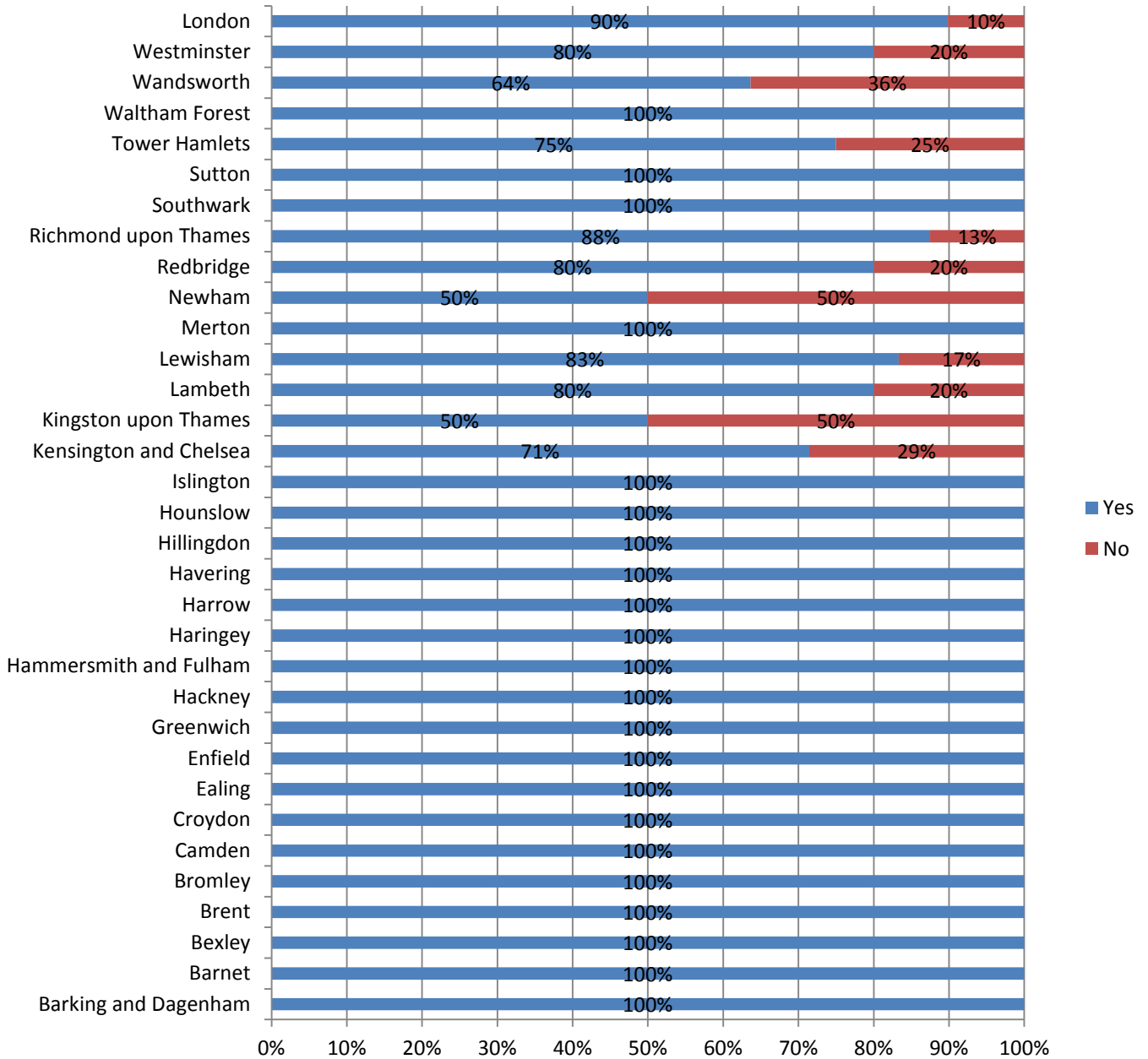


Figure 14. Resilience of NDTMS submission in case of staff absence, for the London region and by Partnership

Of particular concern, 10% of respondents stated that in the absence of the person usually responsible for submitting their NDTMS data, they would not be able to continue to submit to NDTMS. As staff absence cannot always be anticipated this means that NDTMS is at risk of non submission from these providers.

Frequency of reviews

Approximately how frequently does your organisation complete Sub Intervention Reviews?

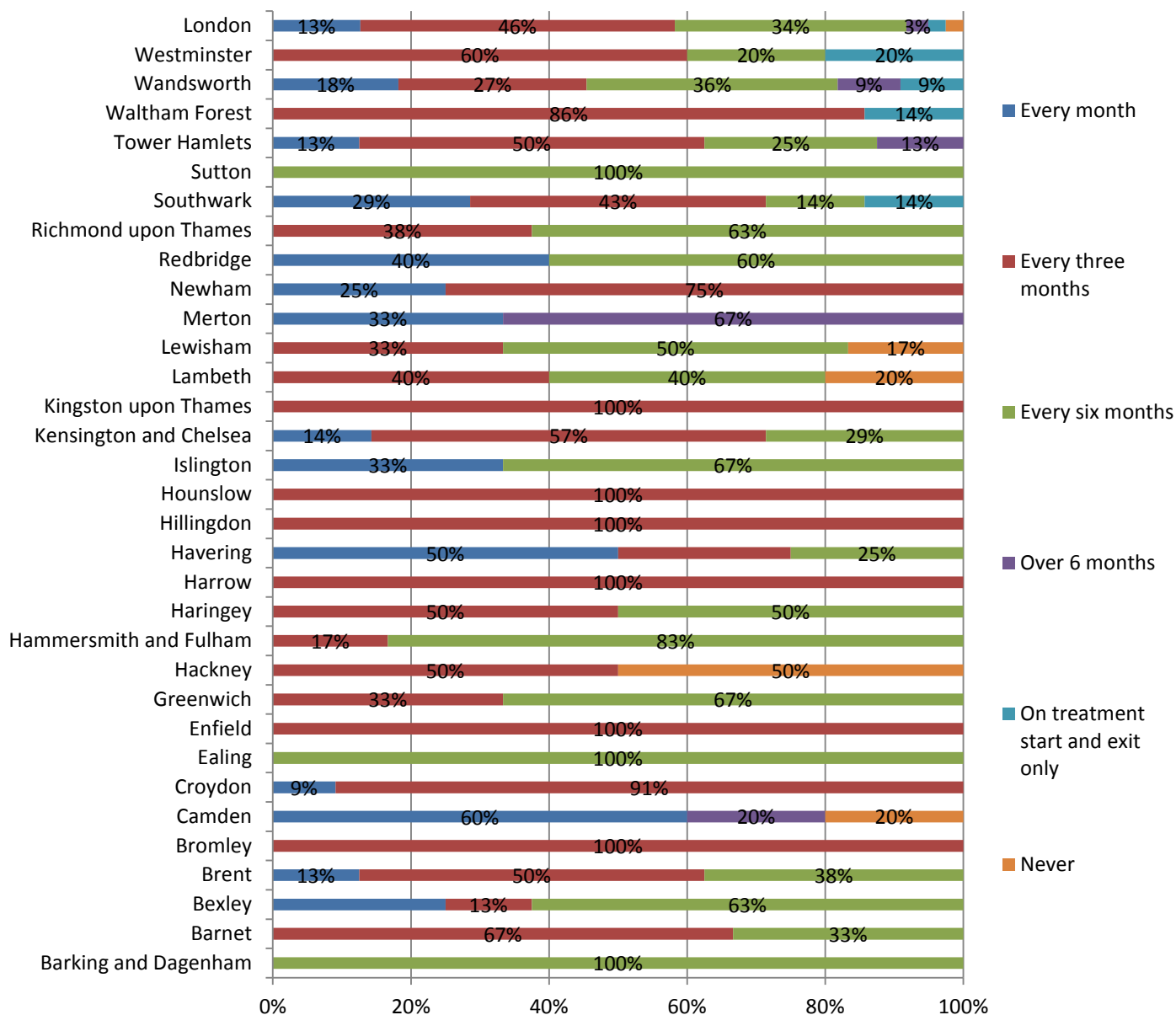


Figure 15. Frequency of Sub Intervention Review (SIR) completion, for the London region and by Partnership

NDTMS guidance states that Sub Intervention Reviews should be completed at least every six months, but facilitates more frequent reporting.

Figure 15 shows that regionally 34% of respondents complete SIRs at least every 6 months, and 46% complete them at least every 3 months. Thirteen percent complete them monthly

and 3% complete them on start and exit only. Three percent stated that they never report this information.

It should be noted that due to individual treatment system configuration, some services may not be completing SIRs due to arrangements for their completion by peer services.

Approximately how frequently does your organisation complete TOP?

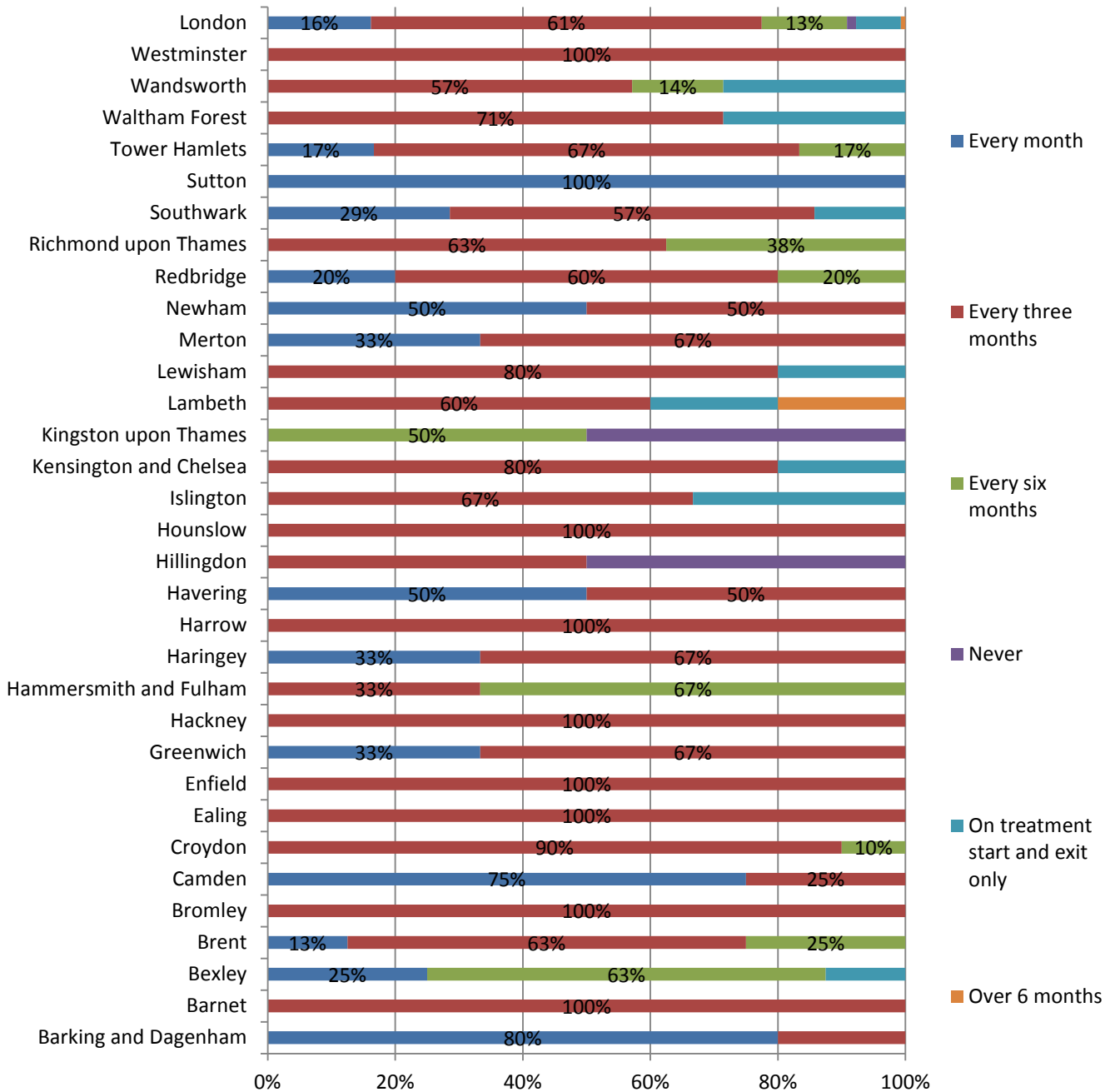


Figure 16. Frequency of Treatment Outcome Profile (TOP) completion, for the London region and by Partnership (n = 142)

NDTMS guidance states that Treatment Outcome Profiles (TOPs) should be completed at least every six months but facilitates more frequent reporting.

Ten percent of respondents stated that TOP are not applicable for their service (suggesting they use AOR or YPOR instead).

Of those who do use TOP (n = 142), 13% stated that they complete them at least every six months whilst 61% reported that they submit TOPs at least every three months. Seven per cent stated that they are completed on start and exit of treatment episodes only, most of these services are in Bexley, Islington, Kensington & Chelsea, Lambeth, Lewisham, Southwark, Waltham Forest and Wandsworth.

It should be noted that due to individual treatment system configuration, some services may not be completing TOPs due to arrangements for their completion by peer services.

Approximately how frequently does your organisation complete AOR?

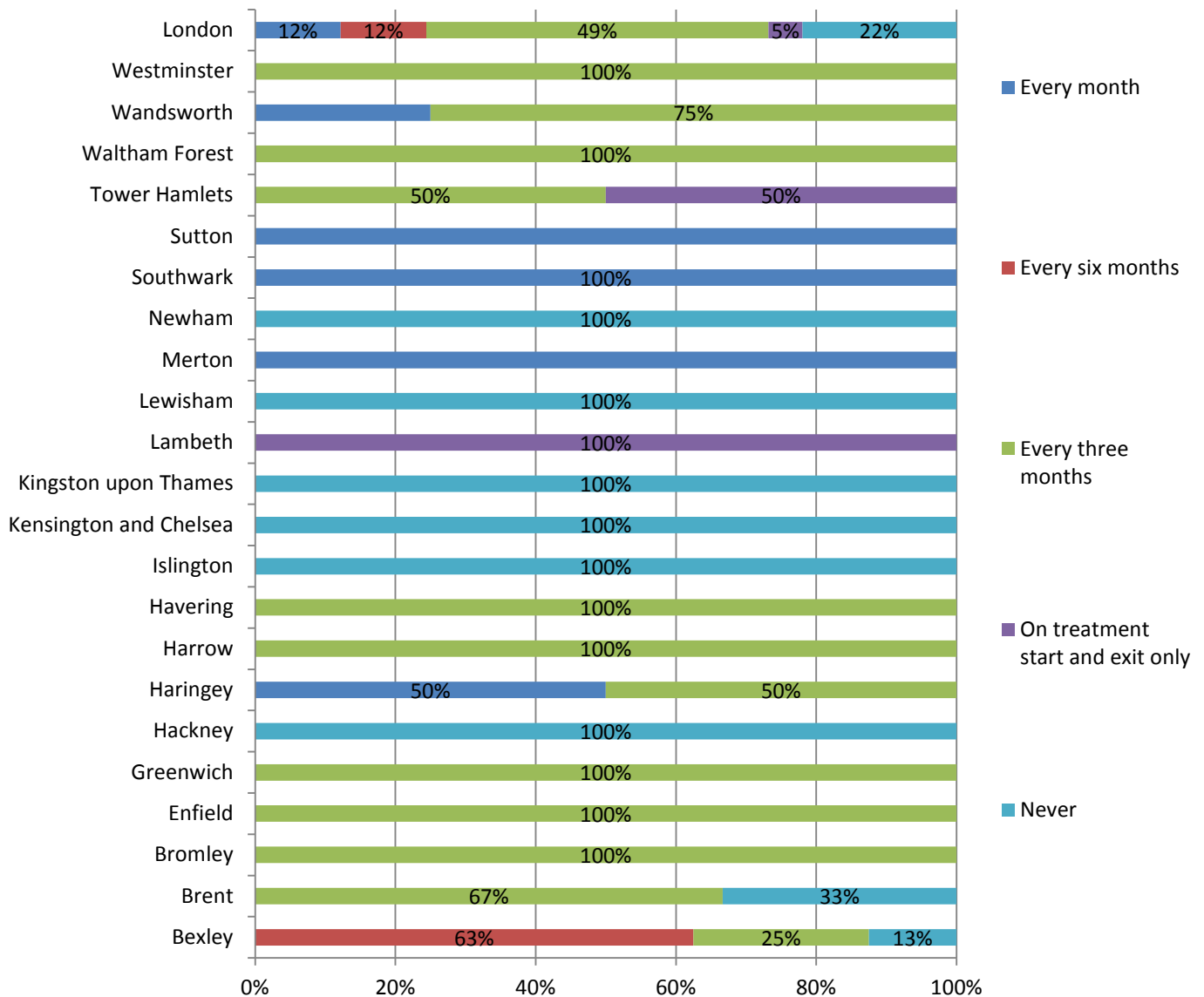


Figure 17. Frequency of Alcohol Outcome Record (AOR) completion, for the London region and by Partnership (n = 41)

NDTMS guidance states that Alcohol Outcome Records (AORs) should be completed at treatment start and exit and more frequently if required. They are an option for adult clients whose primary problematic substance is alcohol if TOP is deemed not appropriate.

Seventy four percent of respondents in the London region stated that the AOR form is not applicable to them (suggesting that they use TOP or YPOR instead).

Of those who do use the AOR form (n = 41), 12% of services reported completing them at least every 6 months, 29% every 3 months, 12% every month, 5% completing them at least on start and exit and 22% of services stated they never completed them.

It should be noted that due to individual treatment system configuration, some services may not be completing TOPs due to arrangements for their completion by peer services. Also, as

appears to be the case in Hackney, Islington, Kensington & Chelsea, Kingston upon Thames, Lewisham and Newham where no services are recording their use, it is possible that some of these respondents should have selected “N/A” rather than “never”.

Approximately how frequently does your organisation complete YPOR?

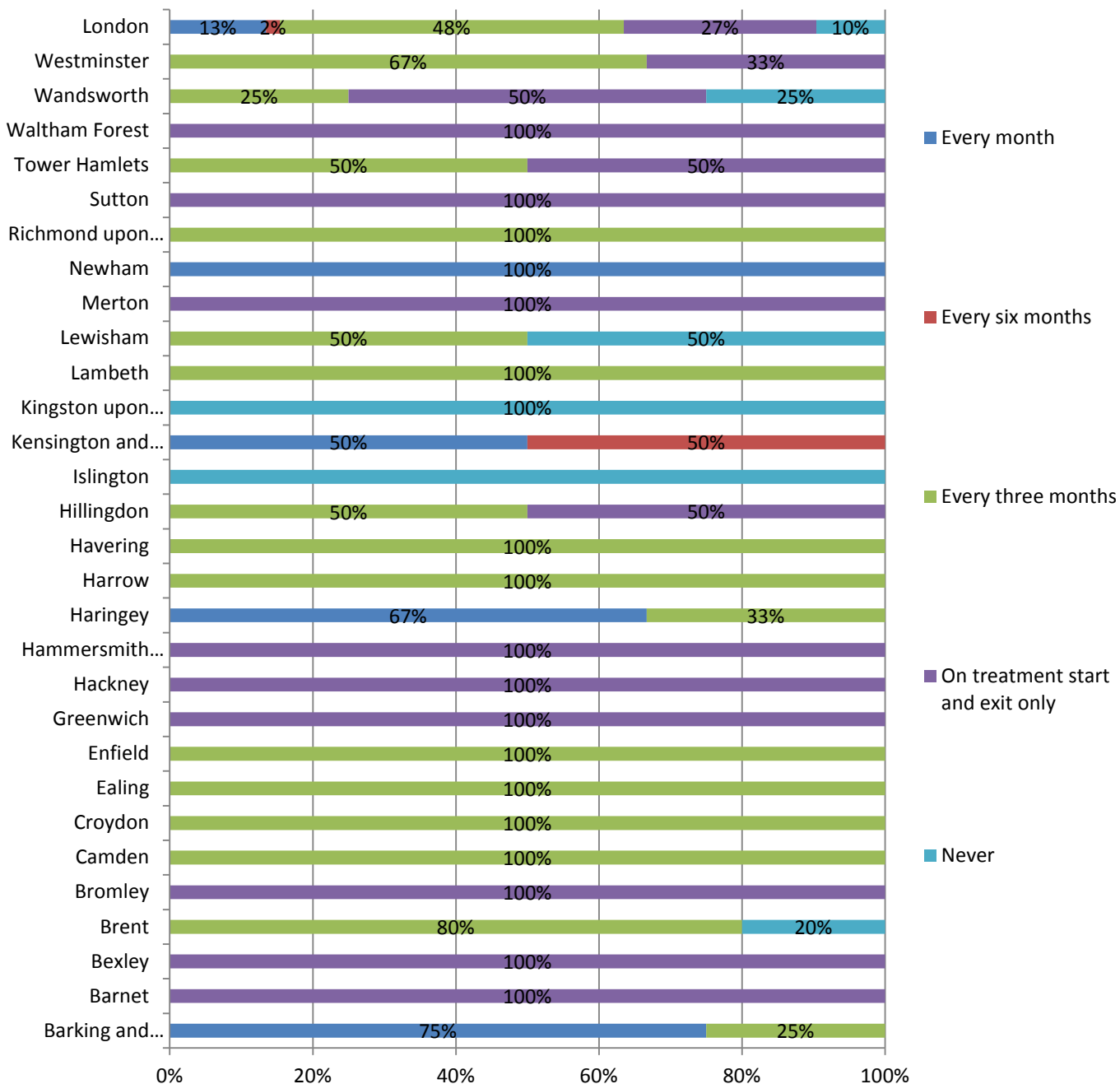


Figure 18. Frequency of Young Person Outcome Record (YPOR) completion, for the London region and by Partnership (n = 52)

NDTMS guidance states that Young Person Outcome Records (YPOR) should be completed at treatment start and exit, and more frequently if required.

Sixty seven percent of respondents from the London region stated that the YPOR was not applicable to them (suggesting that they use TOP or AOR instead).

Of those who do use the YPOR (n = 52), 27% complete them at least at start and exit and only 10% reported “never” completing them. 48% complete them at least every 3 months.

It is possible that some of the respondents in Islington & Kingston upon Thames who stated that they never completed YPOR should have selected “N/A” rather than “never”.

Mutual aid referral

Do you refer clients to mutual aid organisations?

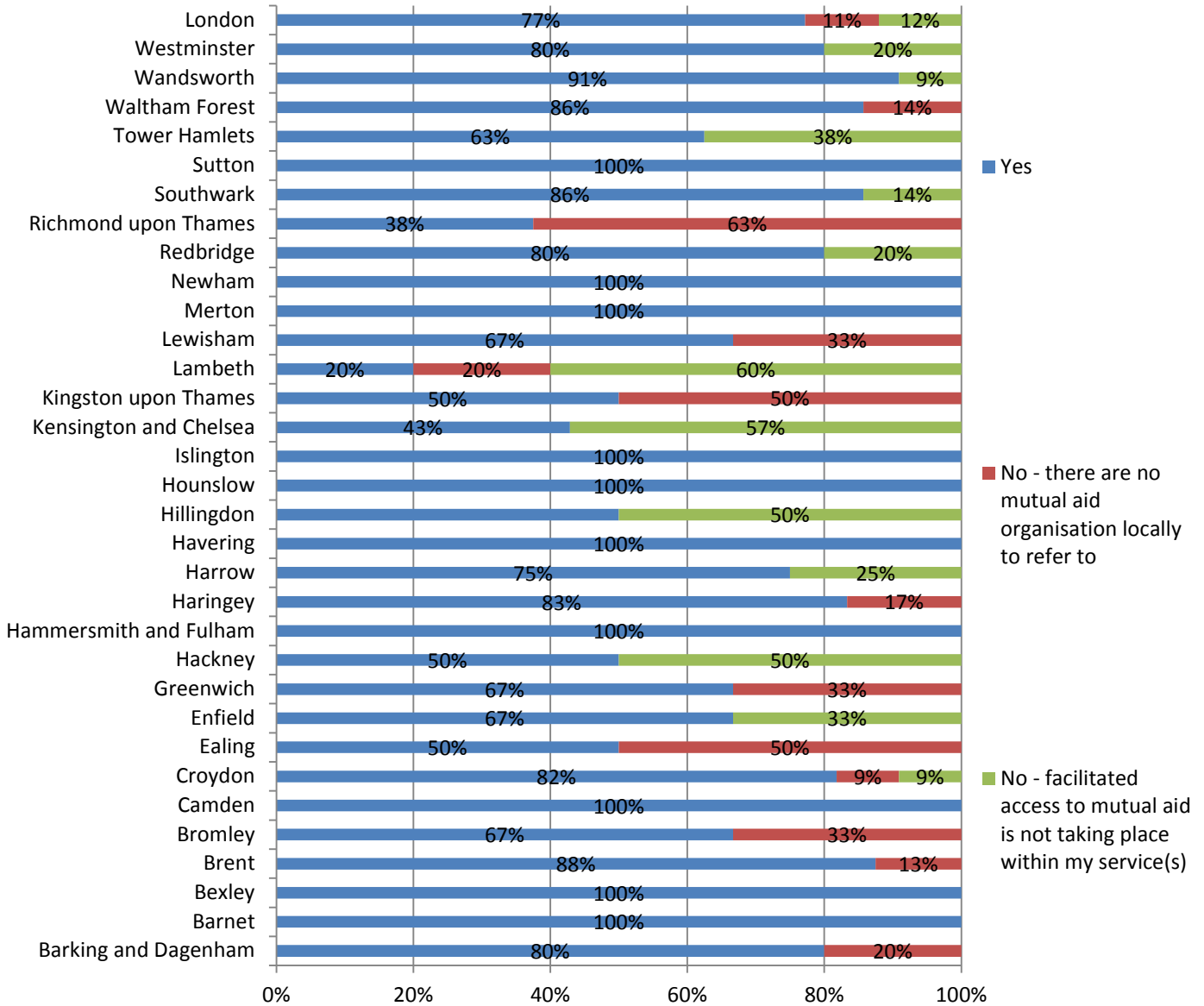


Figure 19. Occurrence of mutual aid referral, for the London region and by Partnership

Regionally, 77% of services reported that they refer clients to mutual aid organisations (as illustrated in Figure 19). Twelve percent of respondents reported that they are not referring to mutual aid organisation and 11 percent reported that there were no mutual aid services to refer to locally.

It should be noted that all services in the 10 local authority areas of Barnet, Bexley, Camden, H&F, Havering, Hounslow, Islington, Merton, Newham and Sutton always refer their clients to mutual aid services. However, only 20% of Lambeth services do so, maybe due to a lack of local mutual aid organisations locally.

Do you record mutual aid referrals on NDTMS?

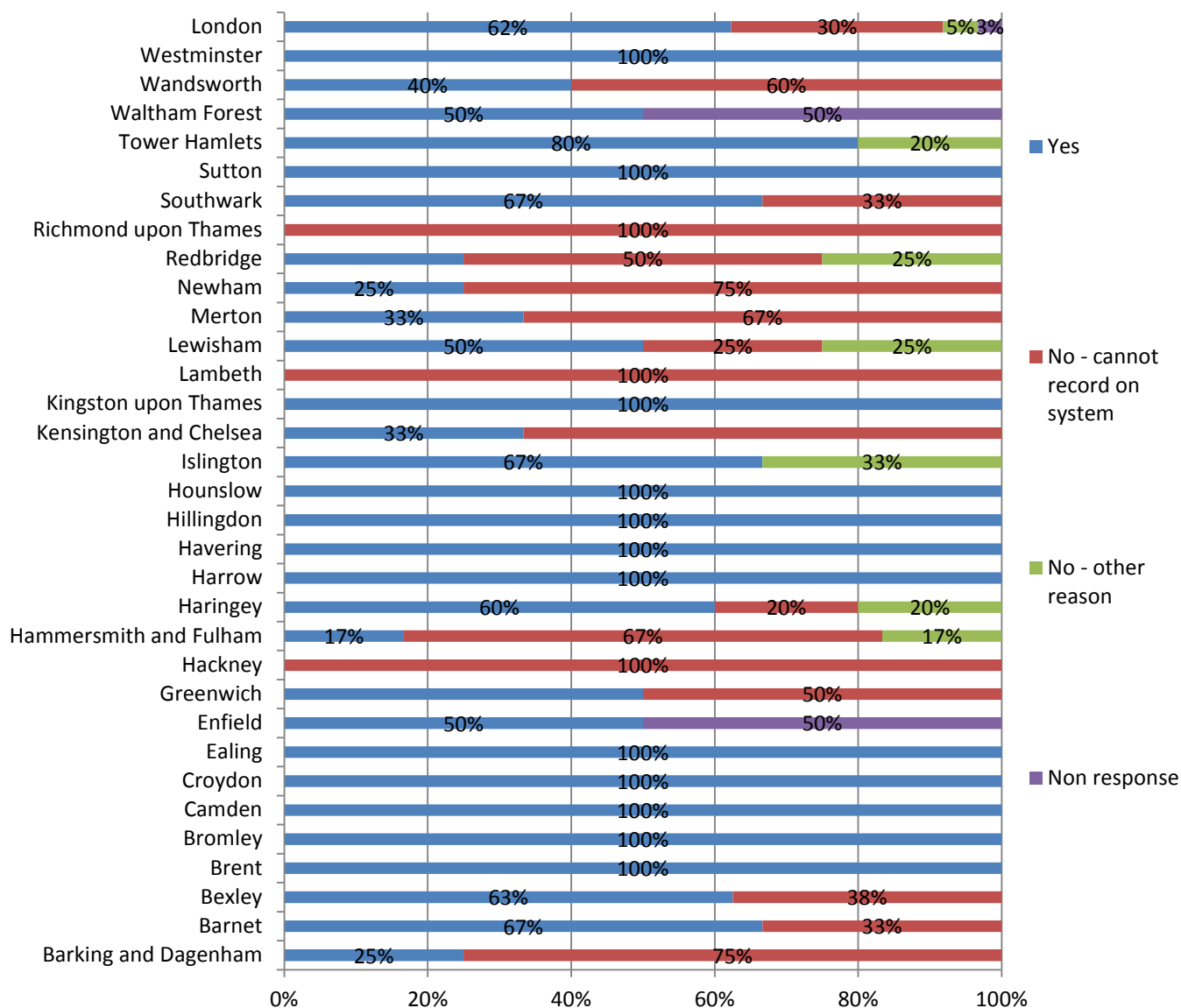


Figure 20. Recording of mutual aid referrals on NDTMS systems, for the London region and by Partnership (n = 122)

Figure 20 shows that of those who do refer to mutual aid, 62% reported that they do record this on NDTMS systems. Of concern, 30% reported that they do not record mutual aid referrals on NDTMS systems as they are unable to do so.

It is possible that respondents misinterpreted this question and were referring to not being able to record the date and where the referral was made to, however, given that the numbers are so high this highlights a general training need which the NDTMS regional teams will look to address.

Given the priority applied to the national Drug Recovery agenda and the intrinsic part that mutual aid is expected to play, regional NDTMS teams will be prioritising discussions with those services who are reportedly unable to report this activity to provide support and guidance either to the service or to the system supplier as appropriate.

Appendix 1.

Table 3. London agencies who completed the NDTMS provider survey 2014

DAT area	Parent organisation	Agency
Barking and Dagenham	CRI	L0939 CRI Subwise
Barking and Dagenham	KCA	L1202 KCA Horizon
Barking and Dagenham	CRI	L1204 CRI Barking & Dagenham Prescribing
Barking and Dagenham	CRI	L1236 CRI Gateway Service
Barking and Dagenham	CRI	L5058 Barking CAS
Barnet	Barnet, Enfield and Haringey Mental Health NHS Trust	L0031 Barnet Drug and Alcohol Service (BDAS)
Barnet	Young Peoples Drug and Alcohol Service (YPDAS)	L0819 Barnet Young People
Barnet	Unspecified	L1205 WDP Restart
Bexley	South London and Maudsley NHS Foundation Trust	L0158 SLAM Bexley CDT [Signpost]
Bexley	South London and Maudsley NHS Foundation Trust	L0664 SLAM Bexley DTTO/DRR
Bexley	South London and Maudsley NHS Foundation Trust	L0665 SLAM Bexley DIP
Bexley	CAMHS	L0957 Bexley CAMHS (Substance Misuse Service)
Bexley	South London and Maudsley NHS Foundation Trust	L1187 SLAM Signpost Bexley
Bexley	Blenheim CDP	L1220 Blenheim Bexley Day Program
Bexley	Blenheim CDP	L1241 Blenheim Nexus DIP & Outreach Service
Bexley	South London and Maudsley NHS Foundation Trust	L5008 SLAM - Bexley CAT
Brent	Addaction	L0045 Addaction: Brent (Addaction Willesden)
Brent	Central and North West London Mental Health NHS Trust	L0048 CNWL - TP Junction Service
Brent	Central and North West London Mental Health NHS Trust	L0095 Substance Misuse Management Project (SMP)
Brent	EACH	L0562 EACH-Brent
Brent	Brent Housing and Community Care Department	L0730 Brent Housing and Community Care Department
Brent	Addaction	L0846 Addaction: Brent (YP)

Brent	EACH	L0847 EACH-Wembley Center for Health & Care (YP)
Brent	CRI	L1056 CRi Brent
Bromley	CRI	L0679 Cri BCDP
Bromley	KCA	L0900 KCA - Bromley
Bromley	CRI	L1179 CRi- Bromley Rapid Access Prescribing Service
Camden	CRI	L0739 CRi Camden 184
Camden	FWD	L0897 FWD Drug and Alcohol Service
Camden	CRI	L1154 CRi Camden Alcohol Service (CAS)
Camden	CRI	L1163 CRi DAIS Camden South
Camden	Single Homeless Project	L1233 SHP Camden Structured Day Programme
Croydon	South London and Maudsley NHS Foundation Trust	L0262 SLAM Croydon CDT [Croydon Substance Misuse (Crosfield)]
Croydon	South London and Maudsley NHS Foundation Trust	L0279 SLAM Croydon DTTO/DRR [London Probation Service (Croydon)]
Croydon	Cranstoun	L0559 Trelawn (Rehab)
Croydon	South London and Maudsley NHS Foundation Trust	L0658 SLAM Lambeth DTTO/DRR
Croydon	South London and Maudsley NHS Foundation Trust	L0703 SLAM Croydon DIP
Croydon	Compass	L0967 Croydon Young Peoples Service
Croydon	South London and Maudsley NHS Foundation Trust	L1227 CTRP Care Navigation
Croydon	South London and Maudsley NHS Foundation Trust	L1228 CTRP KCA Shared Care
Croydon	South London and Maudsley NHS Foundation Trust	L1229 CTRP F66 Tier 3
Croydon	South London and Maudsley NHS Foundation Trust	L1230 CTRP KCA Community Prescribing
Croydon	South London and Maudsley NHS Foundation Trust	L5007 SLaM - Croydon CAT
Ealing	CRI	L0951 CRI Easy Project (Young Persons)
Ealing	CRI	L1240 Ealing RISE
Enfield	WDP	L0738 WDP Enfield ROOTS
Enfield	Compass	L0952 Sort It! Compass Enfield
Enfield	Compass	L1161 Compass - Enfield
Greenwich	KCA	L0962 KCA YPS - Greenwich
Greenwich	Blenheim CDP	L1046 Blenheim Linx

Greenwich	CRI	L1178 CRi Greenwich Primary Care Drug & Alcohol Service
Hackney	East London and The City Mental Health NHS Trust	L0013 City & Hackney Specialist Addiction Unit
Hackney	Hackney Council	L0970 Young Hackney Substance Misuse Service
Hammersmith and Fulham	Central and North West London Mental Health NHS Trust	L0025 CNWL - DTC Hammersmith & Fulham
Hammersmith and Fulham	Central and North West London Mental Health NHS Trust	L0588 CNWL - Hammersmith & Fulham CAPS
Hammersmith and Fulham	London Borough of Hammersmith & Fulham	L0966 Family Support Localities Service
Hammersmith and Fulham	Central and North West London Mental Health NHS Trust	L1012 CNWL - H&F GP Shared Care
Hammersmith and Fulham	CRI	L1165 CRI 'Hammersmith and Fulham
Hammersmith and Fulham	Central and North West London Mental Health NHS Trust	L1218 Hammersmith & Fulham Rehabilitation and Aftercare
Haringey	Barnet, Enfield and Haringey Mental Health NHS Trust	L0019 Drug Advisory Service Haringey (DASH)
Haringey	CRI	L0734 CRi Haringey DIP Prescribing / Treatment
Haringey	Haringey Council (Children's Service)	L0917 Haringey YOS
Haringey	Blenheim CDP	L0960 Blenheim Insight Haringey
Haringey	St Mungo's - I work for the Haringey Recovery Service which is delivered by HAGA and St Mungo's. St Mungo's are the lead agency.	L1221 RISE
Haringey	Haringey Advisory Group on Alcohol	L5027 Haringey Advisory Group on Alcohol
Harrow	EACH	L0642 EACH-Harrow
Harrow	EACH	L0893 EACH-Harrow YP
Harrow	Compass	L0953 Compass Harrow YPDAS
Harrow	Compass	L1166 Compass - Harrow
Havering	North East London Mental Health NHS Trust	L0002 New Directions
Havering	CRI	L0640 CRi Havering First Stop
Havering	Addaction	L0934 Young Addaction 'Havering
Havering	CRI	L5001 CRI Havering Community Alcohol Team
Hillingdon	Sorted	L0141 Sorted - Young People's Drug & Alcohol Team
Hillingdon	EACH	L1045 EACH Hillingdon
Hounslow	iHEAR Partnership	L1234 iHEAR Partnership

Islington	Cranstoun	L0006 City Roads Cranstoun
Islington	Primary Care Alcohol and Drug Service	L1099 Primary Care Alcohol and Drug Service
Islington	CRI	L1102 The Consortium
Kensington and Chelsea	Blenheim CDP	L0039 Blenheim KC North Treatment Hub
Kensington and Chelsea	Central and North West London Mental Health NHS Trust	L0567 CNWL - Max Glatt
Kensington and Chelsea	Kensington and Chelsea Substance Use Team	L0639 Kensington & Chelsea Substance Use Team
Kensington and Chelsea	Adolescent Services	L0920 Adolescent Services
Kensington and Chelsea	Blenheim CDP	L0940 Blenheim Insight
Kensington and Chelsea	Dual Diagnosis Team	L1057 Dual Diagnosis Team
Kensington and Chelsea	Richmond Psychosocial Foundation International	L1245 Richmond Psychosocial Foundation International (RPFI)
Kingston upon Thames	The Thames Clinic	L1149 The Thames Clinic
Kingston upon Thames	Camden and Islington Foundation trust	L1244 Kingston Wellbeing Service
Lambeth	Action on Addiction	L0027 Action on Addiction - Hope House (Rehab)
Lambeth	CRI	L1062 CRI Lambeth End-2-End
Lambeth	Hope Worldwide	L1075 Hope Worldwide
Lambeth	Unspecified	L1087 Trust
Lambeth	CRI	L1214 CRi IOM
Lewisham	Lewisham Youth Offending Service	L0950 Lewisham Youth Offending Service
Lewisham	CRI	L0954 CRI Young Peoples Service Lewisham
Lewisham	Freedom Recovery Centre Ltd	L1005 Freedom Recovery Centre Ltd (Rehab)
Lewisham	Hidden Harm ‘ Lewisham	L1157 Hidden Harm ‘ Lewisham
Lewisham	CRI	L1184 CRI Adult Service Lewisham
Lewisham	TTP Communities.	L1235 TTP Recovery Communities ‘ The Lewisham REC
Merton	South West London and St Georges Mental Health NHS Trust	L0255 SDART (Sutton Drug and Alcohol Recovery Team)
Merton	South West London and St Georges Mental Health NHS Trust	L0490 SWLStG - CDAT Merton
Merton	Community Drug Service for South London (CDSSL)	L0684 MACS Project
Newham	East London and The City Mental Health NHS Trust	L0641 Newham Specialist Substance Misuse Team
Newham	Newham Criminal Justice Intervention Team	L0643 Newham Criminal Justice Intervention Team
Newham	CAMHS	L0806 Newham CAMHS Substance Misuse Team (NCSMT)
Newham	Unspecified	L1243 ELFT Community Drug Team
Redbridge	North East London Mental	L0058 Redbridge Drug & Alcohol

	Health NHS Trust	Service (RDAS)
Redbridge	North East London Mental Health NHS Trust	L0661 GP Shared Care Redbridge
Redbridge	Redbridge Borough Council	L1127 Redbridge Drug Intervention Programme
Redbridge	One North East London	L5025 One North East London
Redbridge	WDP	L5050 WDP ' Redbridge Alcohol Service
Richmond upon Thames	Richmond Community Drug & Alcohol Team	L0258 SWLStG - CDAT Richmond
Richmond upon Thames	SPEARs Specialist Support Team	L0675 SPEAR
Richmond upon Thames	CRI	L1002 CRI Richmond
Richmond upon Thames	CRI	L1103 CRI Richmond Structured Day Programme
Richmond upon Thames	KCA	L1105 KCA Richmond
Richmond upon Thames	Hampton Wick Surgery	L1128 Hampton Wick Surgery
Richmond upon Thames	CRI	L1138 CRi Richmond DIP
Richmond upon Thames	KCA	L1188 KCA Bromley ' Shared Care
Southwark	South London and Maudsley NHS Foundation Trust	L0155 SLAM Complex Drug and Alcohol Team
Southwark	South London and Maudsley NHS Foundation Trust	L0159 SLAM Inpatient Unit Acute Assessment Unit [AAU Mau
Southwark	Kairos Community Trust	L0296 Kairos Community Trust (Rehab)
Southwark	CRI	L0654 CRi Southwark Reach Structured Day Programme
Southwark	South London and Maudsley NHS Foundation Trust	L1211 SLAM ' Southwark Assessment and Treatment
Southwark	CRI	L1231 CRI Southwark DIP
Southwark	South London and Maudsley NHS Foundation Trust	L5014 SLAM Alcohol Hub
Sutton	CDSSL	L0753 Community Drug Service for South London-Sutton Clients
Tower Hamlets	Charis Alcohol and Drug Therapy Unit	L0546 Charis
Tower Hamlets	East London Foundation Trust	L0610 Health E1
Tower Hamlets	RAPT	L0669 RAPt/Island Day Programme
Tower Hamlets	Lifeline	L0888 Lifeline Project Ltd
Tower Hamlets	Tower Hamlets Youth Offending Team	L0959 Tower Hamlets Youth Offending Team
Tower Hamlets	Compass	L1021 Compass ISIS Womens Service
Tower Hamlets	Nafas	L1136 Nafas
Tower Hamlets	RAPT	L5051 Tower Hamlets Community Alcohol Team
Waltham Forest	North East London Mental	L0021 Waltham Forest Community

	Health NHS Trust	Drug and Alcohol Team
Waltham Forest	The QALB Centre	L0619 The QALB Centre
Waltham Forest	North East London Mental Health NHS Trust	L0666 Waltham Forest Substance Misuse in General Practic
Waltham Forest	722 Young Peoples Substance Use Service	L0905 722 Young Peoples Substance Use Service
Waltham Forest	North East London Mental Health NHS Trust	L1053 NELMHT - Dual Diagnosis Project
Waltham Forest	Turning Point	L1095 TP Waltham Forest 'Open Access
Waltham Forest	Turning Point	L1096 TP Waltham Forest Structured Day Programme
Wandsworth	Cranstoun	L0247 Oak Lodge (Rehab)
Wandsworth	CAMHS	L0815 Wandsworth CAMHS
Wandsworth	Wandsworth YOT	L0890 Wandsworth YOT
Wandsworth	Catch 22	L0968 Catch 22 Young People's Health
Wandsworth	Equinox	L1180 Equinox Floating Support & Outreach Service - Wandsworth
Wandsworth	IDAS (Partnership with KCA and Blenheim)	L1223 IDAS Battersea
Wandsworth	IDAS (Partnership with KCA and Blenheim)	L1225 IDAS Garratt Lane
Wandsworth	IDAS (Partnership with KCA and Blenheim)	L1226 IDAS CJIS
Wandsworth	Mount Carmel	L5046 Mount Carmel
Wandsworth	Mount Carmel	L5046 Mount Carmel (Rehab)
Wandsworth	Drug and Alcohol Service for London (DASL)	L5057 BAS (Battersea Alcohol Service)
Westminster	Turning Point	L0849 TP Hungerford Drug Project - YP
Westminster	CAMHS	L0956 Westminster CAMHS
Westminster	GP prescribing Harrow Road Health Centre	L1050 Harrow Road Health Centre
Westminster	Central and North West London Mental Health NHS Trust	L1190 Westminster Drug Project (North)
Westminster	Turning Point	L1191 Westminster Drug & Alcohol Services (South)