



Public Health
England

NDTMS provider survey February 2014

Regional report – South West

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.

Public Health England
133-155 Waterloo Road
Wellington House
London SE1 8UG
Tel: 020 7654 8000
<http://www.gov.uk/phe>
Twitter: @PHE_uk

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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 reports (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. South West survey completion rates by Partnership

Partnership code	Partnership name	Number of providers	Number of providers with completed surveys	Completion rate %
K01B	Bath and North East Somerset	4	4	100.0
K02B	Bristol	9	8	88.9
K13B	Cornwall & Isles of Scilly	6	4	66.7
K08B	Devon	10	8	80.0
K14B	Gloucestershire	8	8	100.0
K04B	North Somerset	8	6	75.0
K09B	Plymouth	8	4	50.0
K15B	Somerset	6	4	66.7
K03B	South Gloucestershire	4	4	100.0
K11B	Swindon	4	4	100.0
K10B	Torbay	7	7	100.0
K12B	Wiltshire	5	5	100.0
Total		79	66	83.5

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

Overall, 83.5% of South West providers responded to the survey. There was a 100% response rate from 6 out of the 12 partnership areas. This needs to be noted when interpreting the results.

Provider profiles

What client group does your provider treat?

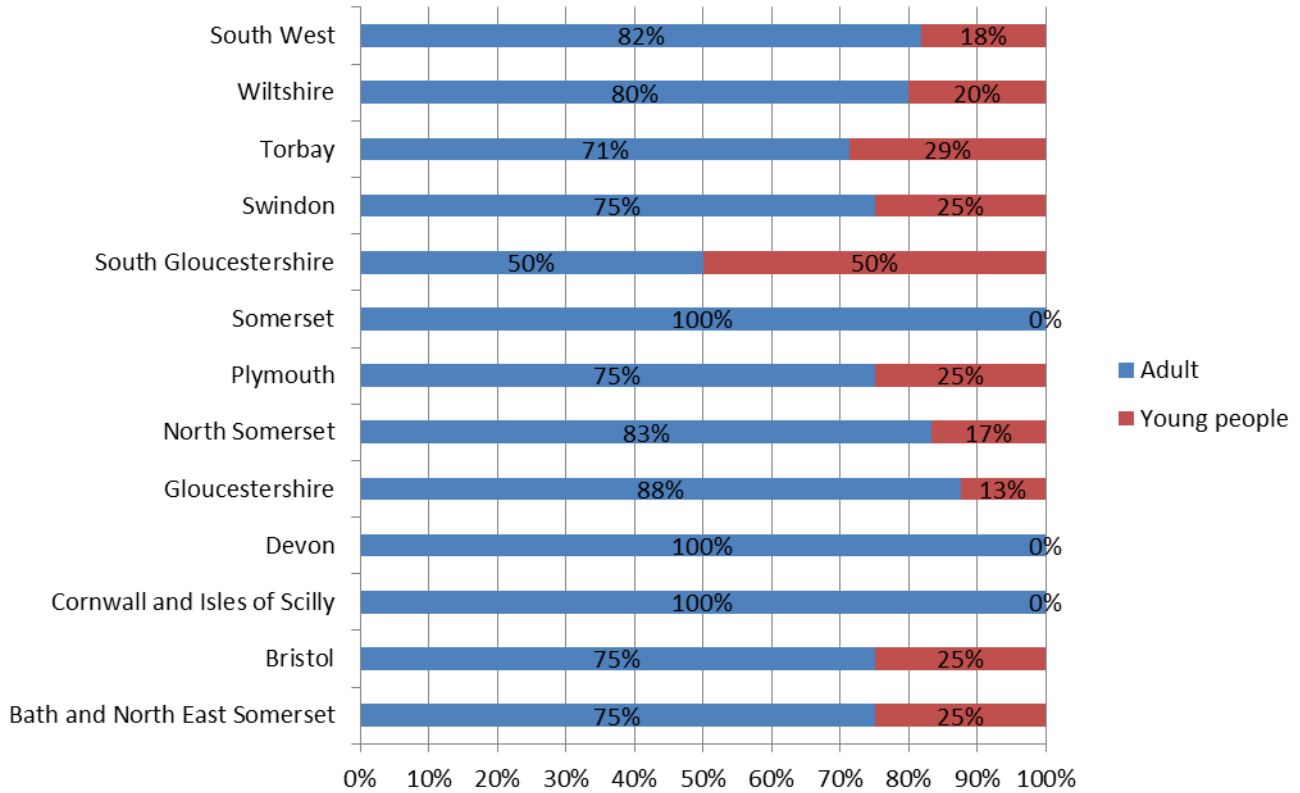


Figure 1. Client group, for the South West region and by partnership

Regionally of the 66 providers who completed the survey, 82% report that they treat adult clients and 18% report that they treat young people. This distribution is generally consistent across other NDTMS regions and nationally there is an 81:19 ratio.

Please note that Somerset, Devon and Cornwall and the Isles of Scilly do have young people’s services but they did not complete the survey and thus are not included in the results. Bristol also have an additional Young People’s service but they also didn’t complete the survey.

What treatment service/s do you provide?

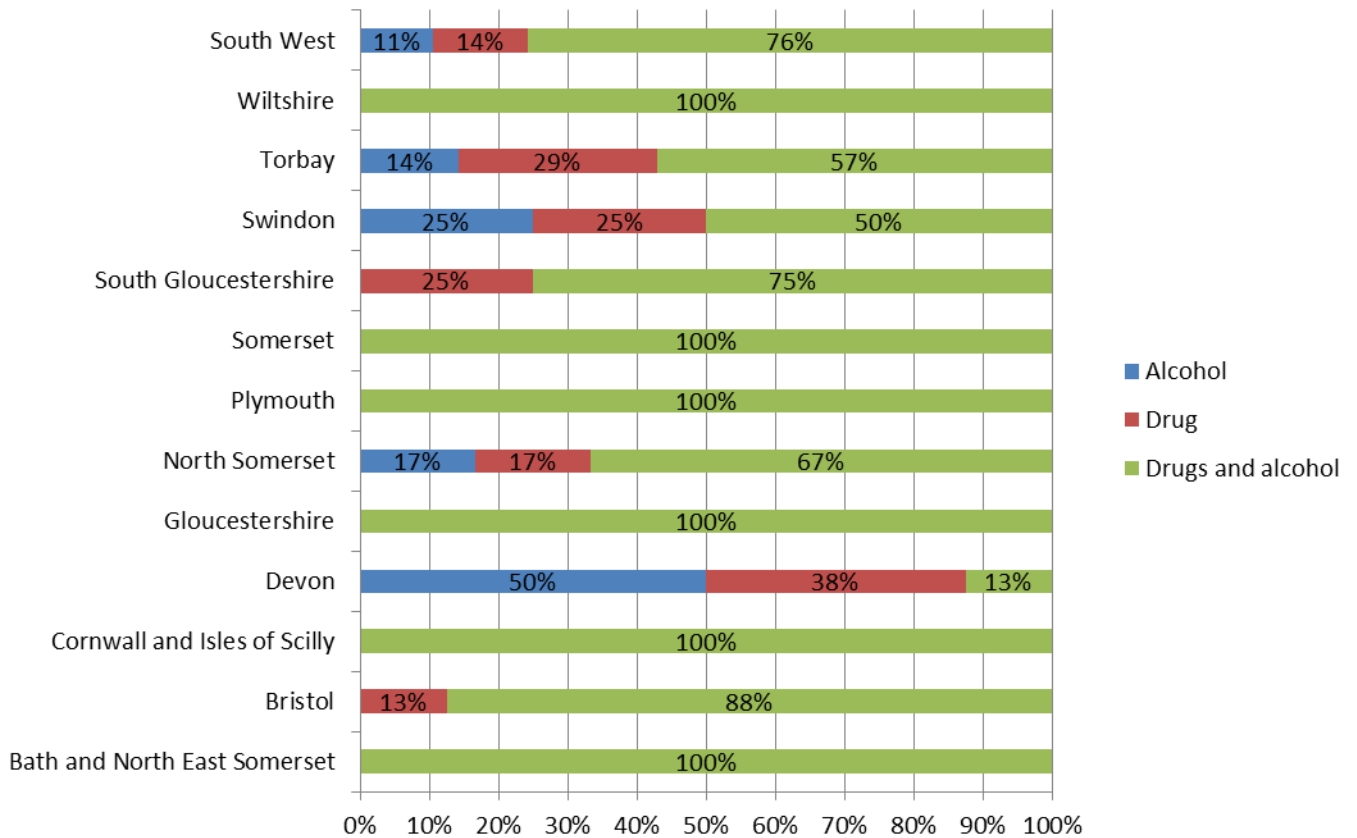


Figure 2. Treatment service offered, for the South West region and by partnership

Figure 2 shows that of the providers that completed the survey, 11% offer alcohol only treatment, 14% offer drug only treatment and 76% offer both drug and alcohol treatment.

All adult community based treatment services responded to this survey.

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

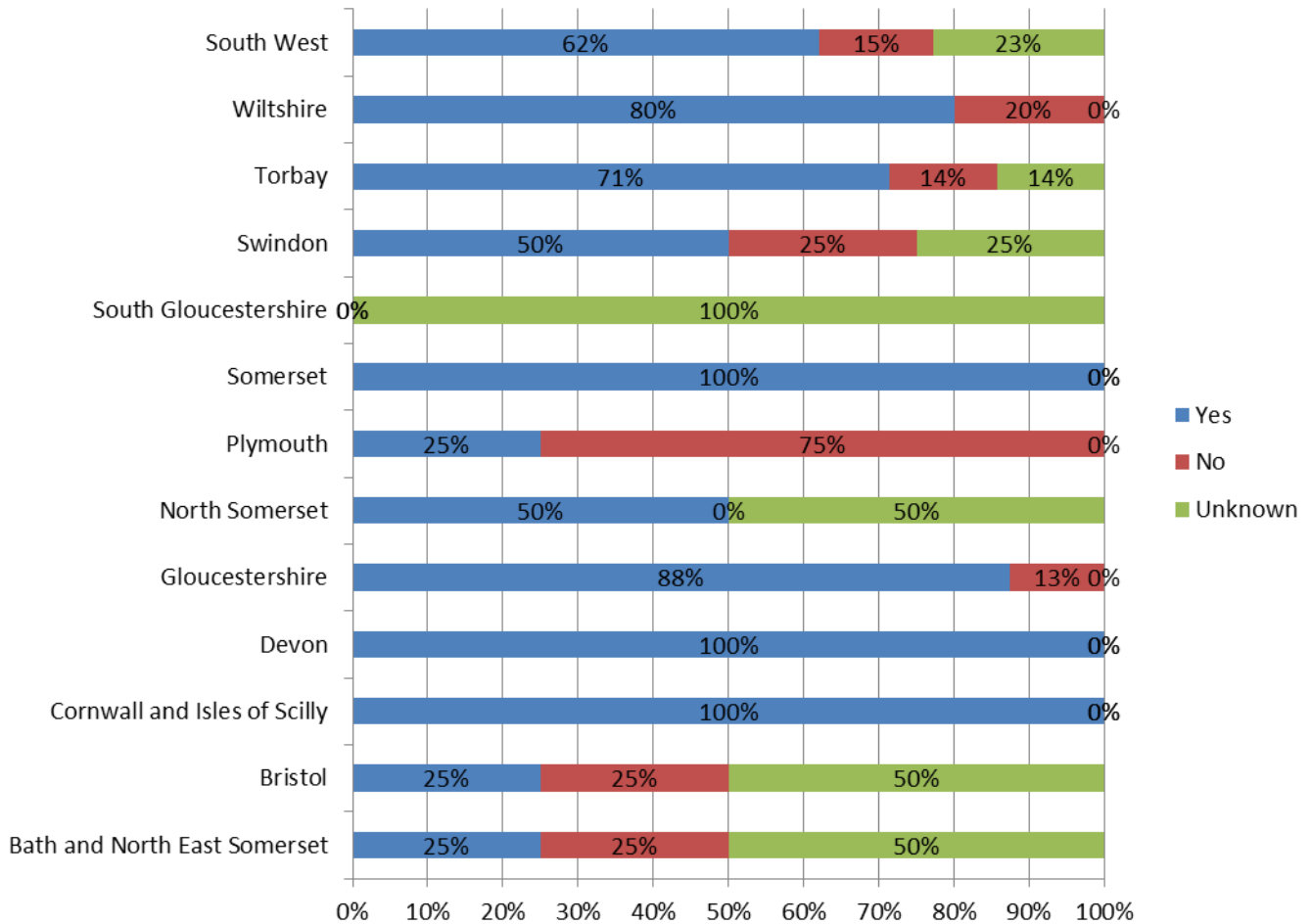


Figure 3. CQC membership, for the South West region and by partnership

62% of survey respondents stated that they have a CQC registration number. 15% stated that they did not have a number and a further 23% did not know. Due to the number of providers who reported that they did not know, caution should be exercised when interpreting these results. NDTMS 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.

Please note that a number of inpatient / residential services did not respond to the survey.
 They are:

DAT area	Parent organisation	Agency
Cornwall and Isles of Scilly	Bosence Farm Community Ltd	Bosence Farm Community Ltd
Devon	Assisi Community Care	Assisi Community Care
Plymouth	Broadreach House	Broadreach House
Plymouth	Broadreach House	Longreach
Plymouth	Broadreach House	Closereach
Somerset	Somewhere House	Somewhere House

NDTMS systems

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

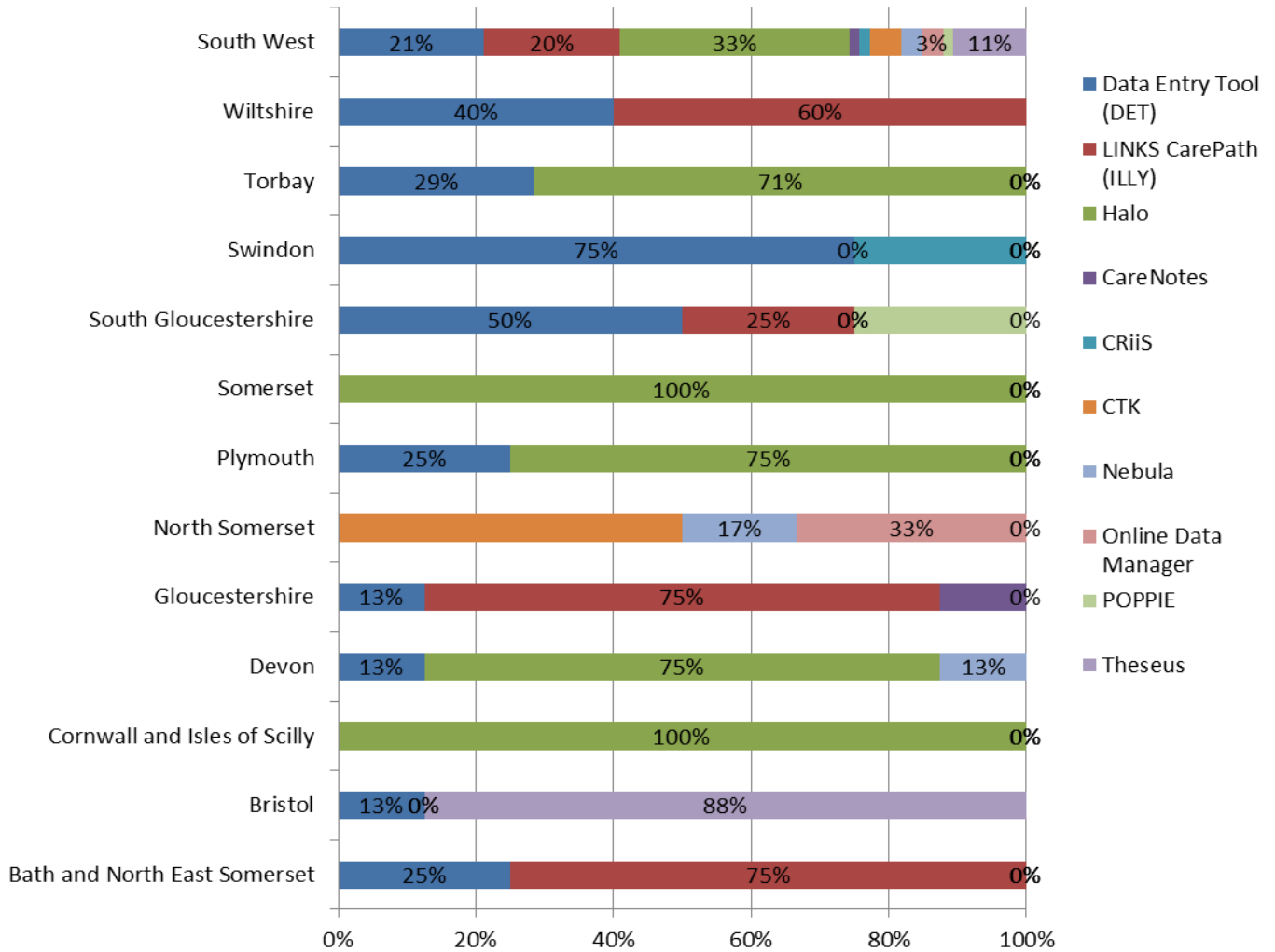


Figure 4. Software provider, for the South West region and by Partnership

There are at least 9 systems apart from the NDTMS data entry tool (DET) reported to generate a data extract for NDTMS purposes. There is some variation in the use of these software systems regionally. The most popular software system is Halo 33%. The next most popular is the NDTMS DET system at 21% followed by ILLY with 20%

Some agencies use an integrated system whereby all agencies have access to 1 system across their partnership area. Somerset and Cornwall report using an integrated system (Halo) across all their treatment services. Bristol’s systems are almost fully integrated with 7 out of 8 agencies using Theseus. Others have multiple systems in use to provide NDTMS extract data, for example South Gloucestershire, North Somerset, Gloucestershire and Devon have three.

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

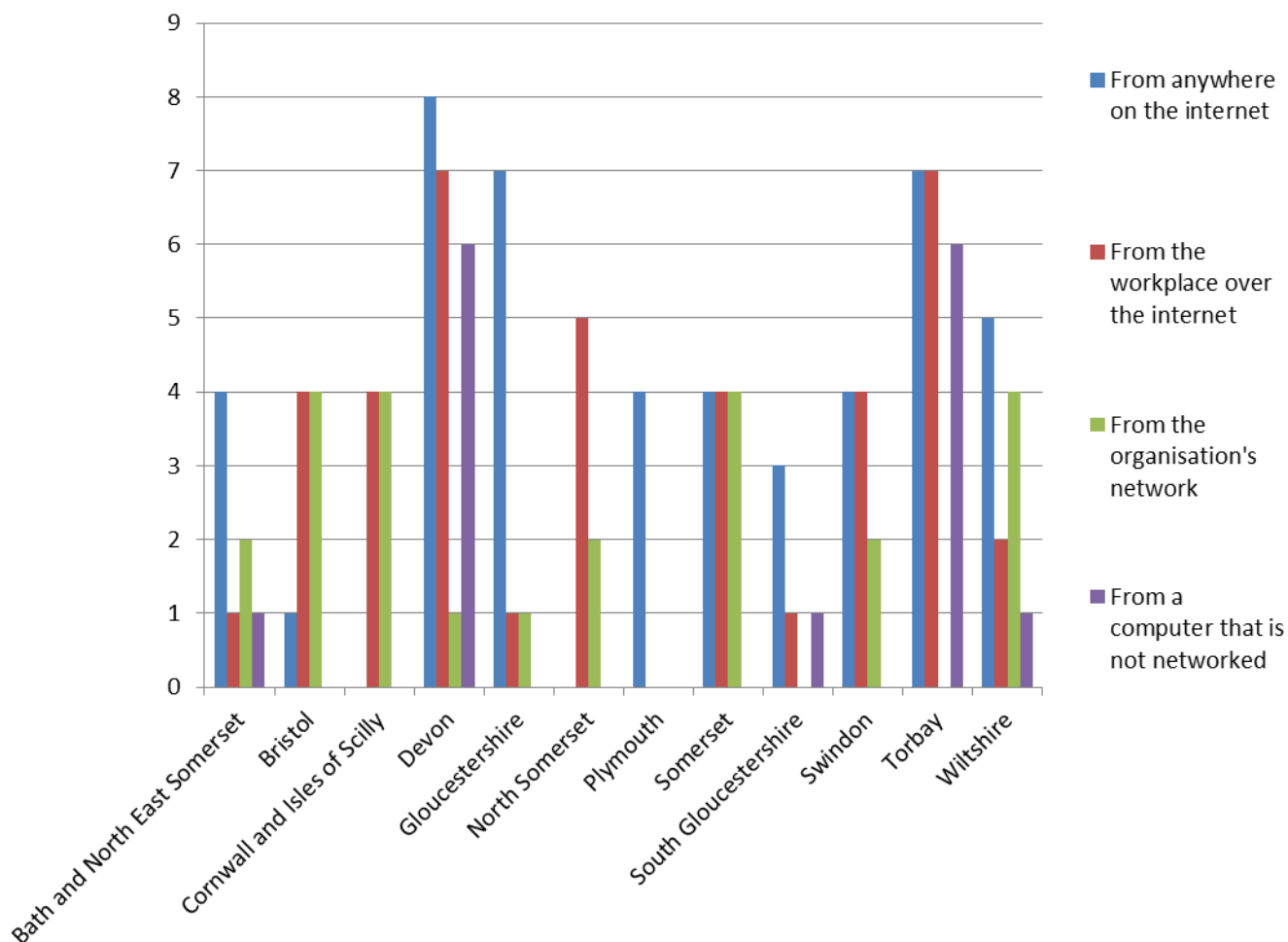


Figure 5. System access methods by partnership (please note, respondents could select as many options as applicable for this question, therefore the categories are not mutually exclusive). Please note, where necessary answers have been corrected for DET users who are able to access DET from anywhere 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=47).

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.

Although it is positive that many services can access their software from anywhere over the internet there are serious information governance risks. Whilst educating services about the use of DET over the internet this message will be reinforced.

Are you considering changing your NDTMS systems?

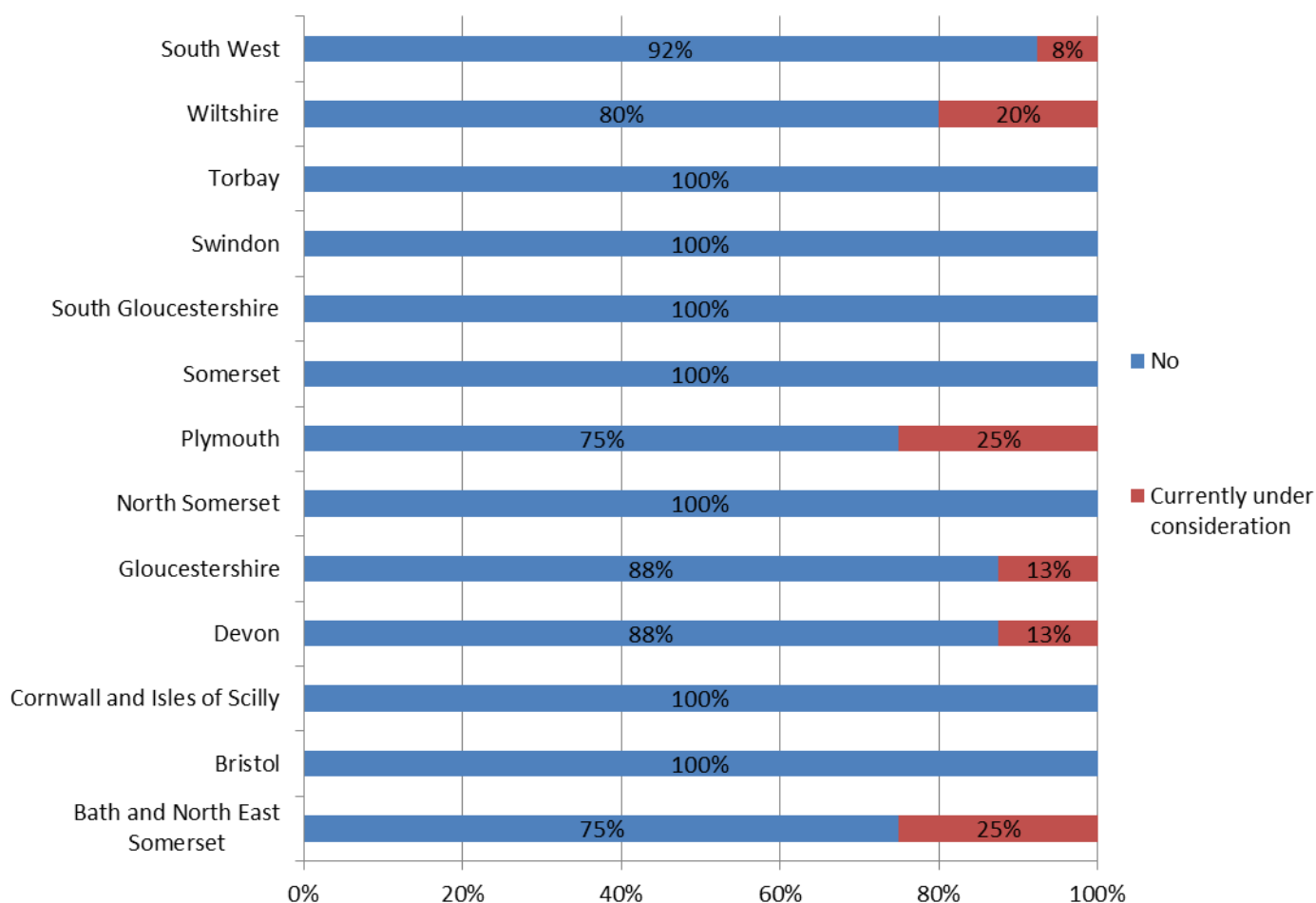


Figure 6. Software migration intentions, for the South West region and by partnership

Figure 6 shows that regionally only 8% of providers reported currently considering changing their NDTMS software system. This compares to a higher figure of 11% nationally, and gives the NDTMS team some confidence that the NDTMS software in use remains relatively stable in the South West. The definition of NDTMS software is that which produces the NDTMS extract for monthly submission. This may or may not be part of their case management system.

The providers that are considering changing their NDTMS software are:

- The Homeless Healthcare Team (Bath and North East Somerset)
- Addaction (Devon)
- Gloucester Youth Support Team Specialist Substance Misuse Service (Gloucestershire)
- Trevi House (Plymouth)
- Motiv8 Young People's Drug & Alcohol Treatment Service (Wiltshire)

Are you considering changing your Case Management System?

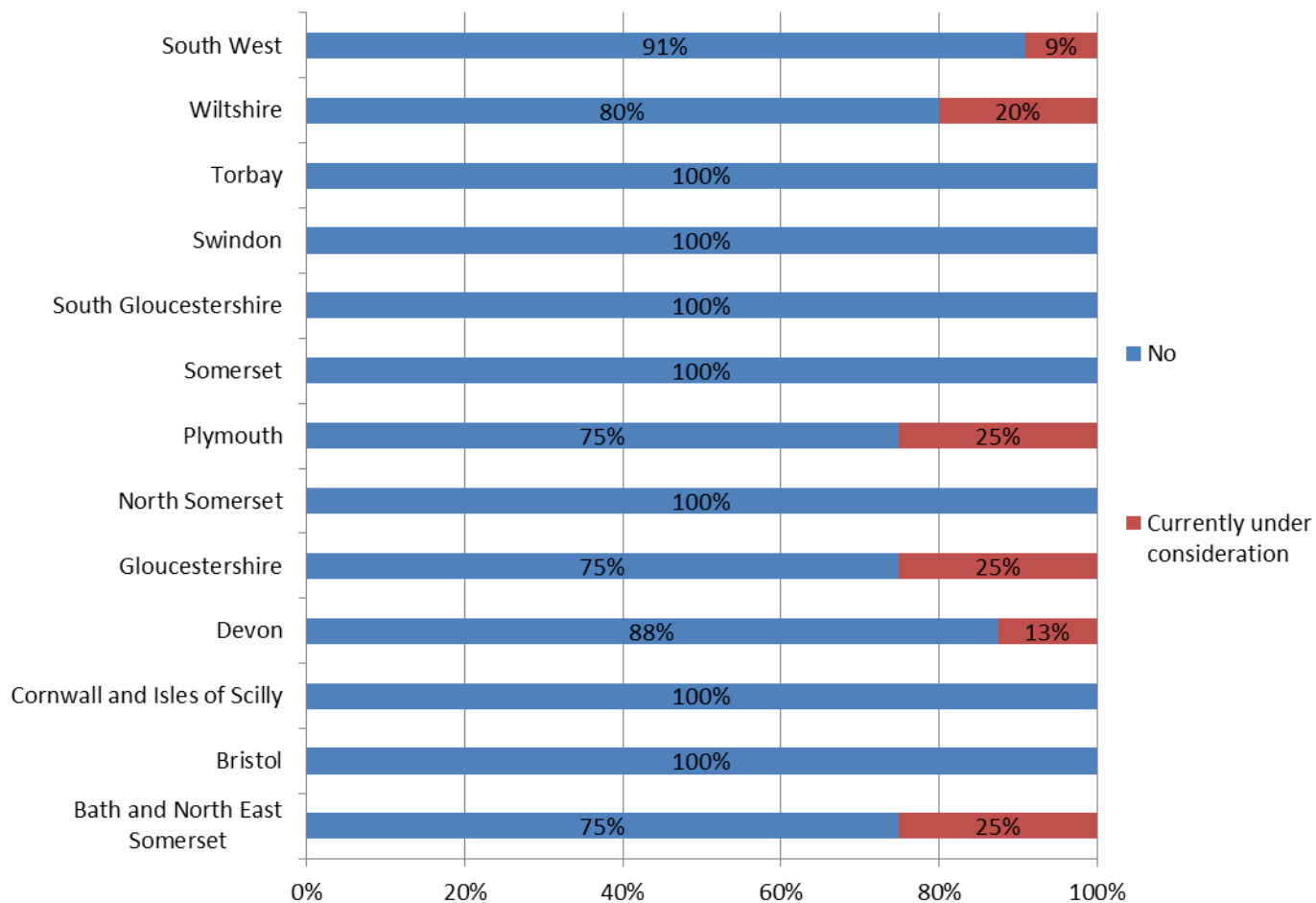


Figure 7. Intentions to change Case Management System, for the South West region and by partnership

Figure 7 shows that only 9% of providers regionally are currently considering changing their case management system (CMS) which is slightly lower than the national percentage of 11%. This gives the South West NDTMS team some confidence that CMS system choice remains relatively stable. Local NDTMS knowledge indicates that treatment providers CMS is also their NDTMS system.

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)

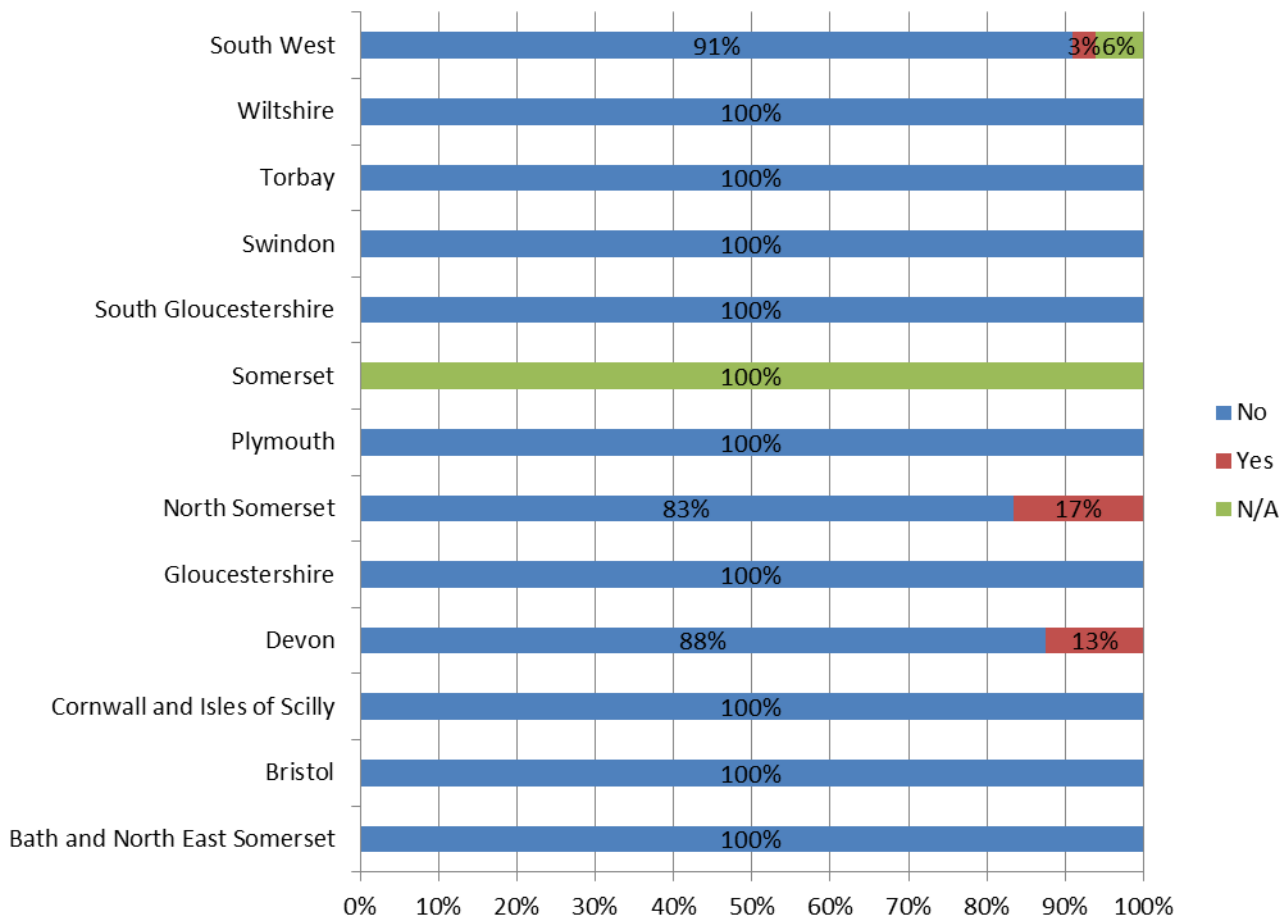


Figure 8. DAMS password sharing among staff, for the South West region and by partnership

Regionally, only 3% of respondents stated that DAMS passwords were shared amongst staff at their organisation. Whilst this figure is low, and comparable with 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 some 6% of services stated that they do not have access to DAMS. As this is the sole way of submitting data to the NDTMS it seems likely that these respondents are mistaken. Again, this may highlight a training need and those respondents who stated ‘N/A’ to this question will be contacted to see if the NDTMS team is able to provide further training on DAMs.

Data Entry Tool (DET)

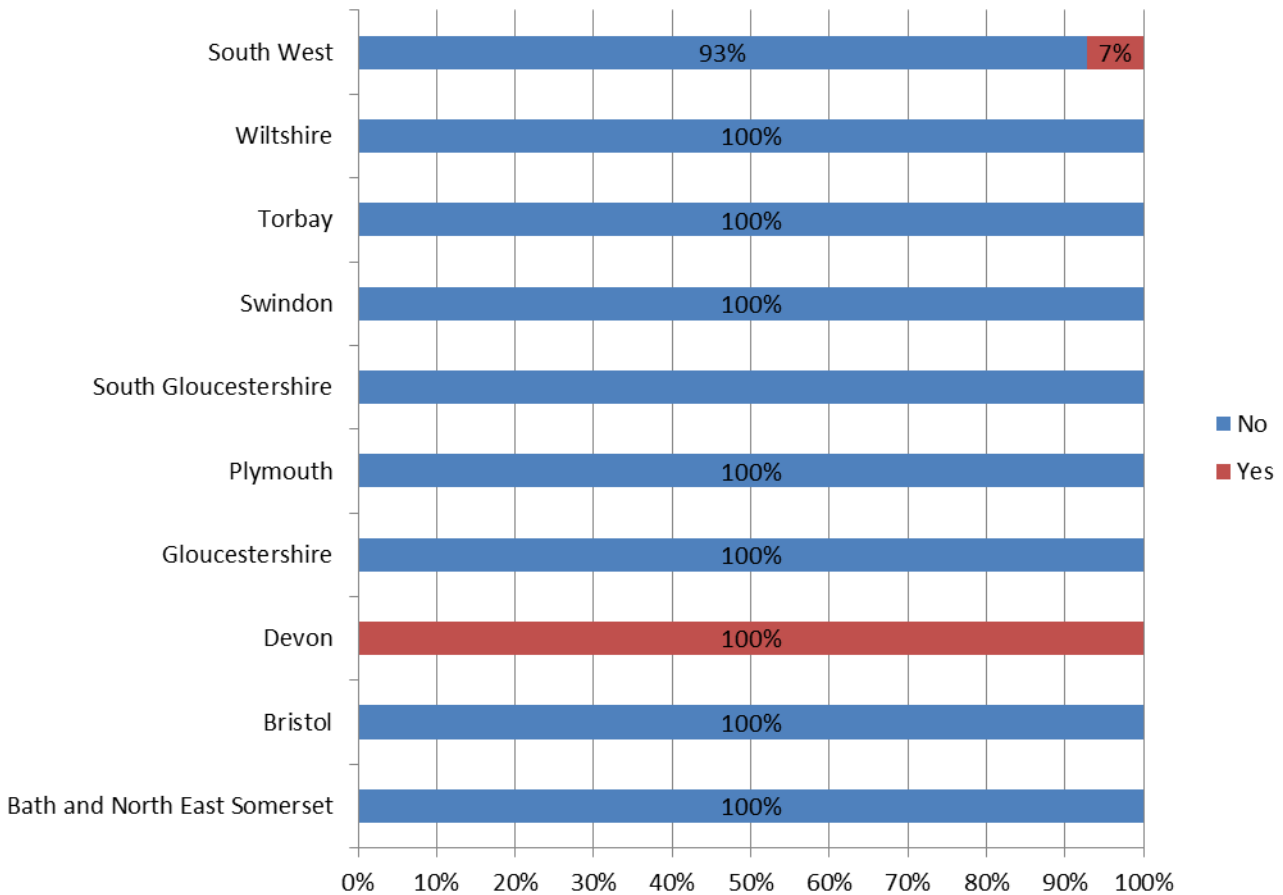


Figure 9. DET password sharing among staff, for the South West region and by partnership (please note, for those who stated they were on a system other than DET their responses have been corrected to N/A where necessary) (n = 104)

For the vast majority of respondents (79%), this question was not applicable as they were on a system other than the DET. Figure 9 therefore only shows responses from 9 partnership areas with services using DET (n =28).

Of respondents who are on DET, 93% stated that DET password sharing does not occur within their organisation. Whilst it is positive that this figure is so high, the fact that 7% (n=2) 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 Devon.

Prison DET

Unsurprisingly, the majority of respondents (76%) 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 (67%) 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)

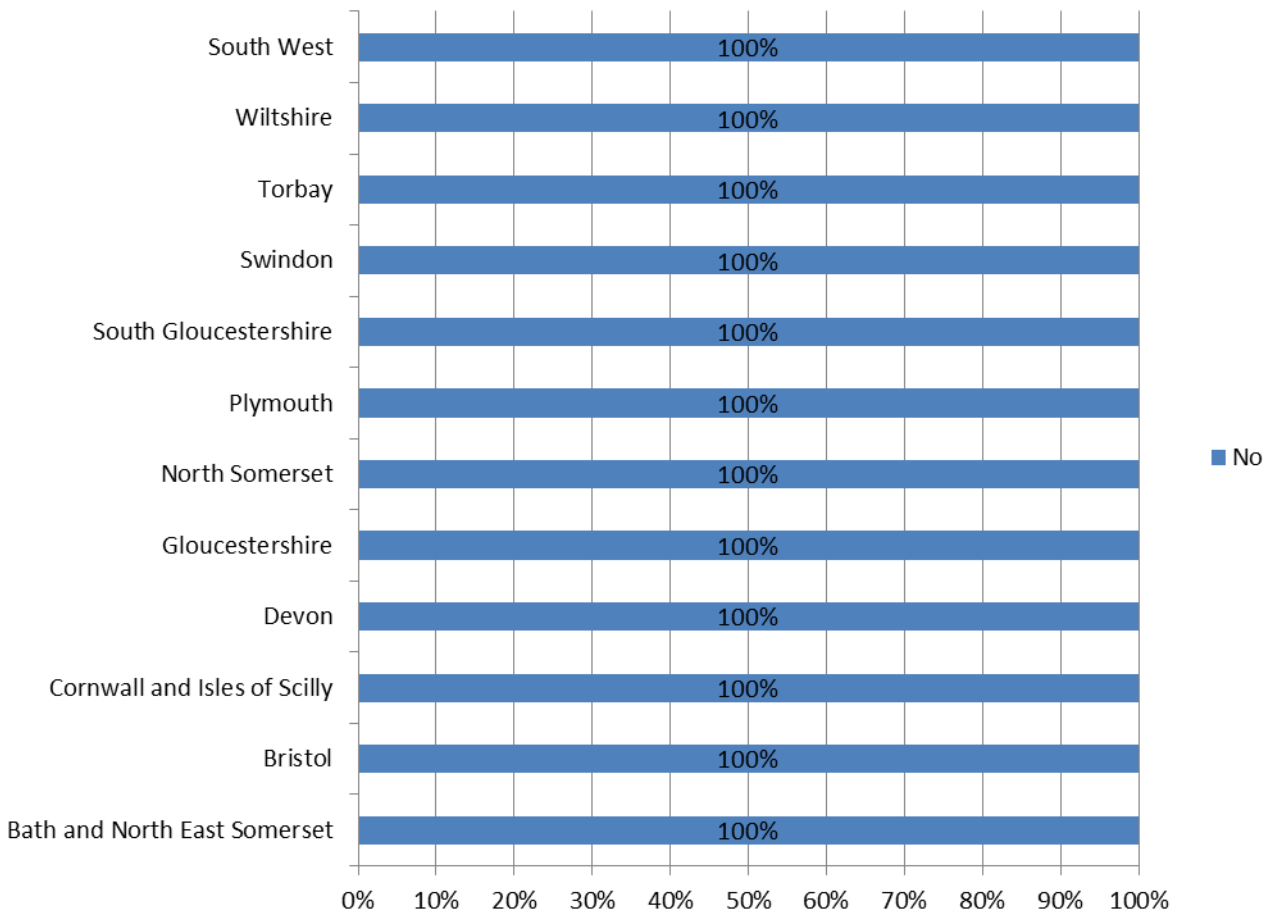


Figure 10. SFT password sharing among staff, for the South West region and by partnership (n = 47)

29% 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, 100% stated that they did not share their password with other staff members.

The SW NDTMS are encouraging all treatment providers to use the SFT and will be contacting those who still don't appear to have access.

Needle Exchange Monitoring System (NEXMS)

The majority of respondents (79%) 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?

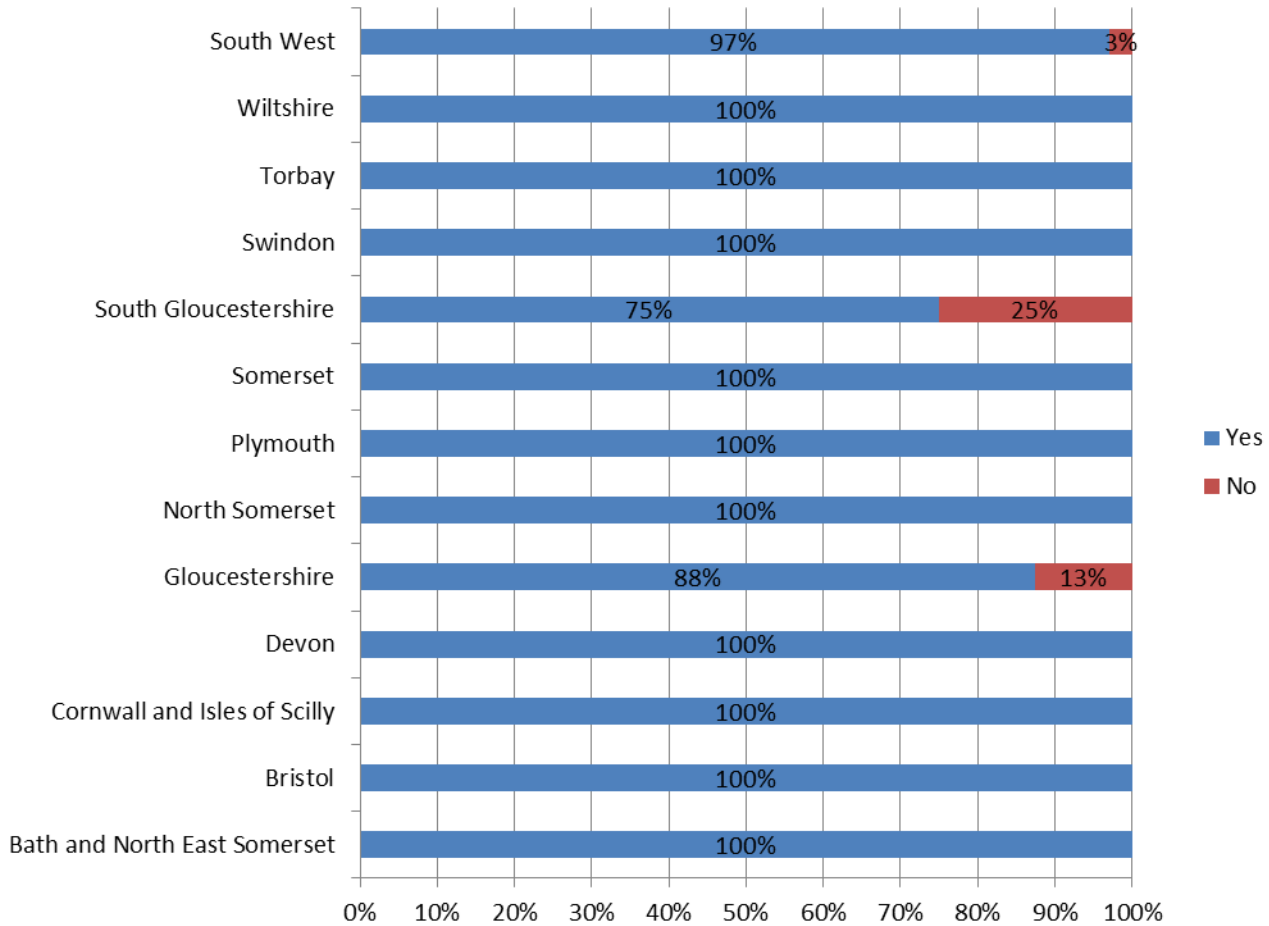


Figure 11. Inclusion of NDTMS Consent and Confidentiality Toolkit V6.3 within organisation’s consent policy

As can be seen from Figure 11, all but two service 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.

The following treatment providers claimed they were not using confidentiality toolkit v6.3:

- The Nelson Trust (Gloucestershire)
- Battle Against Tranquilisers (South Gloucestershire)

As this is so vital to the collation of NDTMS data, all treatment providers that did not respond to the survey will also be contacted to ensure they are using the confidentiality toolkit v6.3.

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?

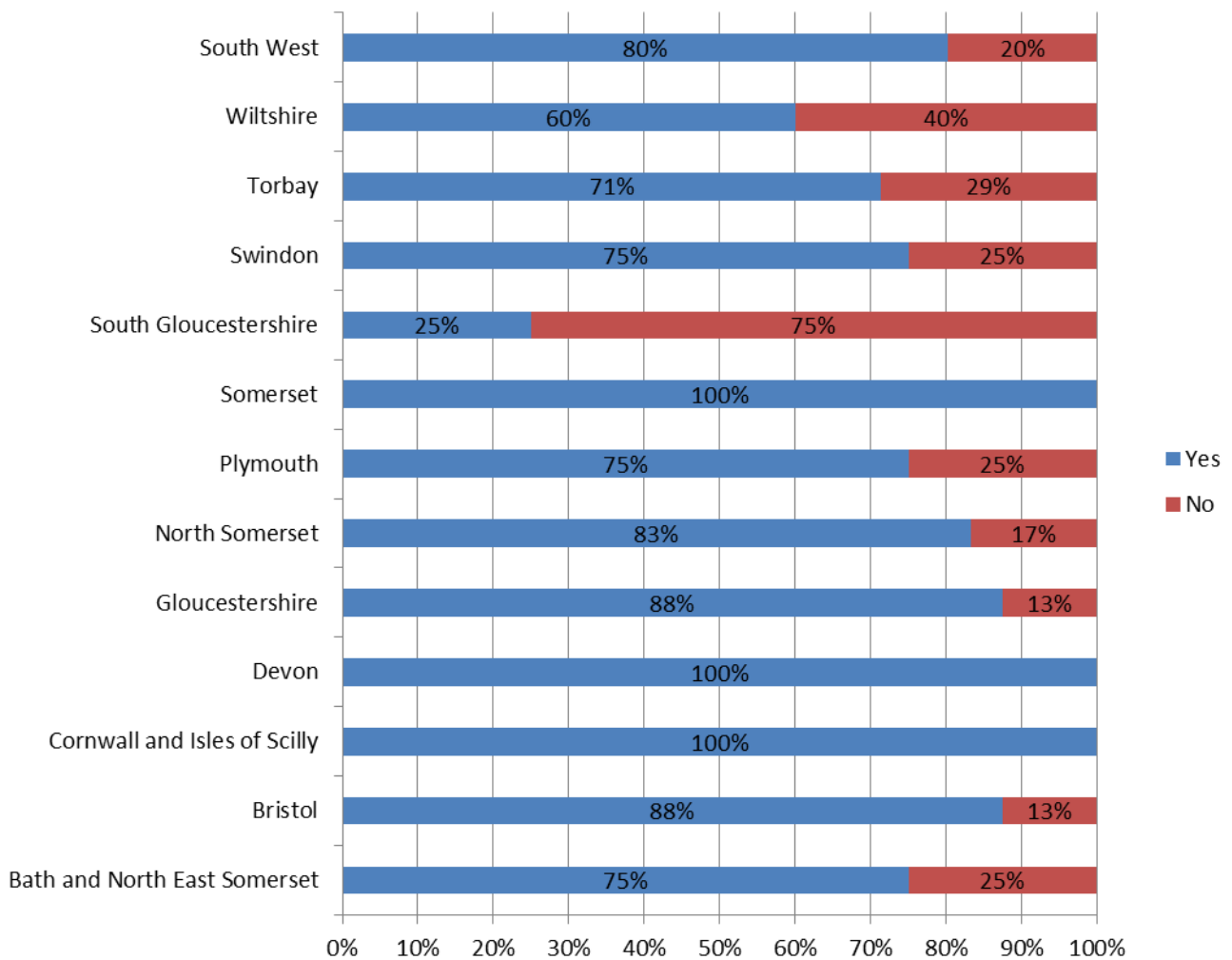


Figure 12. Presence of a business continuity plan covering how agencies will submit data to the NDTMS if their NDTMS system should fail

Regionally, 20% 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.

The treatment providers do not have business continuity plans in place are:

- Homeless Healthcare Team (Bath and North East Somerset)
- Bristol YOT (Bristol)
- THE NELSON TRUST (Gloucestershire)
- Sefton Park (North Somerset)
- Trevi House (Plymouth)
- Battle against Tranquillizers (South Gloucestershire)
- SOUTH GLOUCESTERSHIRE YP SERVICE (South Gloucestershire)
- Youth Offending Team (South Gloucestershire)
- SWADS (Swindon)
- Checkpoint (Torbay)
- Torbay YOT (Torbay)
- ACTION ON ADDICTION - CLOUDS HOUSE (Wiltshire)
- Motiv8 Young People's Drug & Alcohol Treatment Service (Wiltshire)
- Homeless Healthcare Team (Bath and North East Somerset)
- Bristol YOT (Bristol)
- THE NELSON TRUST (Gloucestershire)
- Trevi House (Plymouth)
- Sefton Park (North Somerset)
- Battle against Tranquillizers (South Gloucestershire)
- SOUTH GLOUCESTERSHIRE YP SERVICE (South Gloucestershire)
- Youth Offending Team (South Gloucestershire)
- SWADS (Swindon)
- Checkpoint (Torbay)
- Torbay YOT (Torbay)
- ACTION ON ADDICTION - CLOUDS HOUSE (Wiltshire)
- Motiv8 Young People's Drug & Alcohol Treatment Service (Wiltshire)

Does your business continuity plan incorporate a timetable for taking backups of your NDTMS data?

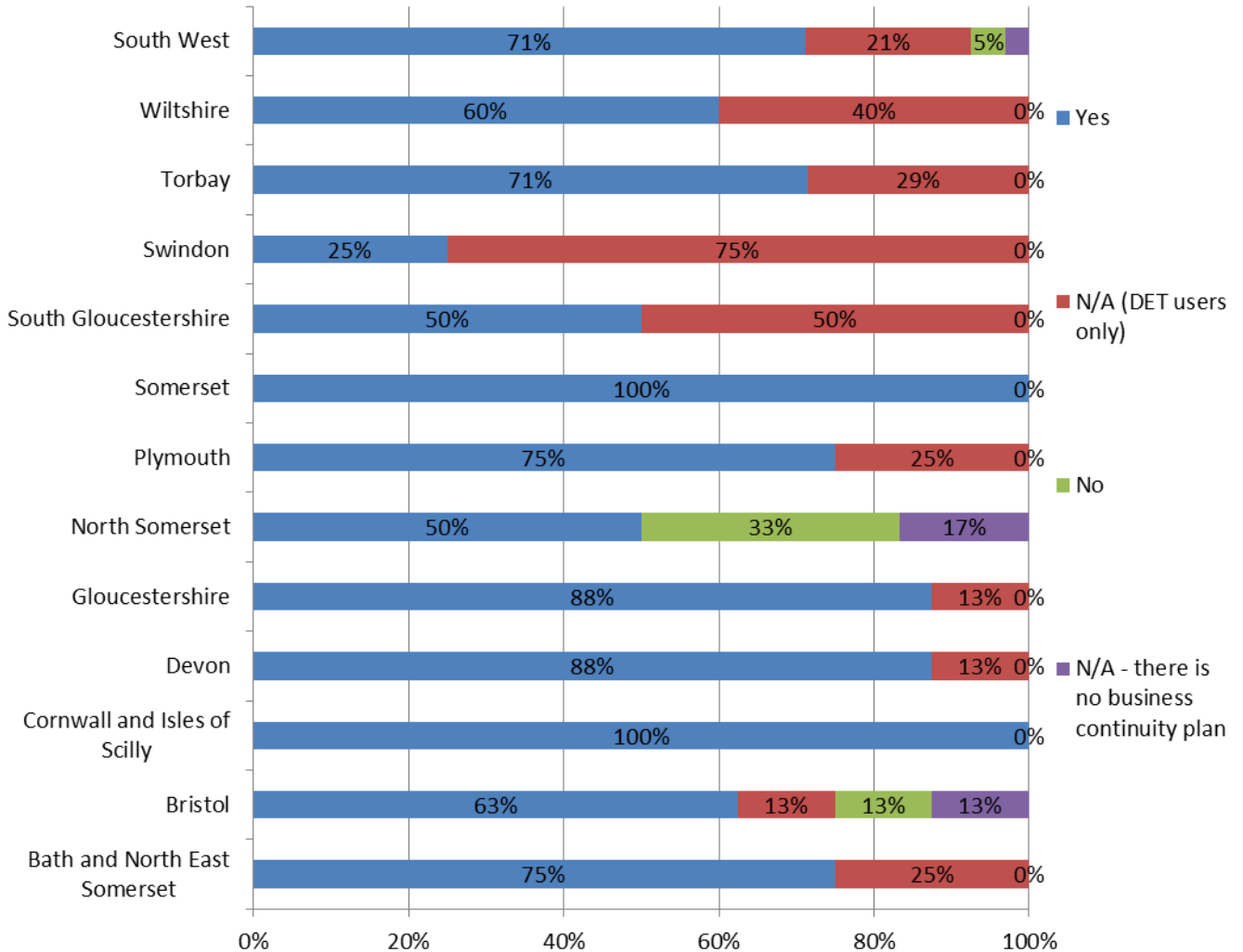


Figure 13. Presence of a business continuity plan which incorporates a timetable for taking backups of NDTMS data (please note, responses have been corrected for DET users where necessary)

Regionally, 71% 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?

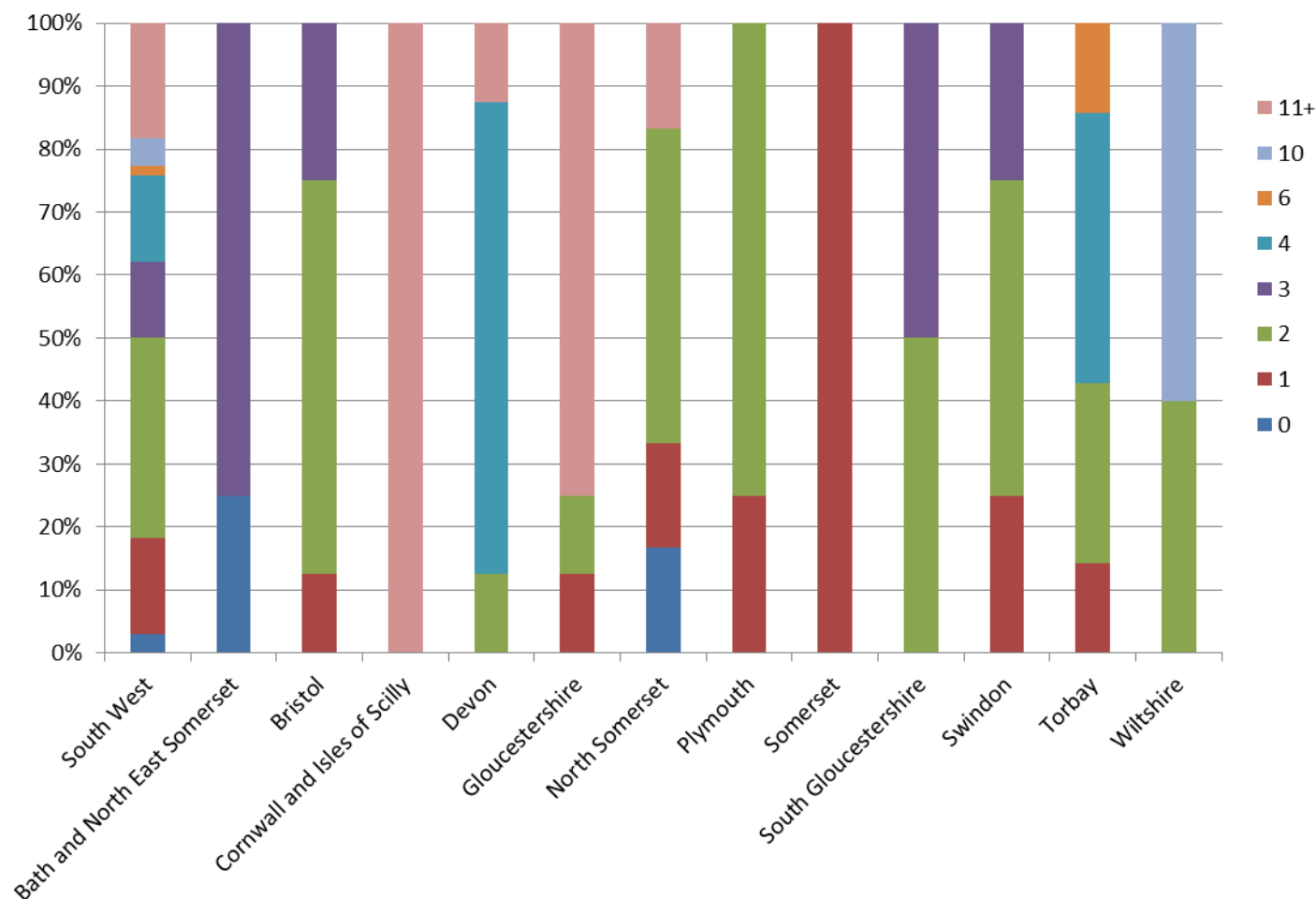


Figure 13. Number of expert NDTMS system users per provider, for the South West region and by partnership

Figure 13 shows that at least 83% (n=108) of providers regionally have at least two staff members responsible for NDTMS systems and 15% (n=20) of providers only have one person responsible for NDTMS systems. 3% (n=4) state they have no one 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.

Agencies with only 1 NDTMS expert users are:

- CHANDOS HOUSE (Bristol)
- Gloucester Youth Support Team Specialist Substance Misuse Service (Gloucestershire)
- Substance Advice Service - (SAS Young Peoples Drug Service) North Somerset
- Trevi House (Plymouth)
- Somerset Coast-Turning Point (Somerset)
- Mendip-Turning Point (Somerset)
- South Somerset - Turning Point (Somerset)

- Taunton Deane - Turning Point (Somerset)
- U-Turn Swindon (Swindon)
- Torbay YOT (Torbay)
- CHANDOS HOUSE (Bristol)
- Gloucester Youth Support Team Specialist Substance Misuse Service (Gloucestershire)
- Trevi House (Plymouth) (Plymouth)
- Substance Advice Service - (SAS Young Peoples Drug Service) (North Somerset)
- Somerset Coast-Turning Point (Somerset)
- Mendip-Turning Point (Somerset)
- South Somerset - Turning Point (Somerset)
- Taunton Deane - Turning Point (Somerset)
- U-Turn Swindon (Swindon)
- Torbay YOT(Torbay)

Agencies with 0 NDTMS expert users are:

- Homeless Healthcare Team (Bath and North East Somerset)
- Western Counselling (North Somerset)
- Homeless Healthcare Team (Bath and North East Somerset)
- Western Counselling (North Somerset)

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

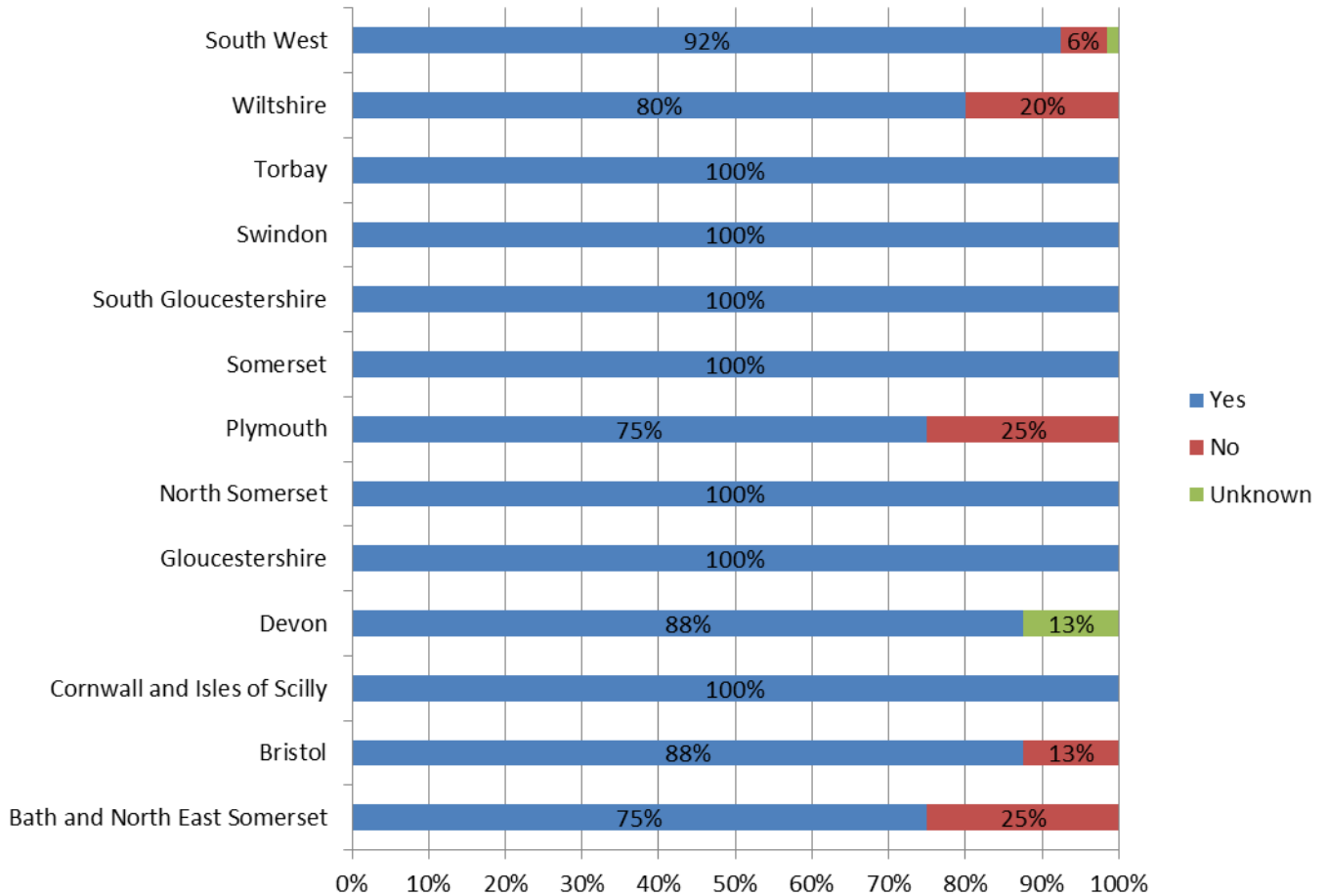


Figure 14. Resilience of NDTMS submission in case of staff absence, for the South West region and by partnership

Of particular concern, 7 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.

The 7 agencies who state they would not be able to submit to NDTMS in the absence of the person tasked to do so are:

- Homeless Healthcare Team (Bath and North East Somerset)
- Bristol YOT (Bristol)
- Trevi House (Plymouth)
- ACTION ON ADDICTION - CLOUDS HOUSE (Wiltshire)
- Homeless Healthcare Team (Bath and North East Somerset)
- Trevi House (Plymouth)
- ACTION ON ADDICTION - CLOUDS HOUSE (Wiltshire)

Frequency of reviews

Approximately how frequently does your organisation complete sub intervention reviews?

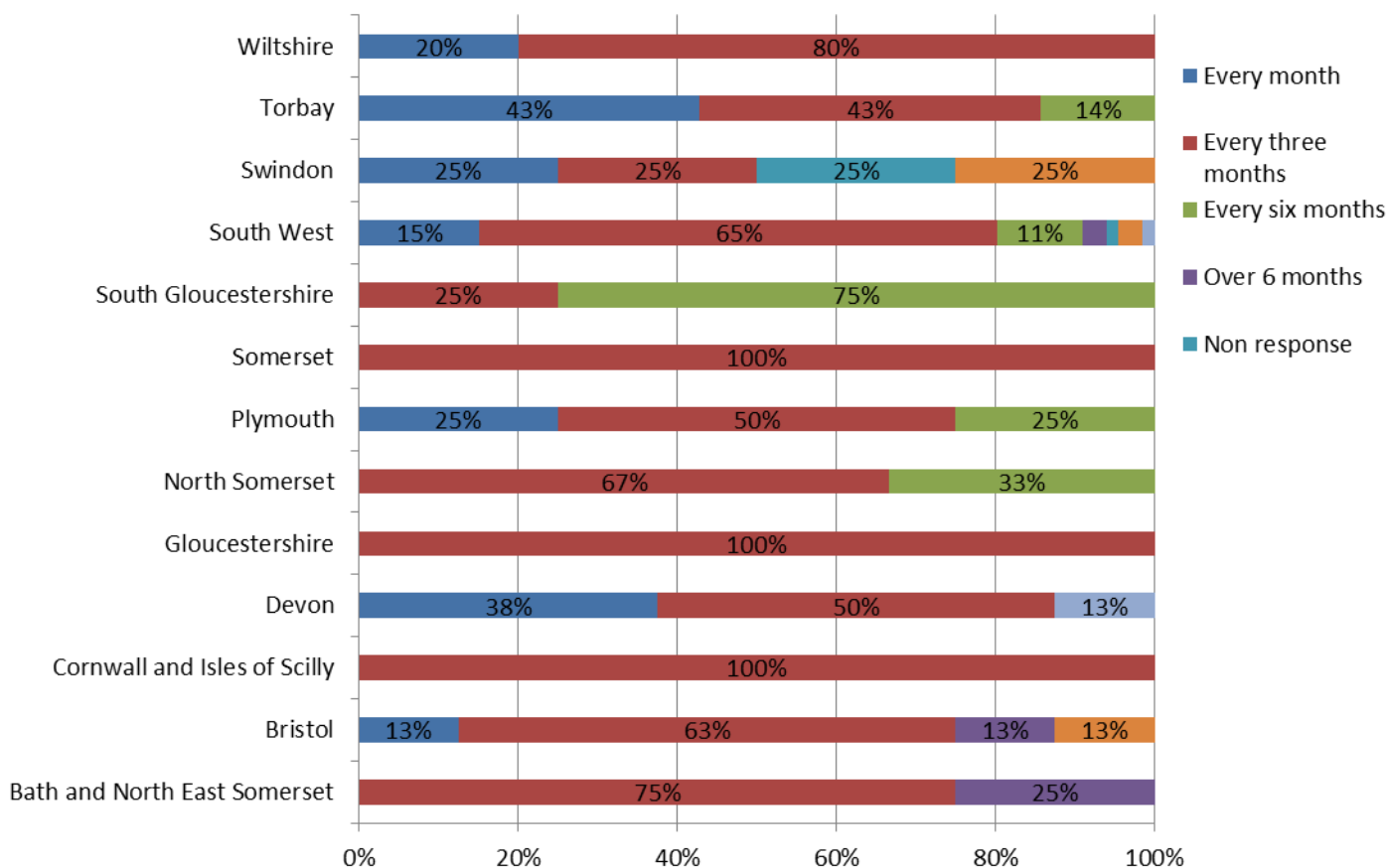


Figure 15. Frequency of sub intervention review (SIR) completion, for the South West region and by partnership

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 10 out of 66 respondents to the question completed a SIR every month, 43 complete them at least every 3 months, 7 complete at least every 6 months. 2 complete them less frequently than six monthly and 2 complete them on start and exit only. 1 stated that they never report this information.

Approximately how frequently does your organisation complete TOP?

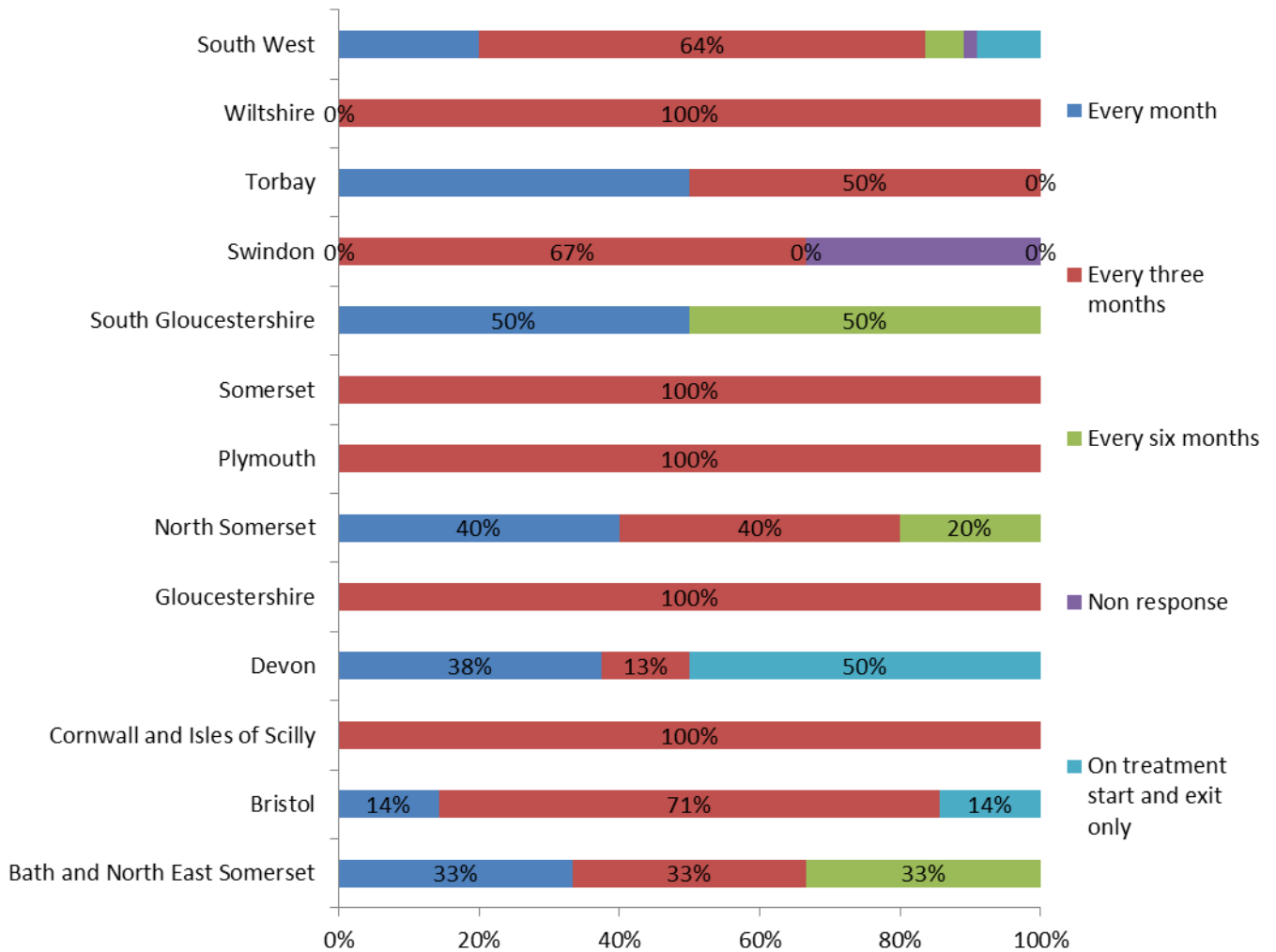


Figure 16. Frequency of treatment outcome profile (TOP) completion, for the South West region and by partnership (n = 55)

NDTMS guidance states that treatment outcome profiles (TOPs) should be completed at least every six months but facilitates more frequent reporting.

17% (n=11) of respondents stated that TOP are not applicable for their service (suggesting they use AOR or YPOR instead).

Of those who responded to the question (n=65), 11 completed TOPS every month, 35 reported that they submit TOPs at least every three months, 3 stated that they complete them at least every six months. 5 stated that they completed on start and exit of treatment episodes only, most of these services are in Bristol and Devon and these are worth further investigation.

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?

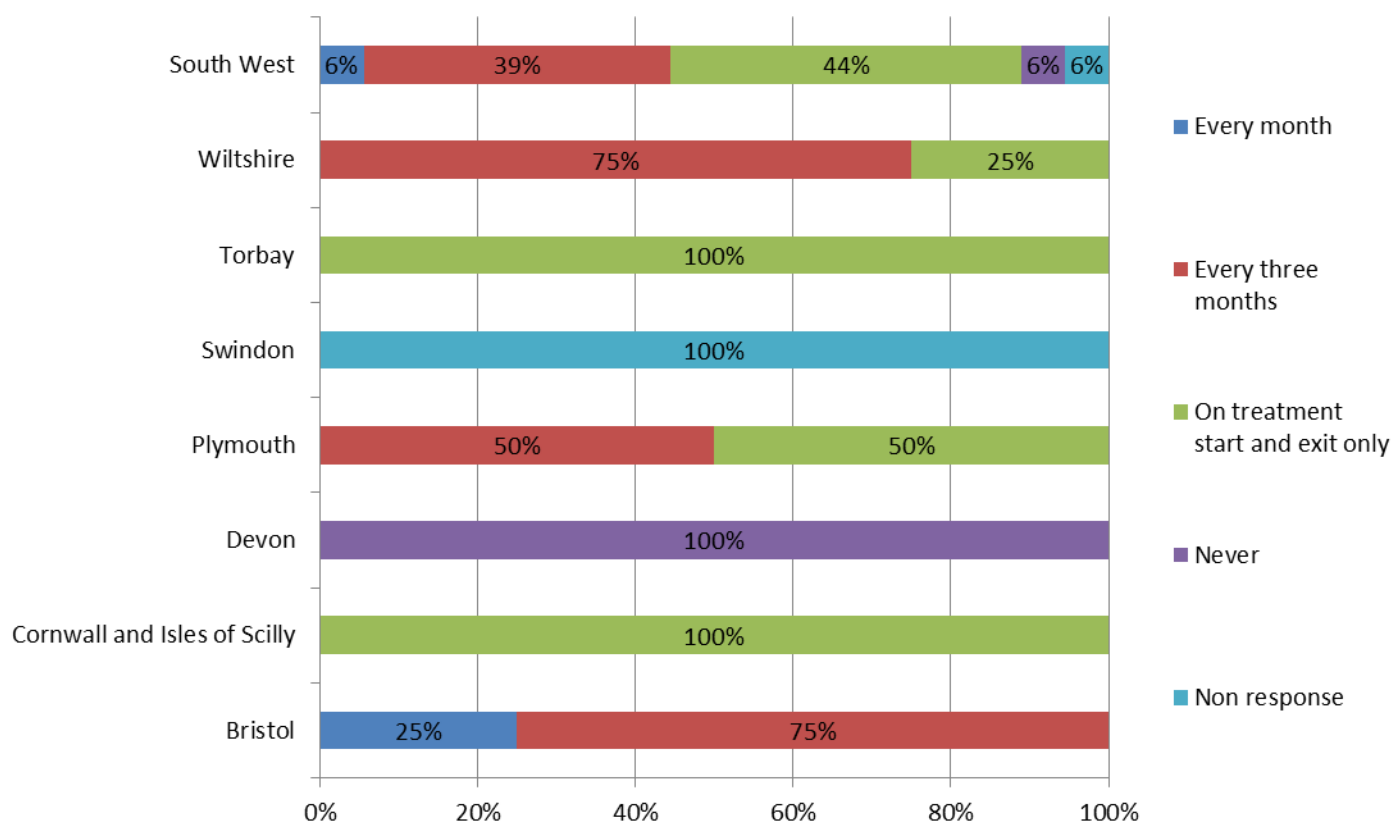


Figure 17. Frequency of alcohol outcome record (AOR) completion, for the South West region and by partnership (n = 18)

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 to not be appropriate.

65 out of 66 agencies responded to this question. 73% (n=48) of respondents in the South West 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 = 16), 8 services reported completing them at on start and exit and only 1 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 Devon 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?

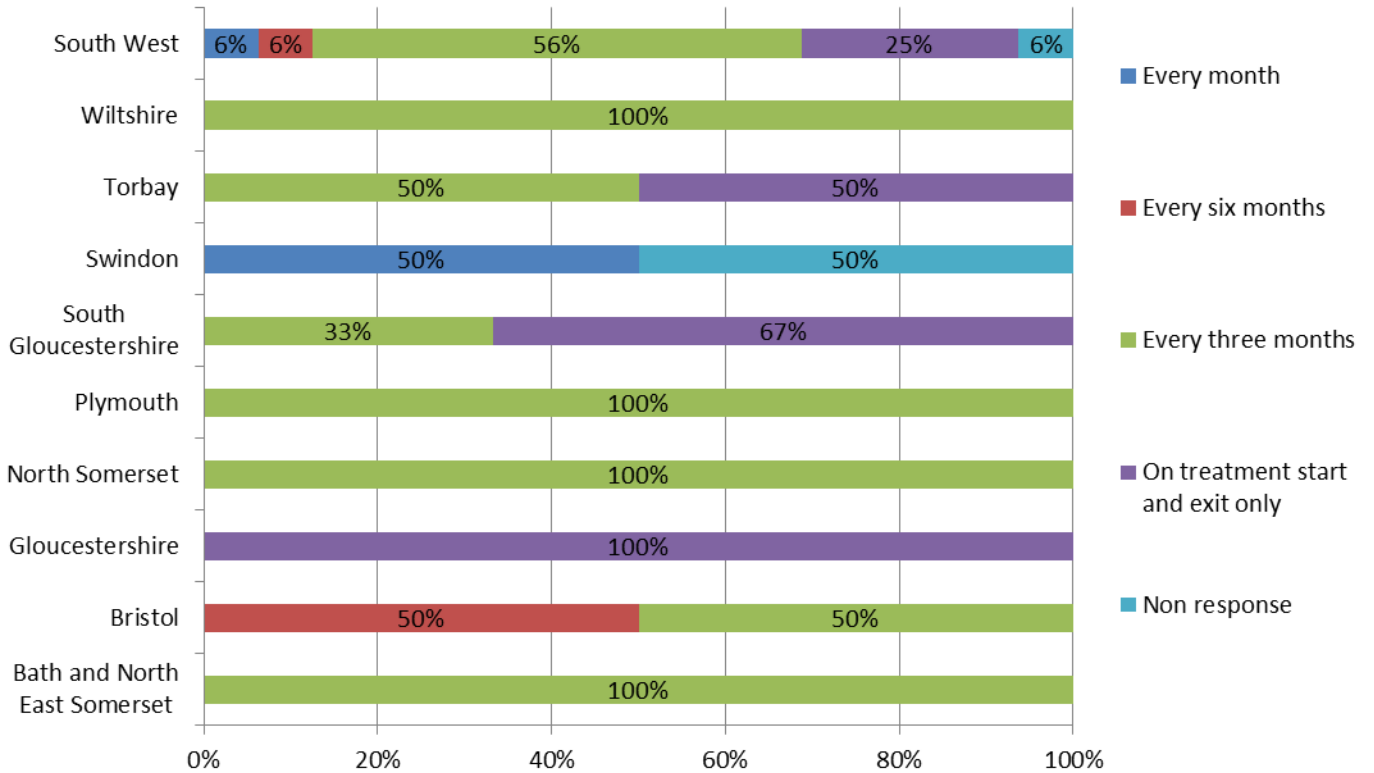


Figure 18. Frequency of young person outcome record (YPOR) completion, for the South West region and by partnership (n = 16)

NDTMS guidance states that young person outcome records (YPOR) should be completed at treatment start and exit, and more frequently if required.

65 out of 66 agencies responded to this question. 76% (n=50) of respondents from the South West 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 1 agency completes them every month, 9 complete them every 3 months, 1 every 6 months and 4 complete at least at treatment start and exit.

Mutual aid referral

Do you refer clients to mutual aid organisations?

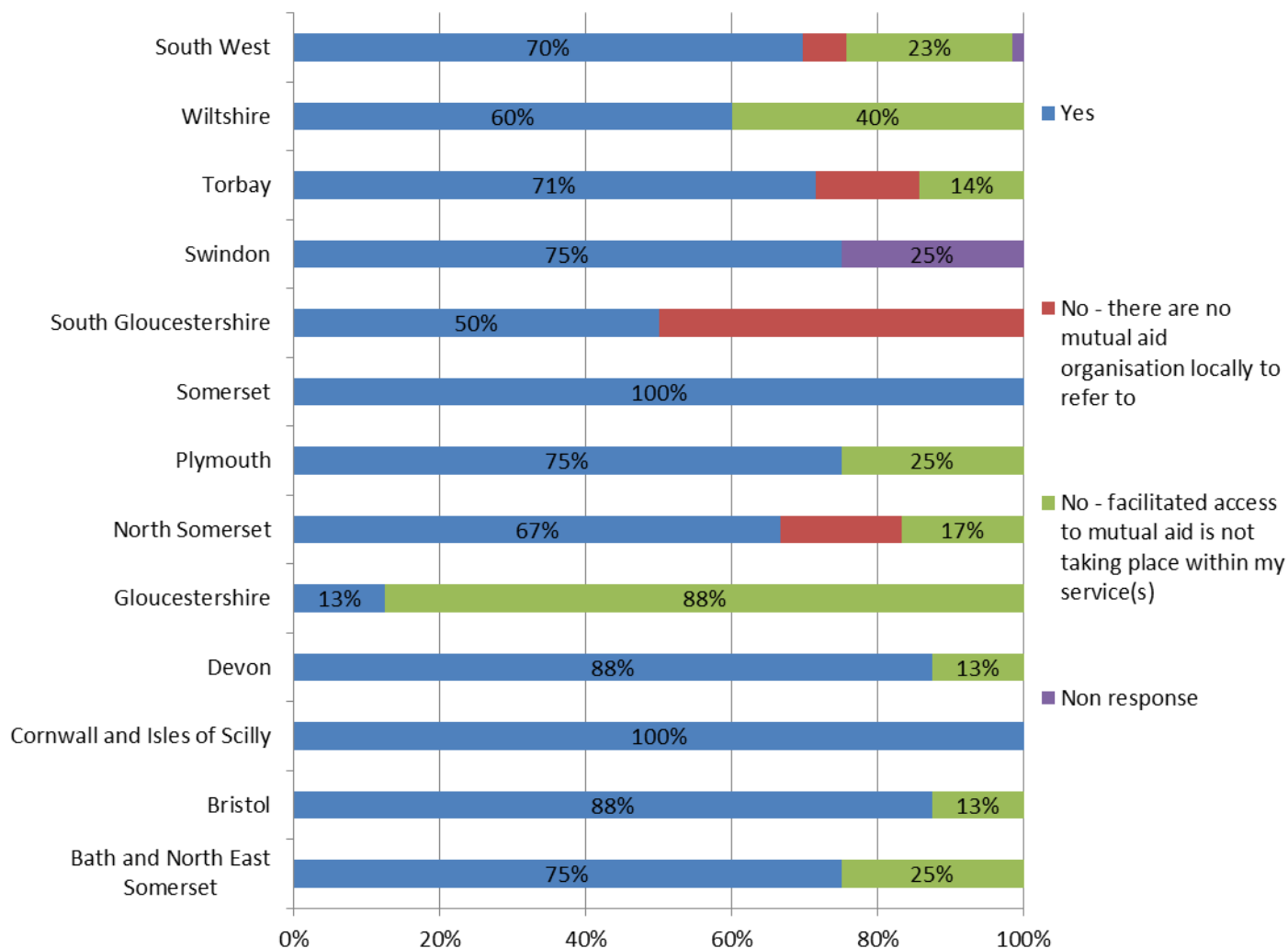


Figure 19. Occurrence of mutual aid referral, for the South West region and by partnership

64 out of 66 agencies responded to this question. Regionally, 72% (n=46) of services reported that they refer clients to mutual aid organisations (as illustrated in Figure 19). 23% (n=15) of respondents reported that they are not referring to mutual aid organisations. They are as follows:

- Homeless Healthcare Team (Bath and North East Somerset)
- Bristol Drugs & Young Peoples Project (Bristol)
- Gilead Foundation (South Gloucestershire)
- Roads to Recovery – Cheltenham (Gloucestershire)
- Roads to Recovery – Gloucester (Gloucestershire)

- Roads to Recovery – Stroud (Gloucestershire)
- Roads to Recovery: Tewksbury (Gloucestershire)
- Roads to Recovery:Cirencester (Gloucestershire)
- Roads to Recovery:Cinderford (Gloucestershire)
- Gloucester Youth Support Team Specialist Substance Misuse Service
- Westcliffe House (North Somerset)
- Harbour Young Peoples Service (Plymouth)
- Checkpoint (Torbay)
- ACTION ON ADDICTION - CLOUDS HOUSE (Wiltshire)
- Motiv8 Young People's Drug & Alcohol Treatment Service (Wiltshire)

6% (n=4) reported that there were no mutual aid services to refer to locally and they are:

- Substance Advice Service - (SAS Young Peoples Drug Service) (North Somerset)
- SOUTH GLOUCESTERSHIRE YP SERVICE (South Gloucestershire)
- Youth Offending Team (South Gloucestershire)
- Torbay YOT (Torbay)

It should be noted that all services in the Somerset and Cornwall and Isles of Scilly always refer their clients to mutual aid services.

Do you record mutual aid referrals on NDTMS?

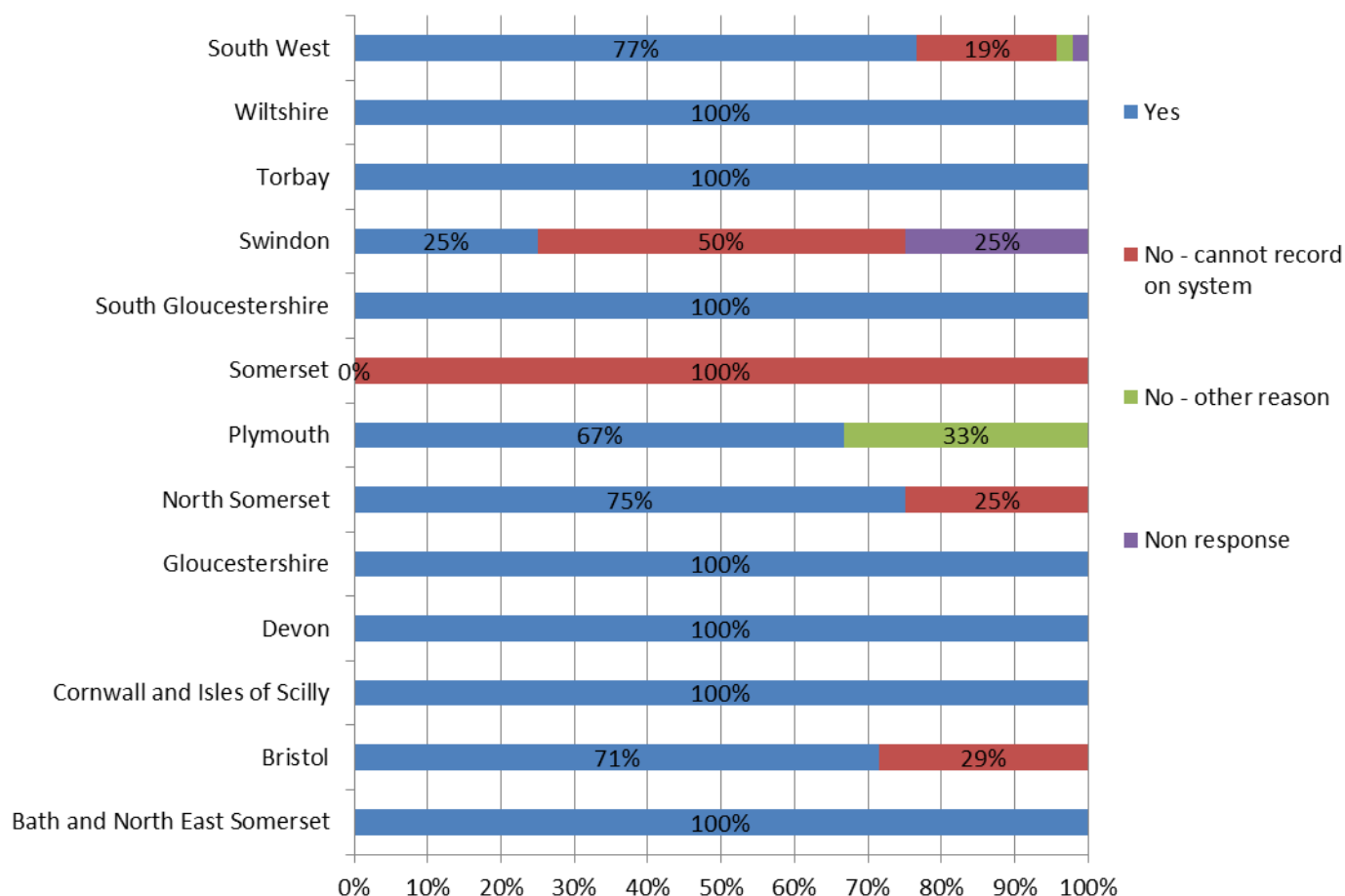


Figure 20. Recording of mutual aid referrals on NDTMS systems, for the South West region and by partnership (n = 47)

46 out of 47 agencies responded to this question. Figure 20 shows that of those who do refer to mutual aid, 78% (n=36) reported that they do record this on NDTMS systems. 20% (n=9) reported that they do not record mutual aid referrals on NDTMS systems as they are unable to do so. They are:

- SC204 Serenity House BARS (Bristol)
- SC315 CHANDOS HOUSE (Bristol)
- SJ308 Sefton Park (North Somerset)
- SK216 Somerset Coast-Turning Point (Somerset)
- SK217 Mendip-Turning Point (Somerset)
- SK218 South Somerset - Turning Point (Somerset)
- SK219 Taunton Deane - Turning Point (Somerset)
- SM202 SWADS (Swindon)
- SM305 Salvation Army - Gloucester House (Swindon)

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. South West agencies who completed the NDTMS provider survey 2014

DAT area	Parent organisation	Agency
Bath and North East Somerset	Avon and Wiltshire Mental Health Partnership NHS Trust	SA103 SDAS (BANES)
Bath and North East Somerset	DHI	SA205 Developing Health & Independence Banes
Bath and North East Somerset	Bath and NE Somerset PCT	SA307 Homeless Healthcare Team
Bath and North East Somerset	Unspecified	SA507 Project 28
Bristol	Avon and Wiltshire Mental Health Partnership Trust	SC101 BSDAS Inpatient
Bristol	Avon and Wiltshire Mental Health Partnership Trust	SC102 BSDAS Change
Bristol	Unspecified	SC203 St Mungos Engagement
Bristol	Serenity House B.A.R.S	SC204 Serenity House BARS
Bristol	Chandos House	SC315 CHANDOS HOUSE
Bristol	Bristol City Council	SC519 Bristol YOT
Bristol	Bristol City Council	SC520 Bristol Drugs & Young Peoples Project
Bristol	Avon and Wiltshire Mental Health Partnership NHS Trust	SC522 Bristol CJIT / Impact Bristol
Cornwall and Isles of Scilly	Addaction	SD205 Addaction West Cornwall
Cornwall and Isles of Scilly	Addaction	SD206 Addaction Mid Cornwall
Cornwall and Isles of Scilly	Addaction	SD207 Addaction North & East Cornwall
Cornwall and Isles of Scilly	Addaction	SD301 Addaction Chy Colom Cornwall
Devon	Devon Partnership NHS Trust	SE105 Devon Drug Service - S&W Devon
Devon	Devon Partnership NHS Trust	SE106 Devon Drug Service - EE&M Devon
Devon	Devon Partnership NHS Trust	SE107 Devon Drug Service - North Devon
Devon	Addaction	SE215 Devon Alcohol Service - Addaction
Devon	Gilead Foundation	SE217 Gilead Foundation
Devon	Devon Partnership NHS Trust	SE218 Devon Alcohol Service - EE & M Devon
Devon	Devon Partnership NHS Trust	SE219 Devon Alcohol Service - S&W Devon
Devon	Devon Partnership NHS Trust	SE220 Devon Alcohol Service - North Devon
Gloucestershire	Turning Point	SG206 Roads to Recovery - Cheltenham
Gloucestershire	Turning Point	SG207 Roads to Recovery - Gloucester

Gloucestershire	Turning Point	SG208 Roads to Recovery - Stroud
Gloucestershire	Turning Point	SG209 Roads to Recovery: Tewksbury
Gloucestershire	Turning Point	SG212 Roads to Recovery:Cirencester
Gloucestershire	Turning Point	SG213 Roads to Recovery:Cinderford
Gloucestershire	The Nelson Trust	SG309 THE NELSON TRUST
Gloucestershire	Gloucestershire County Council	SG505 Glos Youth Support Team Specialist Substance Misuse Service
North Somerset	Addiction Recovery Agency	SJ204 ARA - North Somerset
North Somerset	Western Counselling	SJ207 Western Counselling
North Somerset	Addaction	SJ209 Addaction North Somerset
North Somerset	Sefton Park	SJ308 Sefton Park
North Somerset	Westcliffe House	SJ312 Westcliffe House
North Somerset	North Somerset CSDAT	SJ505 Substance Advice Service - (SAS Young Peoples Drug Service)
Plymouth	Harbour Centre (Plymouth)	SH204 Harbour Drug & Alcohol Services
Plymouth	Hamoaze House	SH205 Hamoaze House
Plymouth	Trevi House	SH307 Trevi House
Plymouth	Harbour Centre (Plymouth)	SH507 Harbour Young Peoples Service
Somerset	Turning Point	SK216 Somerset Coast-Turning Point
Somerset	Turning Point	SK217 Mendip-Turning Point
Somerset	Turning Point	SK218 South Somerset - Turning Point
Somerset	Turning Point	SK219 Taunton Deane - Turning Point
South Gloucestershire	DHI	SL101 Developing Health & Independence South Glocs
South Gloucestershire	South Gloucestershire Council	SL202 Battle against Tranquillizers
South Gloucestershire	South Gloucestershire Council	SL504 SOUTH GLOUCESTERSHIRE YP SERVICE
South Gloucestershire	South Gloucestershire Council	SL505 Youth Offending Team
Swindon	CRI	SM201 CRI Swindon
Swindon	SWADS	SM202 SWADS
Swindon	The Salvation Army	SM305 Salvation Army - Gloucester House
Swindon	Swindon Borough Council	SM507 U-Turn Swindon
Torbay	Devon Partnership NHS Trust	SN112 Shrublands Drug & Alcohol Service
Torbay	Devon Partnership NHS Trust	SN308 Shrublands - Inpatient Admissions
Torbay	Torbay & Southern Devon Health and Care NHS Trust	SN403 Torbay Primary Care Drug Service
Torbay	Torbay & Southern Devon Health and Care NHS Trust	SN411 Torbay Primary Care Alcohol Team
Torbay	The Childrens Society	SN504 Checkpoint
Torbay	Torbay Council	SN506 Torbay YOT
Torbay	Shrublands - Criminal Justice Team	SN507 Shrublands - Criminal Justice Team
Wiltshire	Action on Addiction	SO203 ACTION ON ADDICTION -

		CLOUDS HOUSE
Wiltshire	Turning Point	SO204 Wiltshire Substance Misuse Service Chippenham
Wiltshire	Turning Point	SO205 Wiltshire Substance Misuse Services Salisbury
Wiltshire	Turning Point	SO206 Wiltshire Substance Misuse Services Trowbridge
Wiltshire	Wiltshire Council	SO508 Motiv8 Young People's Drug & Alcohol Treatment Service

Appendix 2.

Table 4. South West agencies who did not complete the NDTMS provider survey 2014

DAT area	Parent organisation	Agency
Bristol	North Bristol Trust	Young people's substance misuse service
Cornwall and Isles of Scilly	Bosence Farm Community Ltd	Bosence Farm Community Ltd
Cornwall and Isles of Scilly	Cornwall Council	YZUP
Devon	Assisi Community Care	Assisi Community Care
Devon	Devon County Council	Y-Smart (Devon)
Plymouth	Broadreach House	Broadreach House
Plymouth	Broadreach House	Longreach
Plymouth	Broadreach House	Closereach
Plymouth	Broadreach House	Broadreach Action For Change
North Somerset	Broadway Lodge	Broadway Lodge - Daycare
North Somerset	Broadway Lodge	Broadway Lodge - Daycare
Somerset	The McGarvey Fellowship	The McGarvey Fellowship
Somerset	Somewhere House	Somewhere House