



Public Health
England

NDTMS provider survey February 2014

Regional report – Yorkshire & Humber

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	1171	804	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. Yorkshire and Humber survey completion rates by Partnership

Partnership code	Partnership name	Number of providers	Number of providers with completed surveys	Completion rate %
D09B	Barnsley	5	2	40.0
D13B	Bradford	27	23	85.2
D03B	Calderdale	12	11	91.7
D14B	Doncaster	8	9	112.5
D02B	East Riding of Yorkshire	14	7	50.0
D01B	Kingston upon Hull	13	11	84.6
D04B	Kirklees	11	9	81.8
D12B	Leeds	9	9	100.0
D08B	North East Lincolnshire	10	3	30.0
D07B	North Lincolnshire	12	7	58.3
D05B	North Yorkshire	24	11	45.8
D15B	Rotherham	11	8	72.7
D11B	Sheffield	22	10	45.5
D10B	Wakefield	6	2	33.3
D06B	York	3	2	66.7
Total		187	124	66.3

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

Overall, 66.3% of Yorkshire and Humber providers responded to the survey with services from 6 out of 15 partnership areas with a greater than 80% response rate.

Provider profiles

What client group does your provider treat?

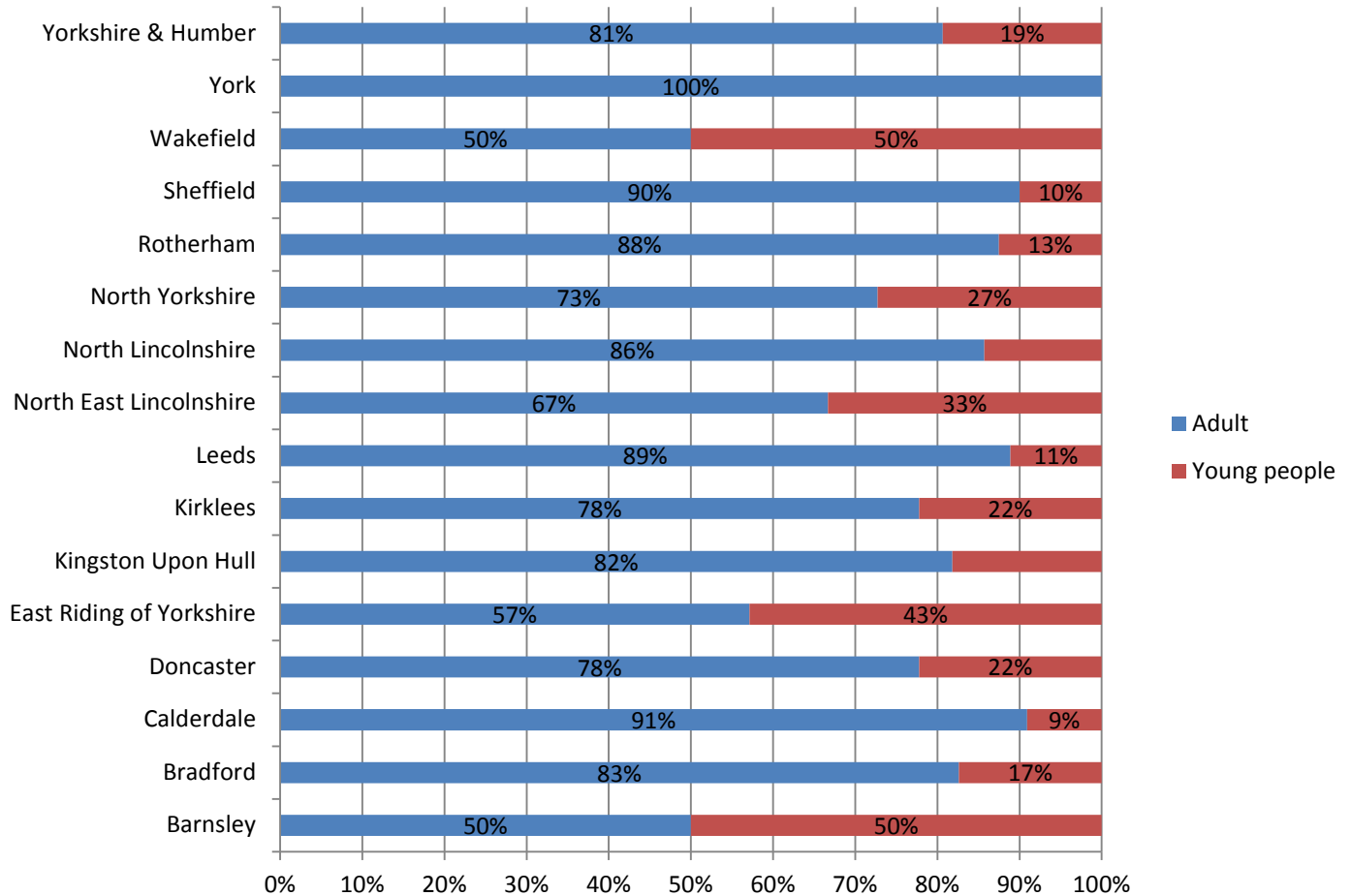


Figure 1. Client group, for the Yorkshire and Humber region and by Partnership

Regionally of the 124 providers who completed the survey, 81% report that they treat adult clients. This distribution is generally consistent across other NDTMS regions and nationally there is an 81:19 ratio.

What treatment service/s do you provide?

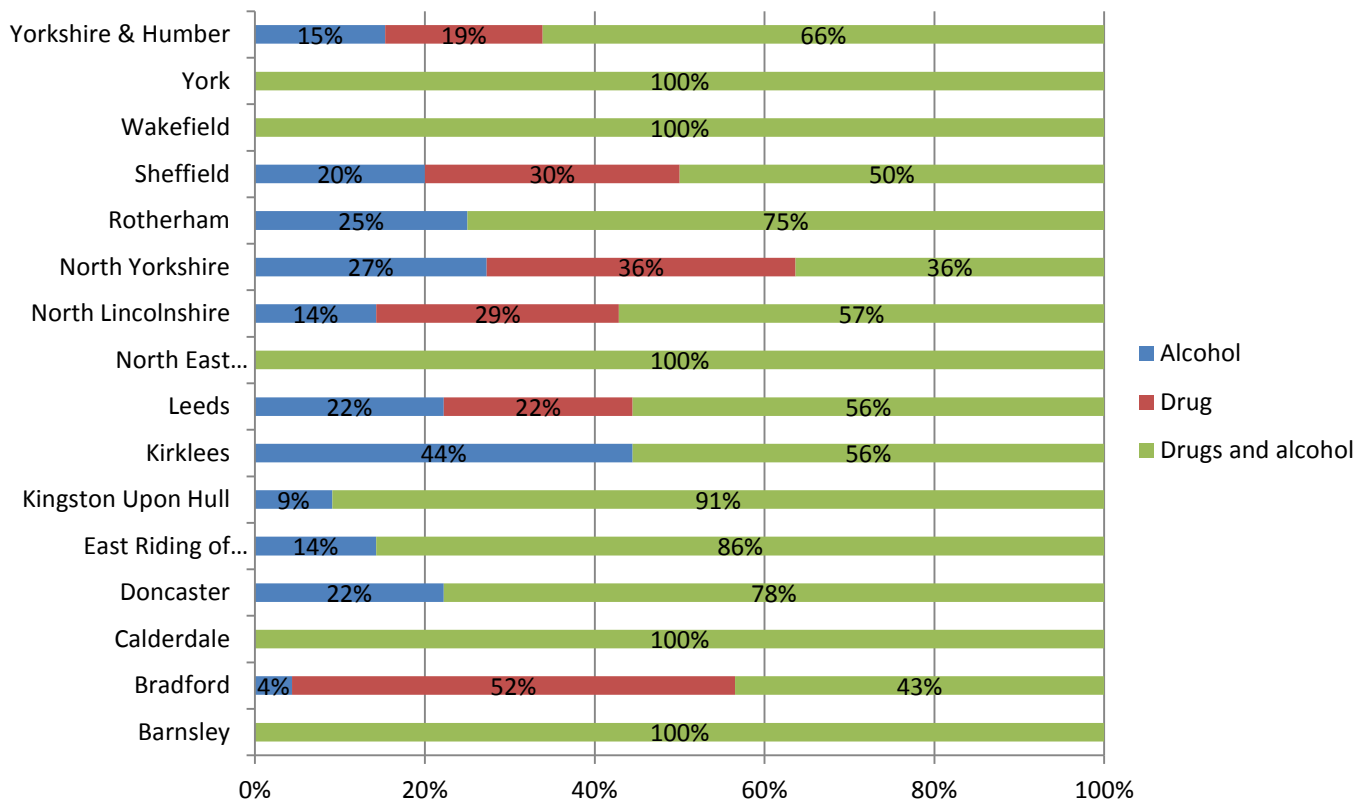


Figure 2. Treatment service offered, for the Yorkshire and Humber region and by Partnership

Figure 2 shows that of the providers that completed the survey, 15% offer alcohol only treatment, 19% offer drug only treatment and 66% offer both drug and alcohol treatment. This latter figure is the third lowest when compared with other NDTMS regions.

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

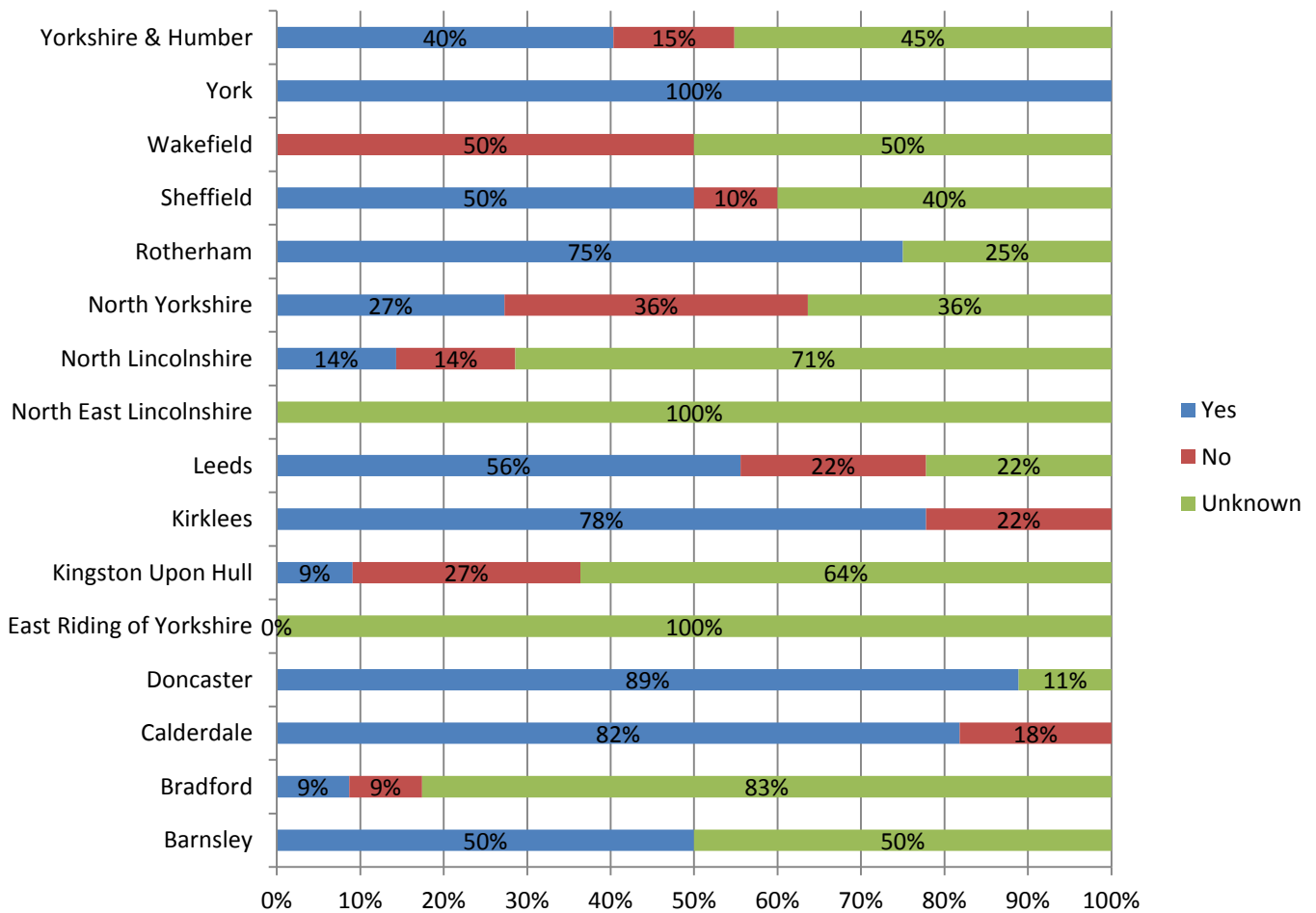


Figure 3. CQC membership, for the Yorkshire and Humber region and by Partnership

40% of survey respondents stated that they have a CQC registration number. 15% stated that they did not have a number and a further 45% 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?

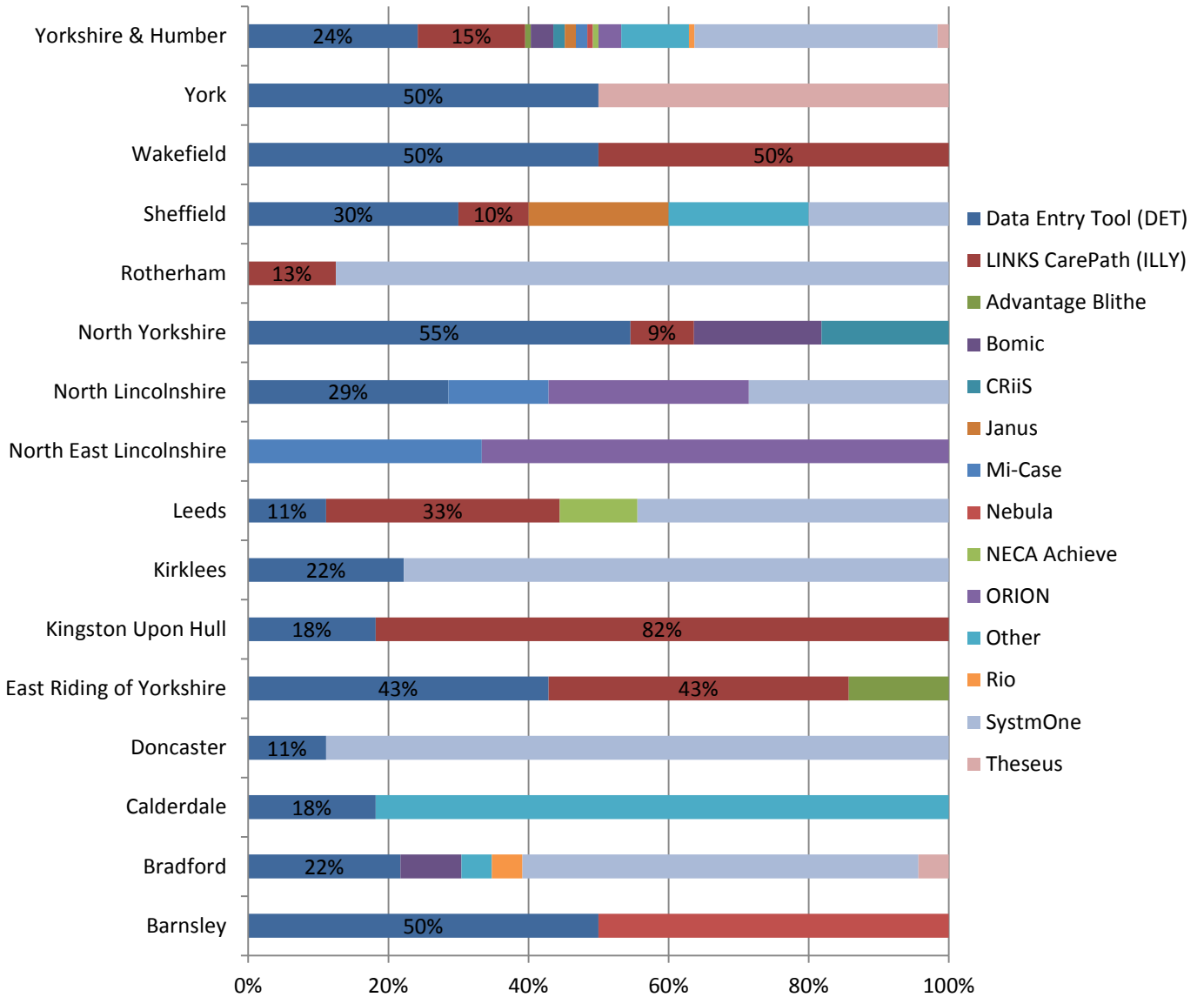


Figure 4. Software provider, for the Yorkshire and Humber region and by Partnership

Surprisingly, there are at least 13 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 SystemOne with 35%. The next most popular is the NDTMS DET with 24% followed by the Iilly Carepath system at 15%.

All areas have at least 2 systems being used by their services. The most systems used by one area is 6 in Bradford.

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

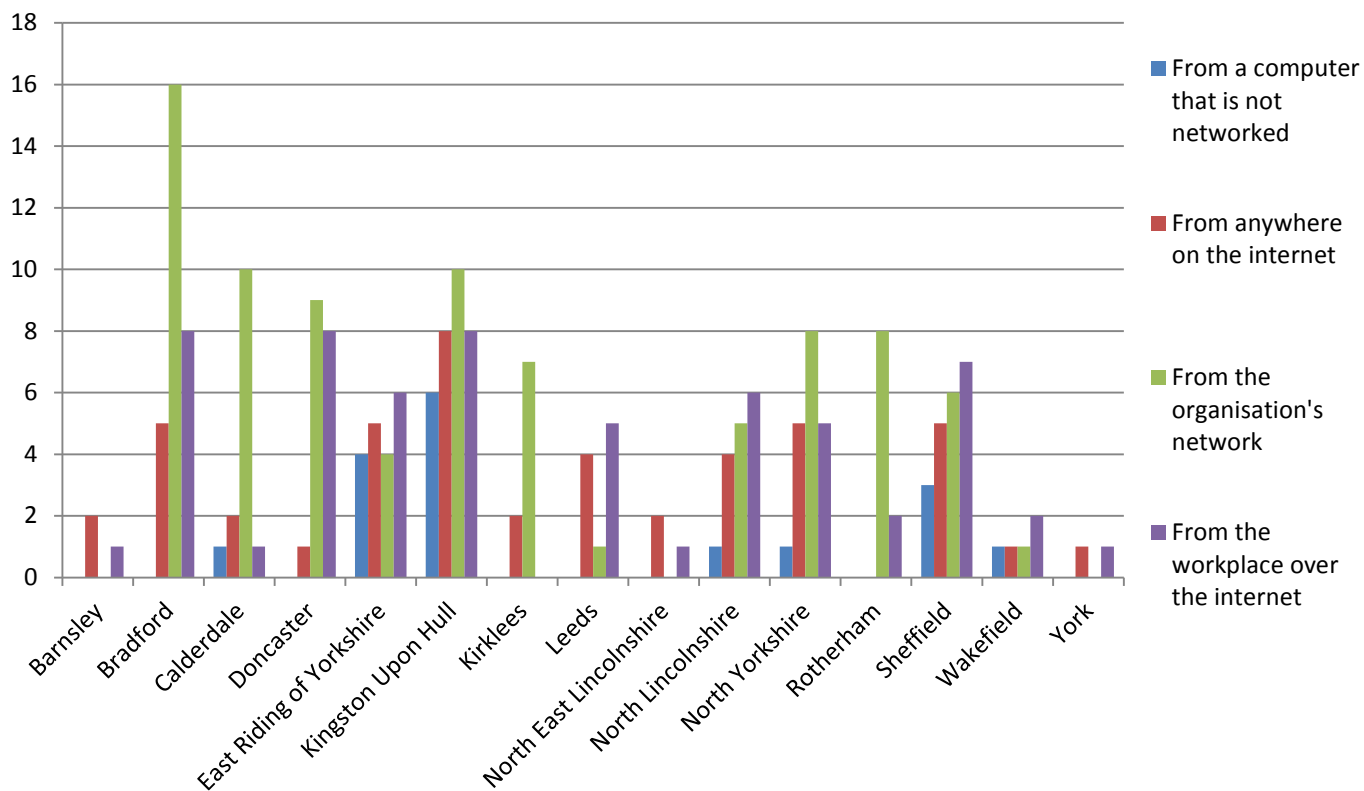


Figure 5. System access methods by Partnership (please note, respondents could select as many options as applicable for this question, therefore the categories are not mutually exclusive). Please note, where necessary answers have been corrected for DET Users who are able to access DET from anywhere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

Regionally, the most common method to access the system that is used to submit NDTMS data was from the organisation’s network (n = 85).

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?

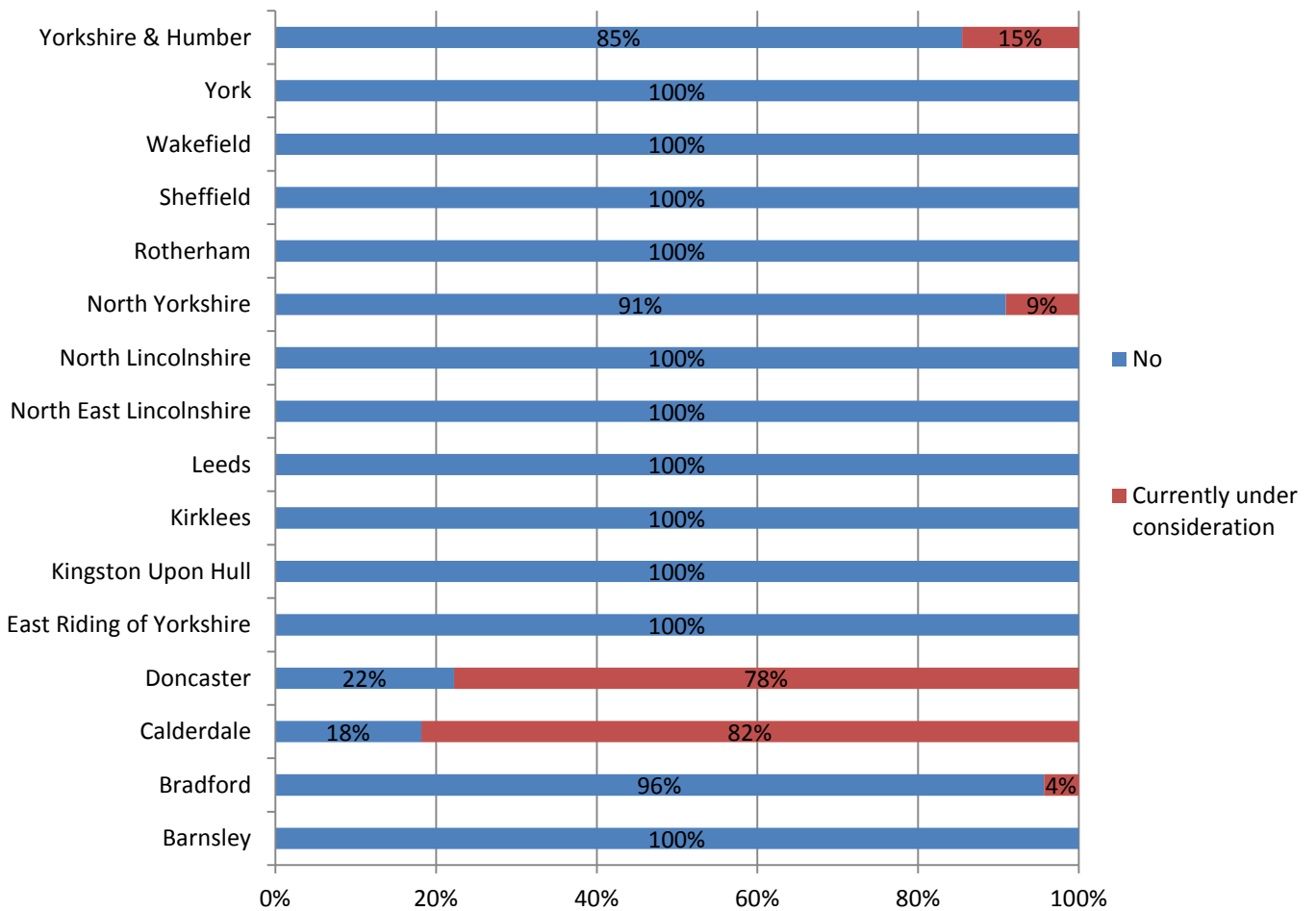


Figure 6. Software migration intentions, for the Yorkshire and Humber region and by Partnership

Figure 6 shows that regionally 15% of providers reported currently considering changing their software system. This compares to a lower figure of 11% nationally, but gives the NDTMS team some confidence that software use remains relatively stable in the Yorkshire and Humber. The main exceptions are Doncaster and Calderdale where approximately 80% of their services reported considering changes.

Are you considering changing your Case Management System?

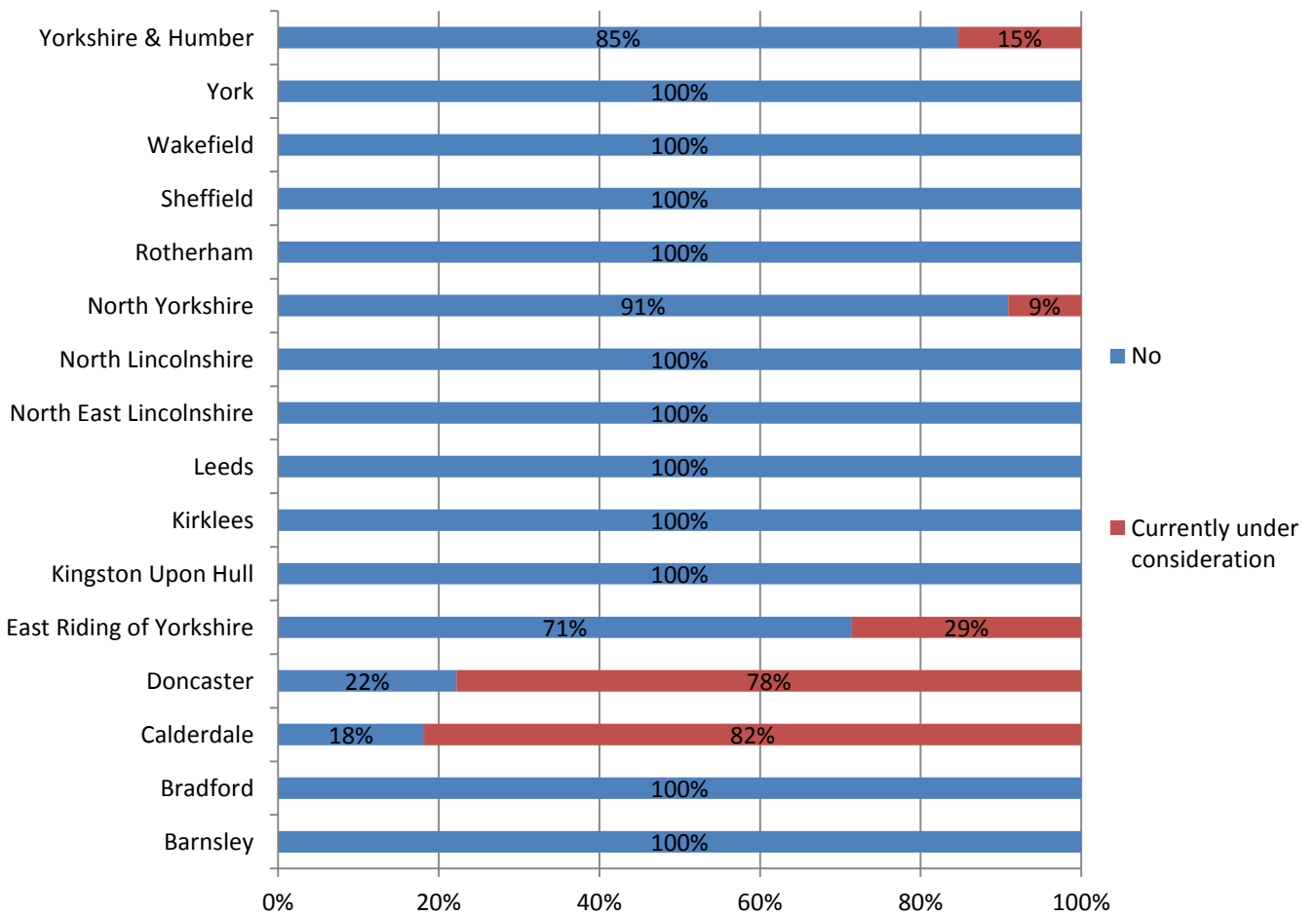


Figure 7. Intentions to change Case Management System, for the Yorkshire and Humber region and by Partnership

Figure 7 shows that 15% of providers regionally are currently considering changing their case management system (CMS) which is slightly higher than the national percentage of 11%. This gives the Yorkshire and Humber NDTMS team some confidence that CMS system choice remains relatively stable. The exceptions again are Doncaster and Calderdale with the addition of East Riding.

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)

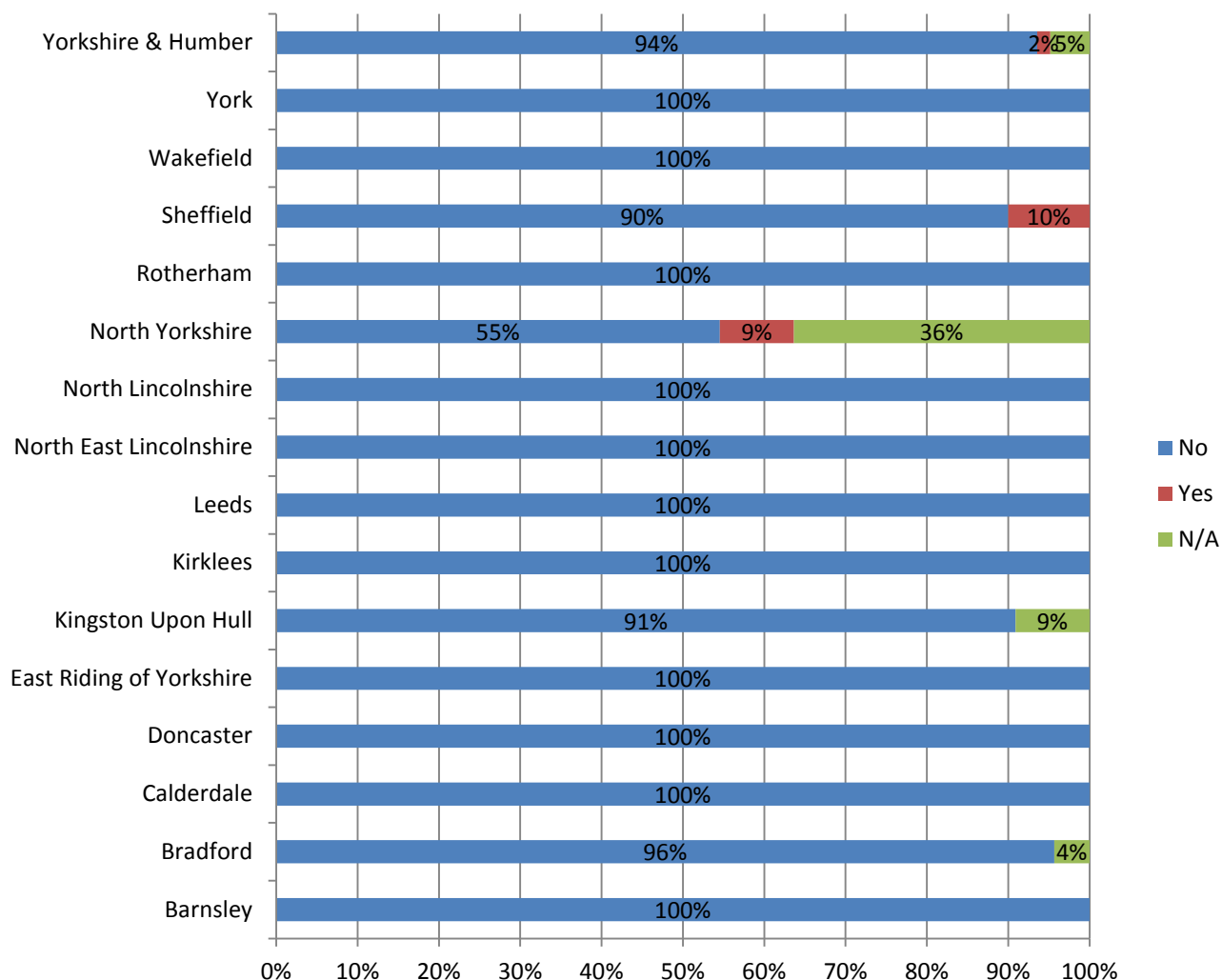


Figure 8. DAMS password sharing among staff, for the Yorkshire and Humber region and by Partnership

Regionally, only 2% 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.

Data Entry Tool (DET)

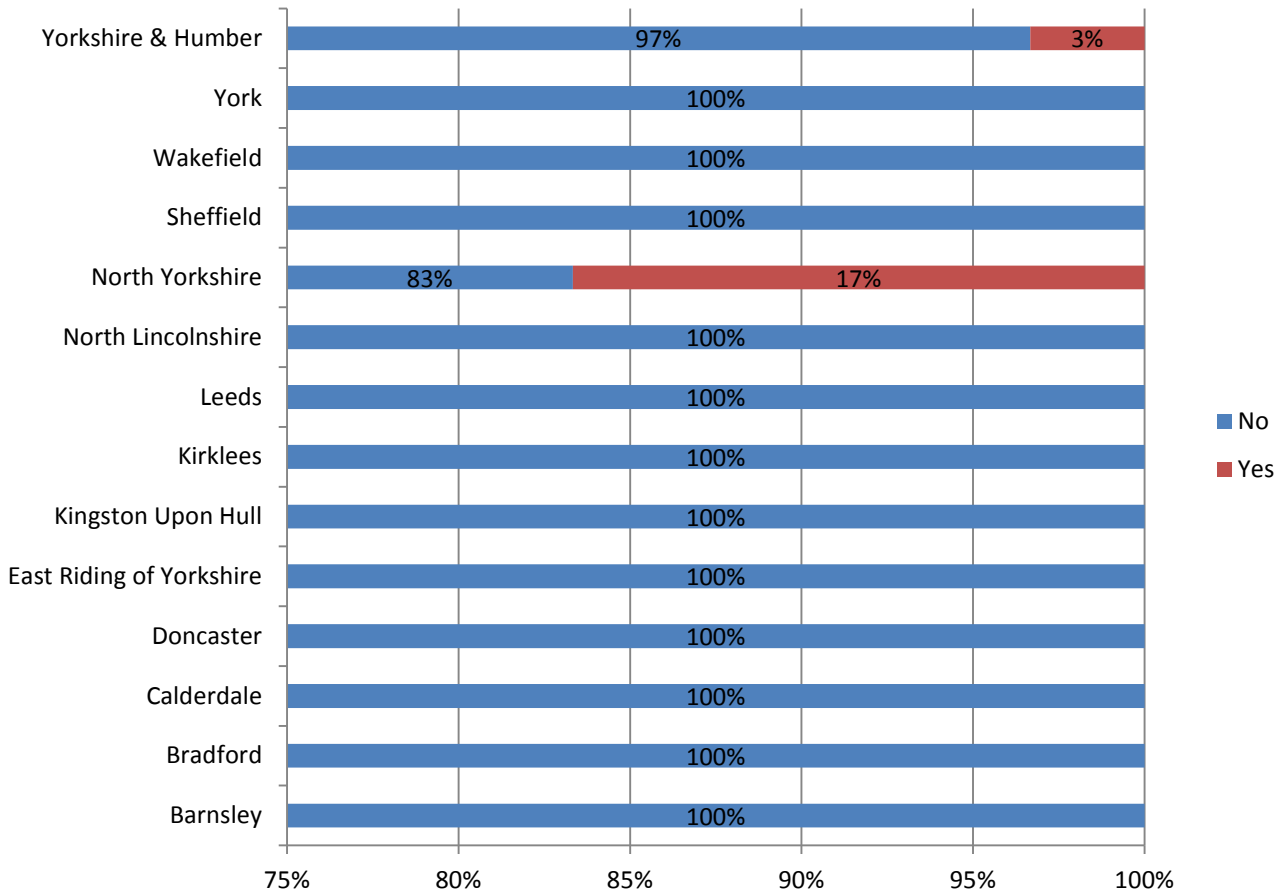


Figure 9. DET password sharing among staff, for the Yorkshire and Humber region and by Partnership (please note, for those who stated they were on a system other than DET their responses have been corrected to N/A where necessary) (n = 30)

For the vast majority of respondents (76%), this question was not applicable as they were on a system other than the DET. Figure 9 therefore only shows responses from 15 local authority areas with services using DET (n = 30).

Of respondents who are on DET, 97% stated that DET password sharing does not occur within their organisation. Whilst it is positive that this figure is so high, the fact that 3% 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 North Yorkshire where all of these responses occurred.

Prison DET

Unsurprisingly, the majority of respondents (94%) 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, 95% reported that staff did not share passwords. Fifty percent of respondents from North Yorkshire stated that they did share CJIT DET passwords. The NDTMS team will be in contact with those services who did report sharing passwords.

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

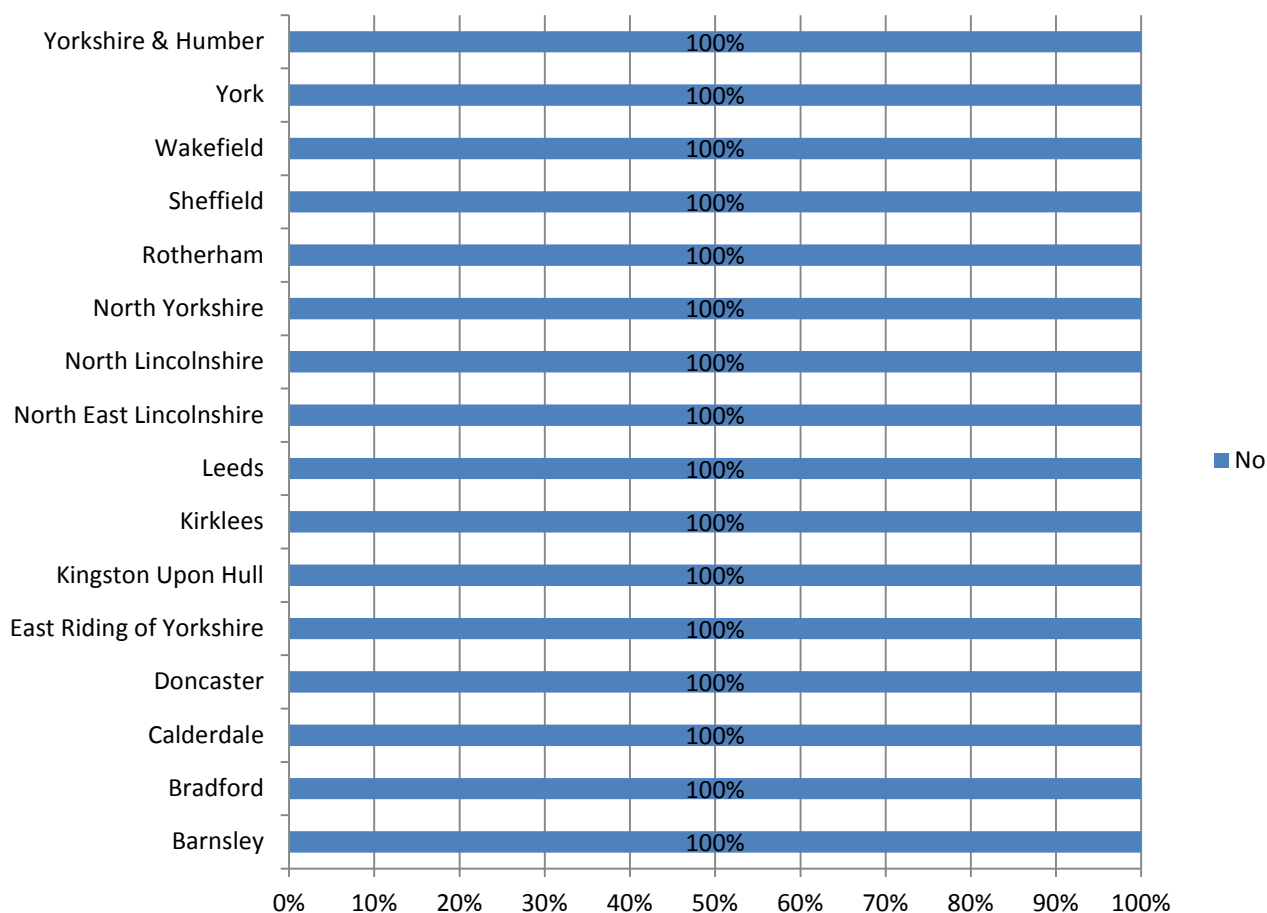


Figure 10. SFT password sharing among staff, for the Yorkshire and Humber region and by Partnership (n = 99)

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

Needle Exchange Monitoring System (NEXMS)

The majority of respondents (86%) 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?

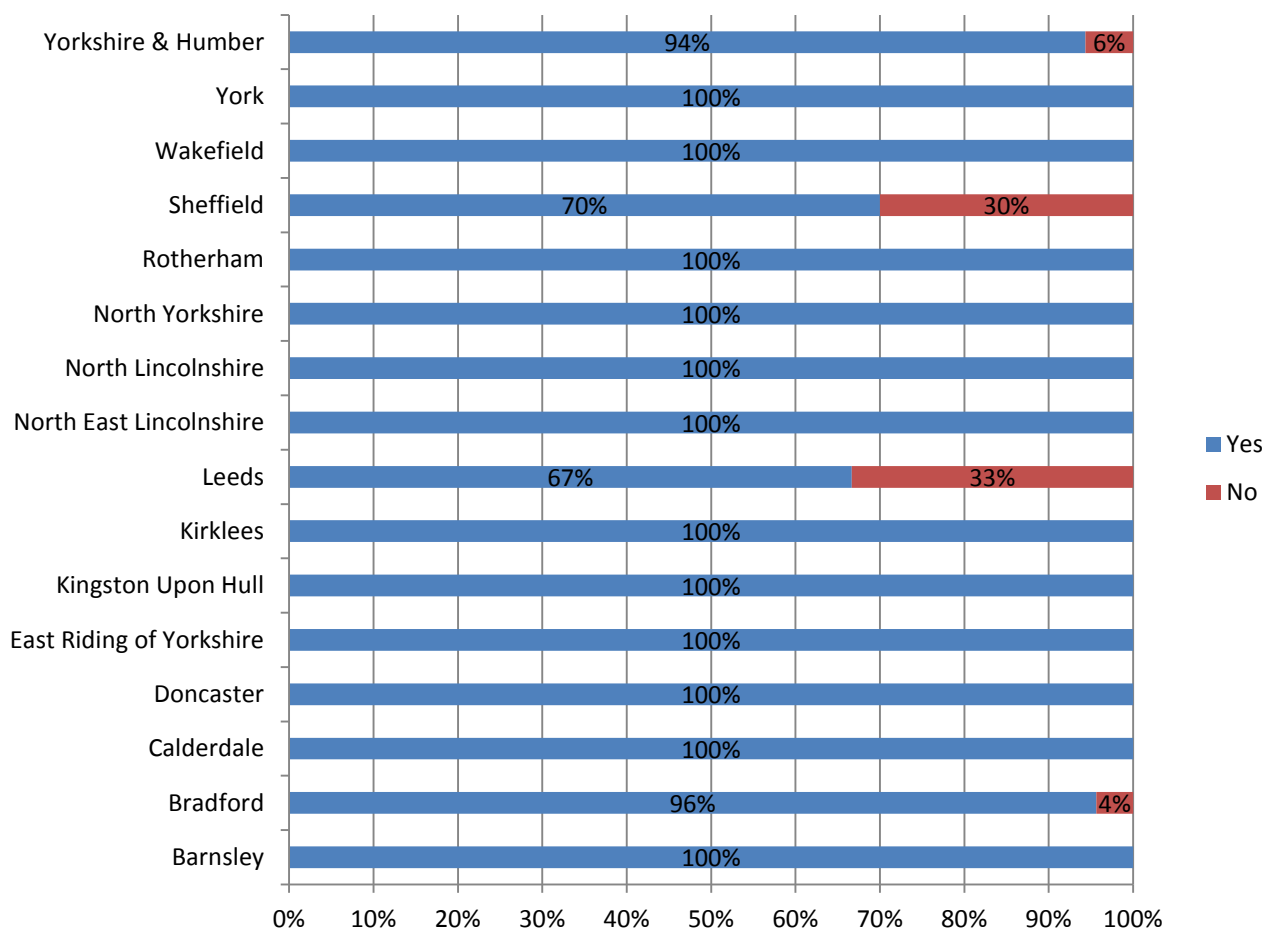


Figure 11. Inclusion of NDTMS Consent and Confidentiality Toolkit V6.3 within organisation’s consent policy

As can be seen from Figure 11, 94% of services reported including the NDTMS Consent and Confidentiality Toolkit V6.3 within their organisation’s consent policy. The 7 negative responses will have to be followed up with the services in question.

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?

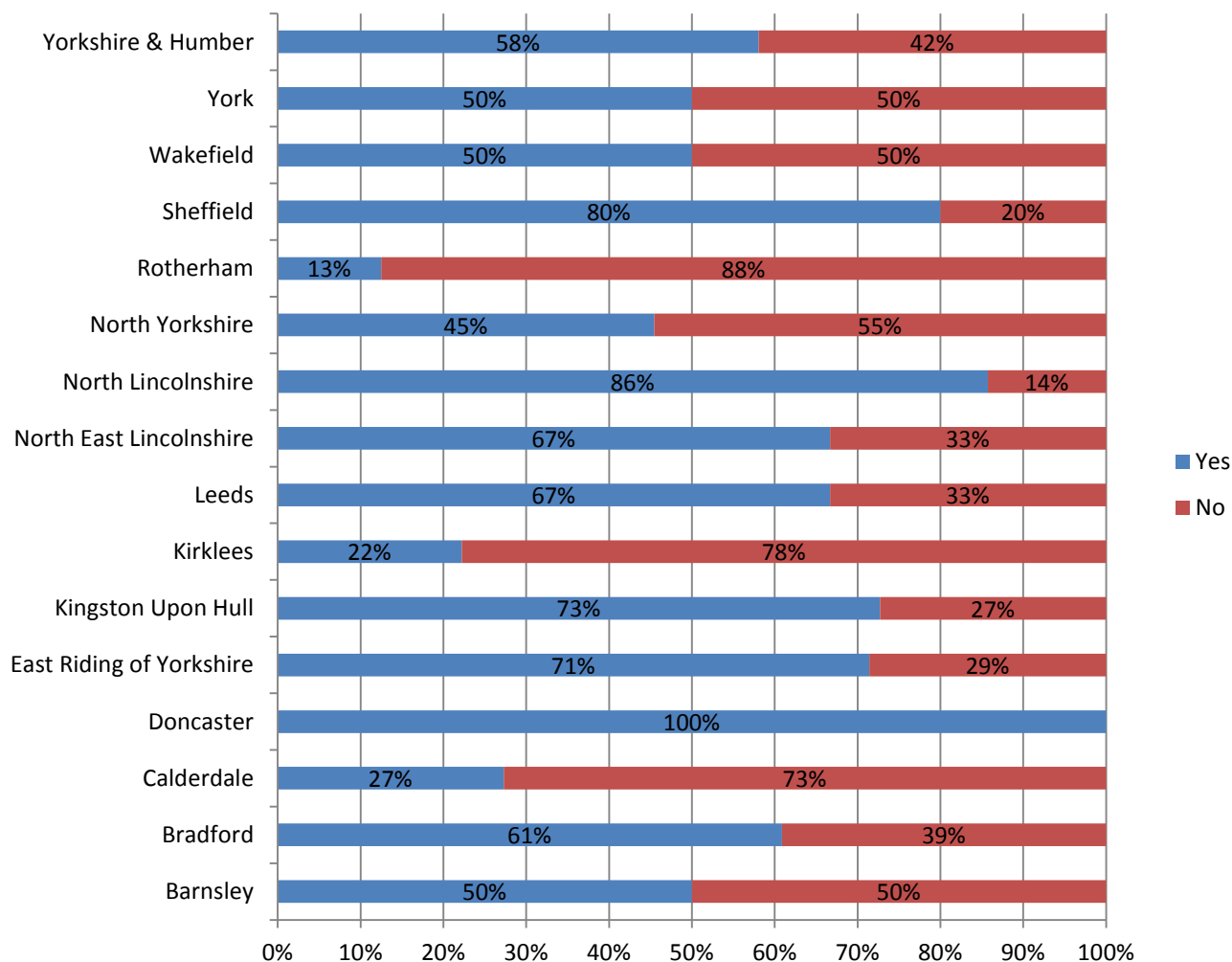


Figure 12. Presence of a Business Continuity plan covering how agencies will submit data to the NDTMS if their NDTMS system should fail

Regionally, 42% 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, 54% 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?

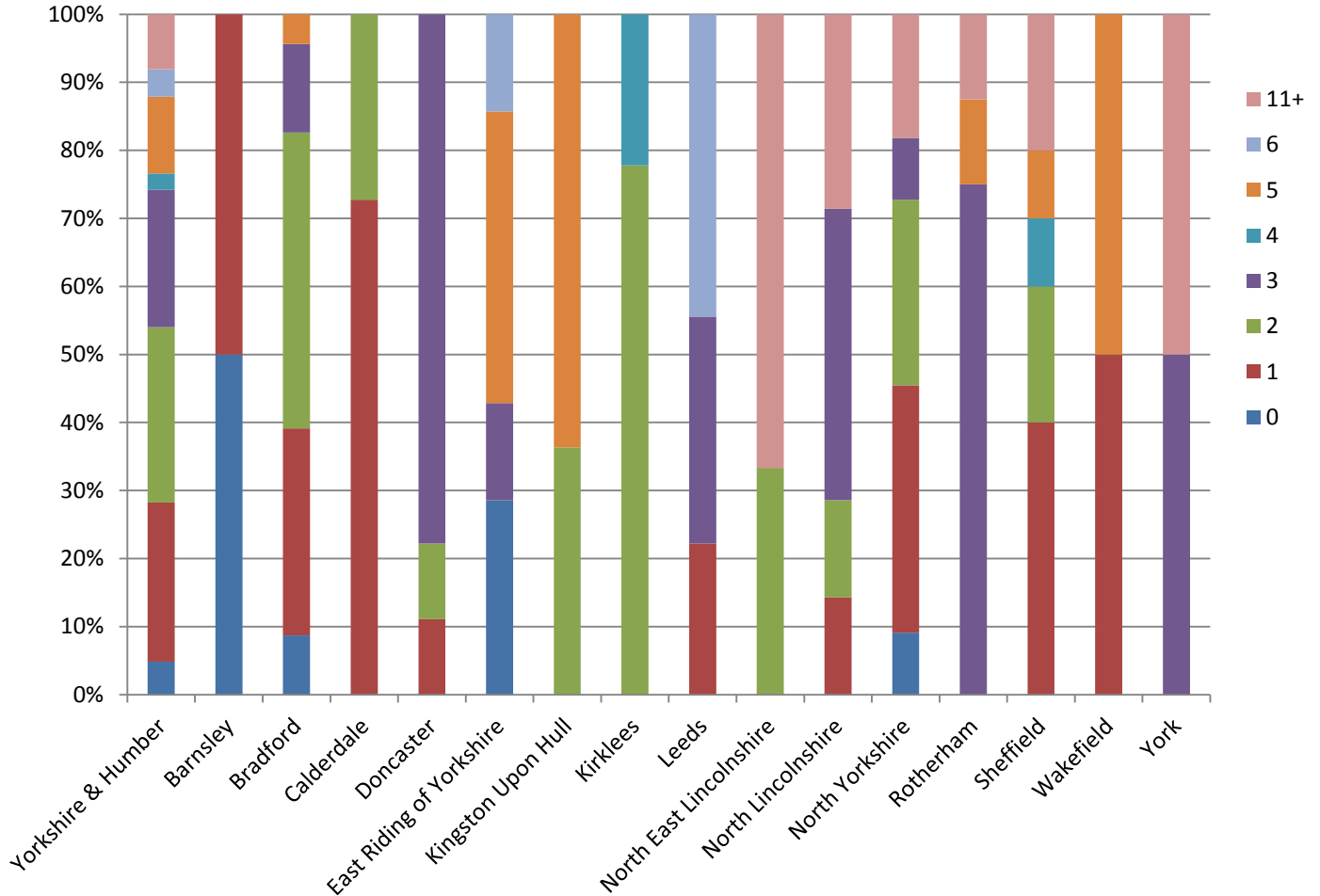


Figure 13. Number of expert NDTMS system users per provider, for the Yorkshire and Humber region and by Partnership

Figure 13 shows that at least 70% of providers regionally have at least two staff members responsible for NDTMS systems and 28% of providers only have one person 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?

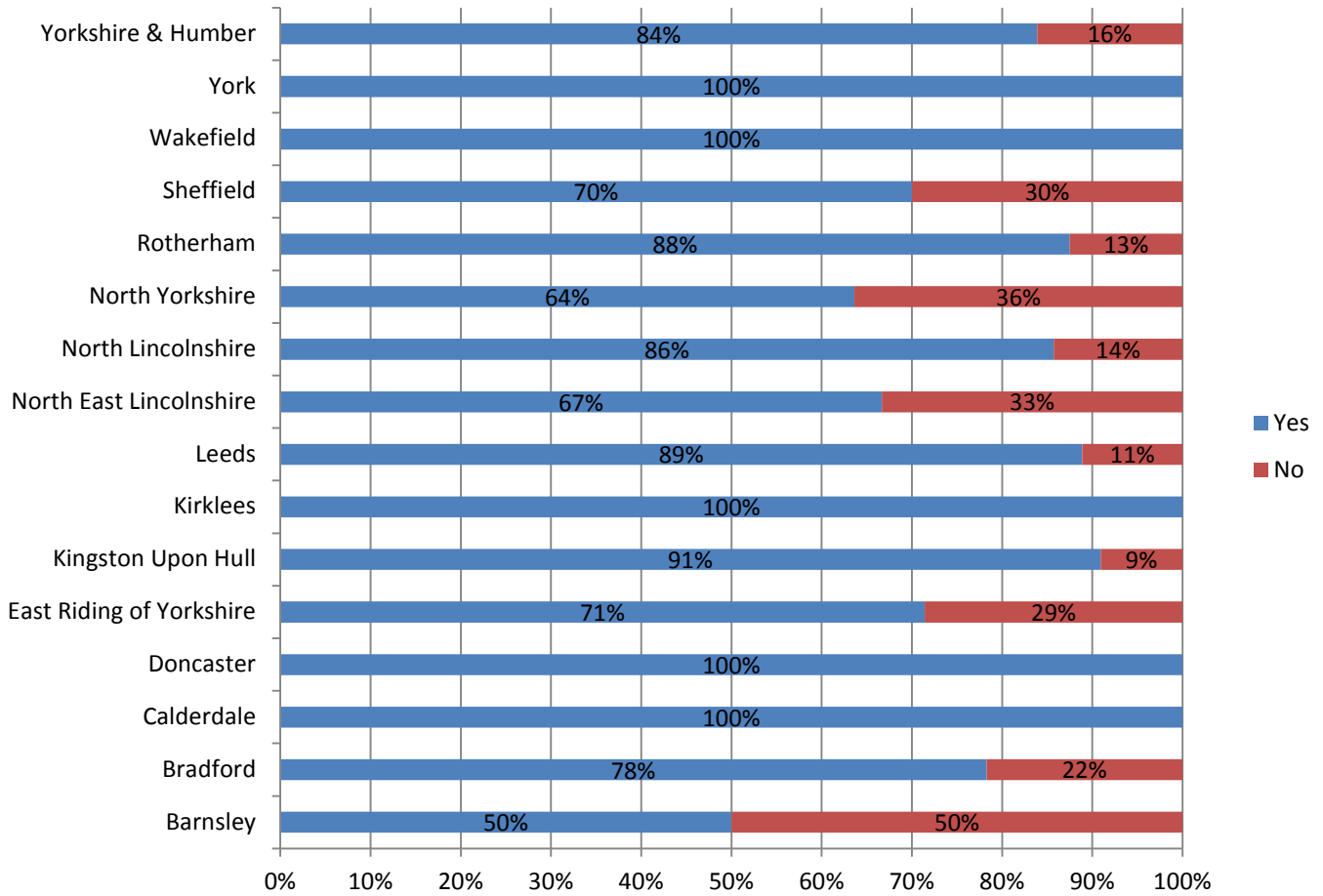


Figure 14. Resilience of NDTMS submission in case of staff absence, for the Yorkshire and Humber region and by Partnership

Of particular concern, 16% 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?

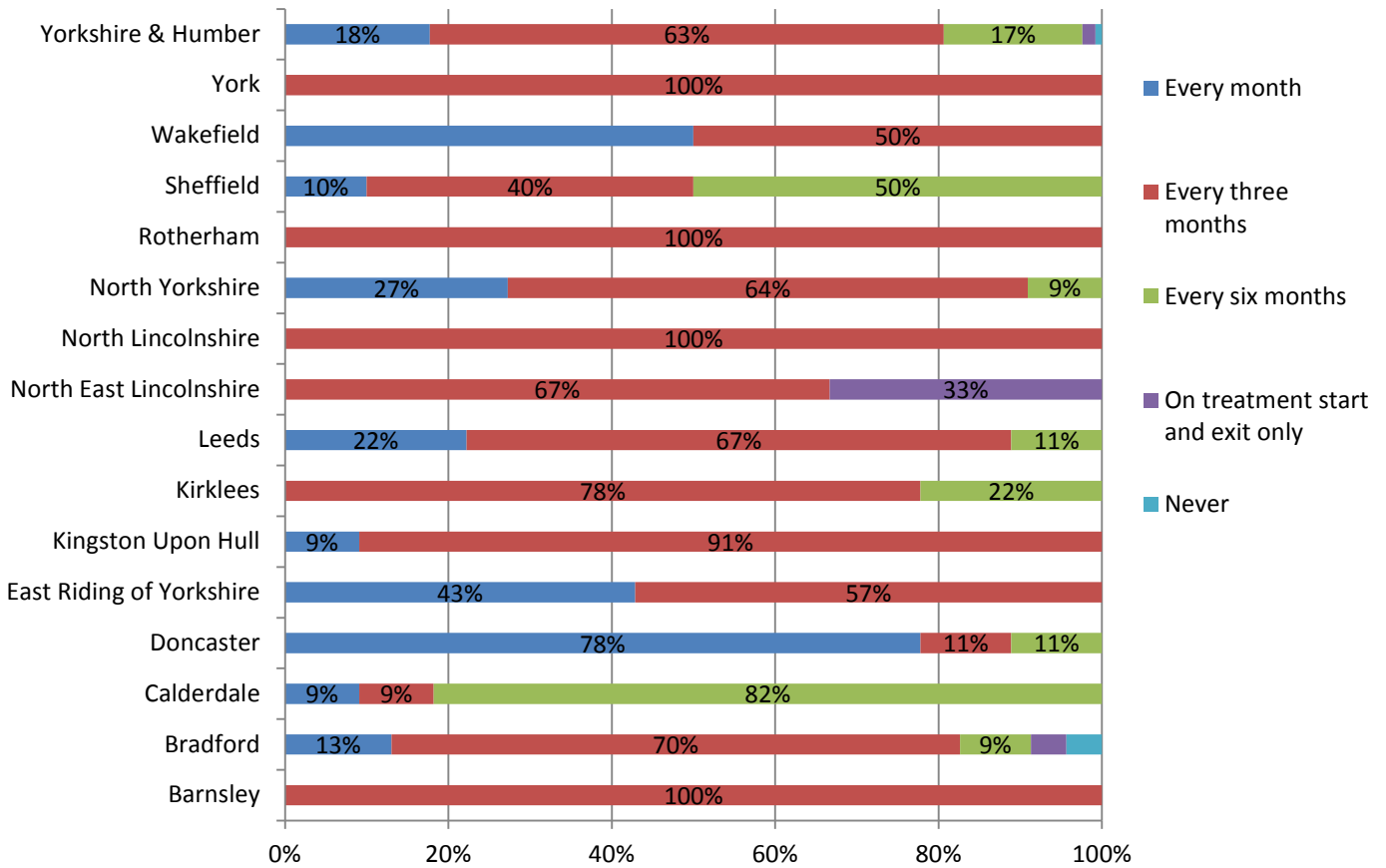


Figure 15. Frequency of Sub Intervention Review (SIR) completion, for the Yorkshire and Humber region and by Partnership

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 98% of respondents complete SIRs at least every 6 months, and 81% complete them at least every 3 months. 1% stated that they never report this information.

Approximately how frequently does your organisation complete TOP?

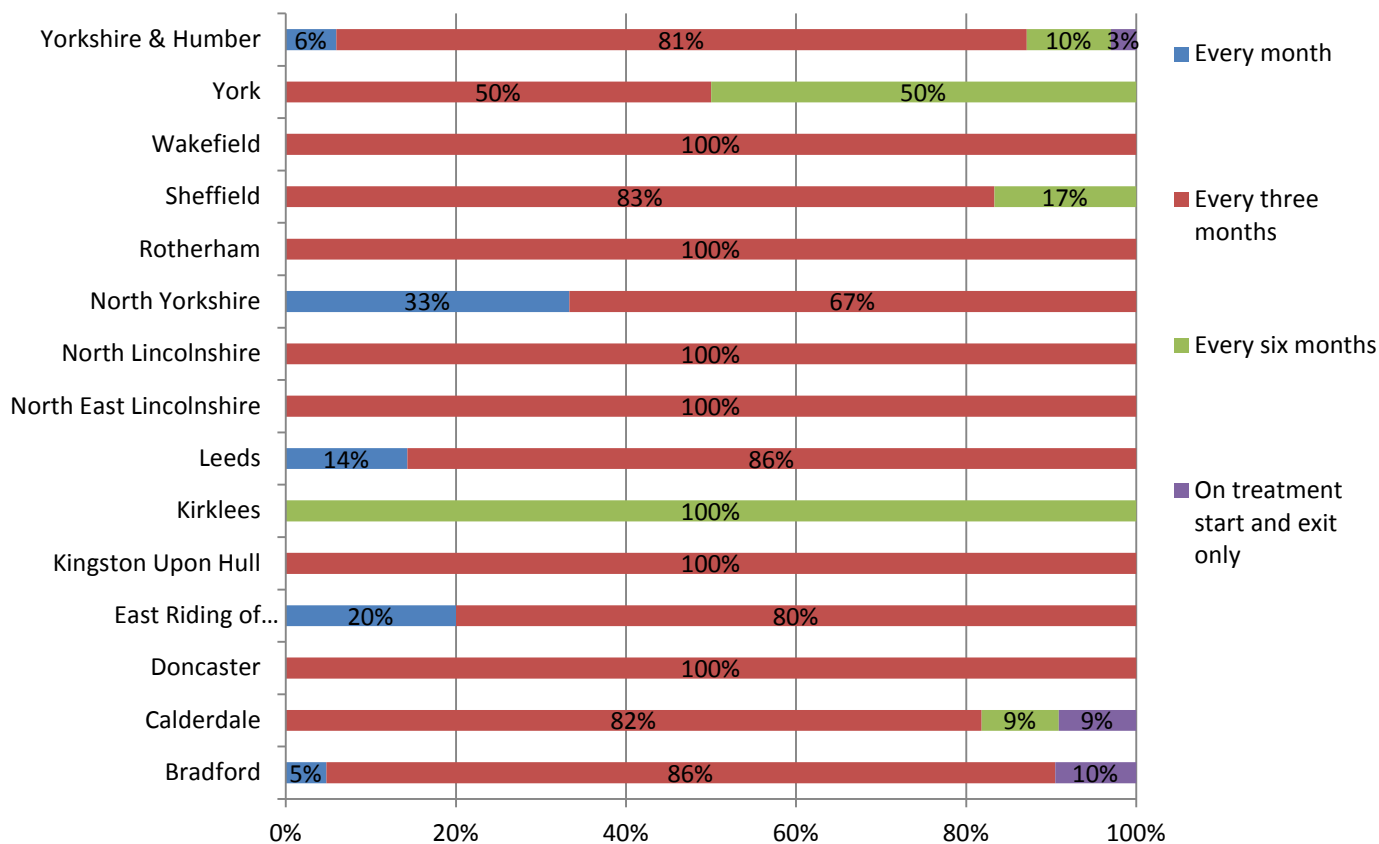


Figure 16. Frequency of Treatment Outcome Profile (TOP) completion, for the Yorkshire and Humber region and by Partnership (n = 101)

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

Nineteen 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 = 101), 97% stated that they complete them at least every six months whilst 87% reported that they submit TOPs at least every three months. Only Kirklees completes them exclusively every six months. 3% stated that they are completed on start and exit of treatment episodes only, most of these services are in Calderdale and Bradford

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?

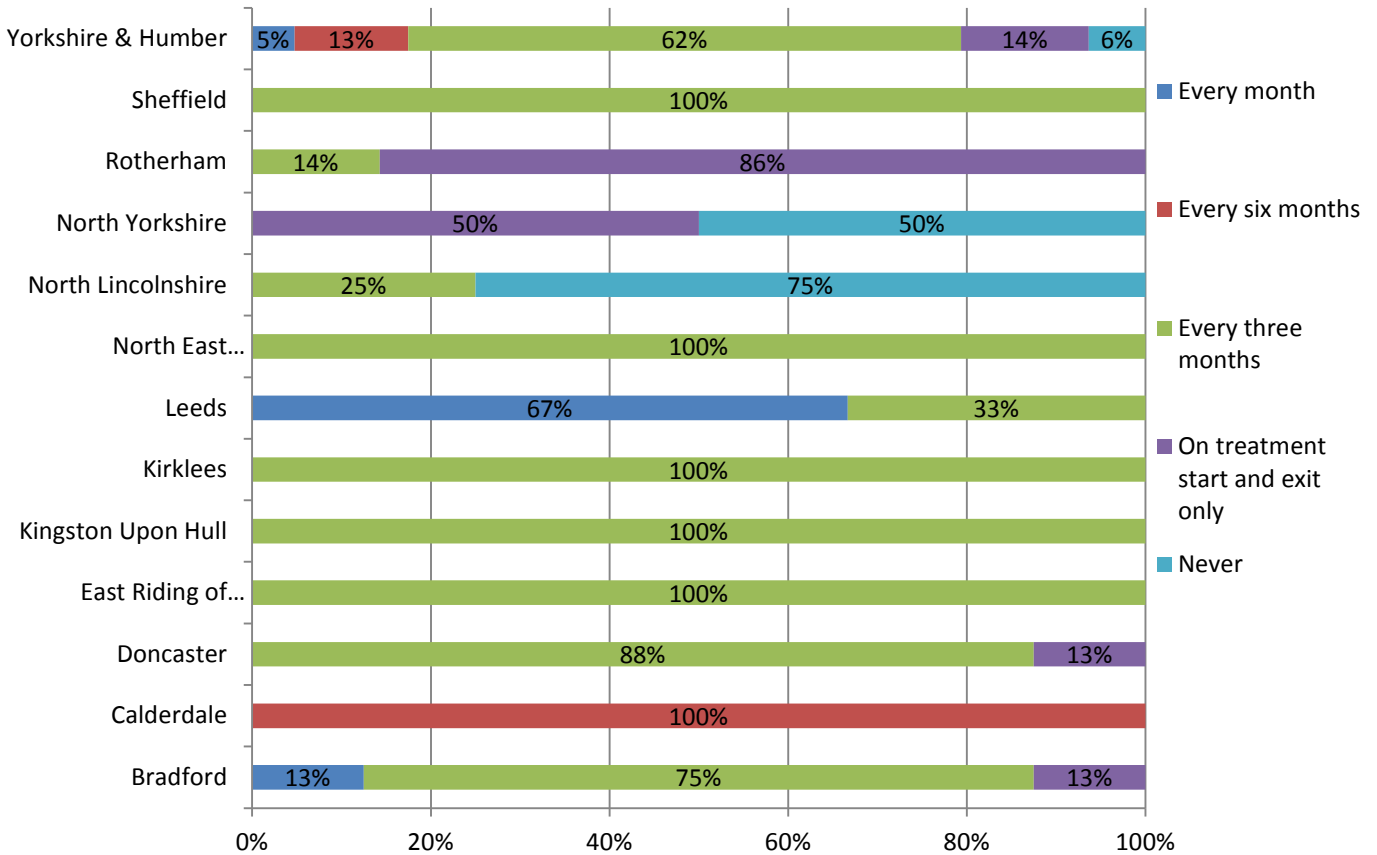


Figure 17. Frequency of Alcohol Outcome Record (AOR) completion, for the Yorkshire and Humber region and by Partnership (n = 63)

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.

Forty nine percent of respondents in the Yorkshire and Humber 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 = 63), 94% of services reported completing them at least on start and exit and only 6% of services stated they never completed them.

Approximately how frequently does your organisation complete YPOR?

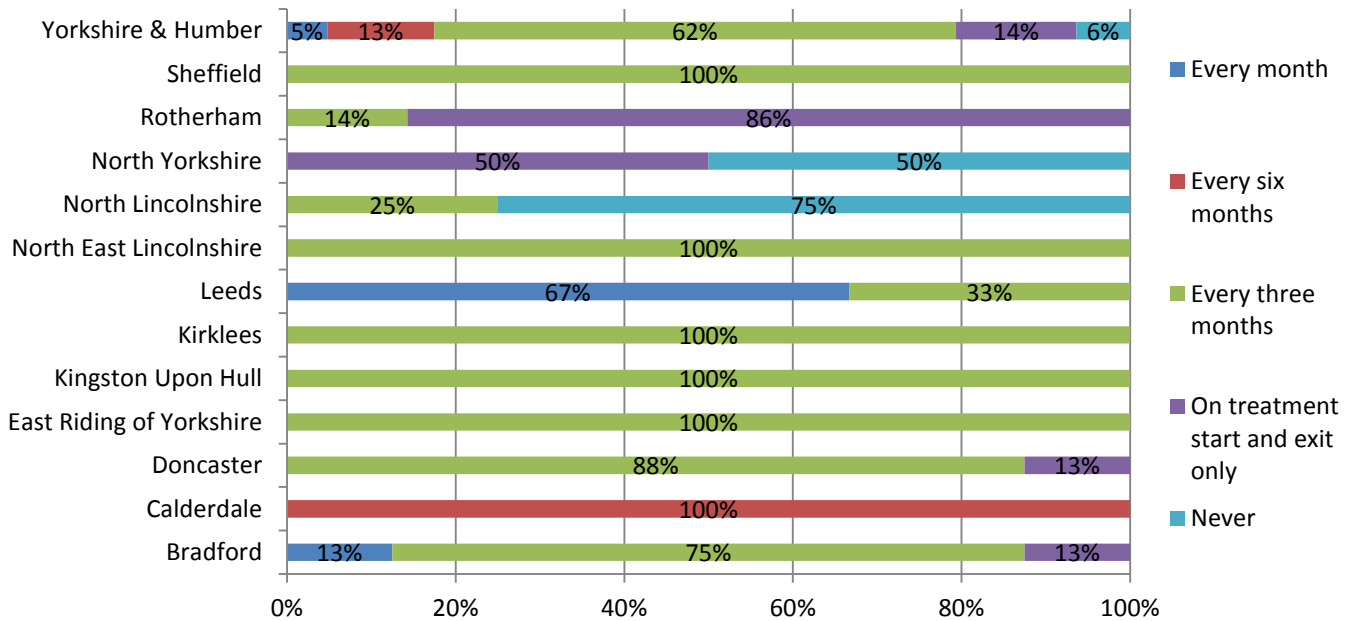


Figure 18. Frequency of Young Person Outcome Record (YPOR) completion, for the Yorkshire and Humber region and by Partnership (n = 34)

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

Seventy three percent of respondents from the Yorkshire and Humber 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 94% complete them at least at start and exit and only 6% reported “never” completing them.

It is possible that some of these respondents in North Lincolnshire and North Yorkshire 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?

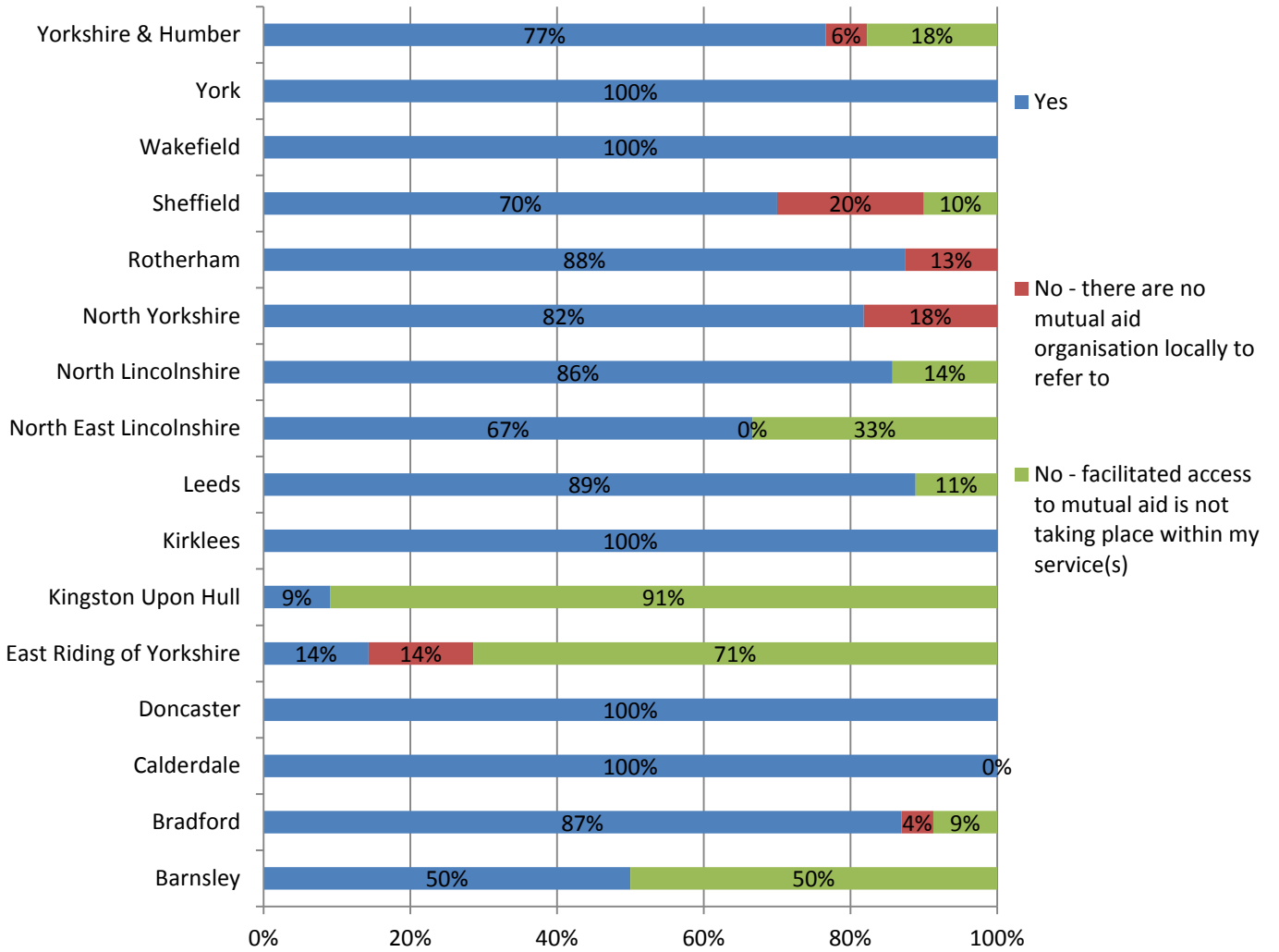


Figure 19. Occurrence of mutual aid referral, for the Yorkshire and Humber region and by Partnership

Regionally, 77% of services reported that they refer clients to mutual aid organisations (as illustrated in Figure 19). 18% of respondents reported that they are not referring to mutual aid organisation and 6% reported that there were no mutual aid services to refer to locally.

Do you record mutual aid referrals on NDTMS?

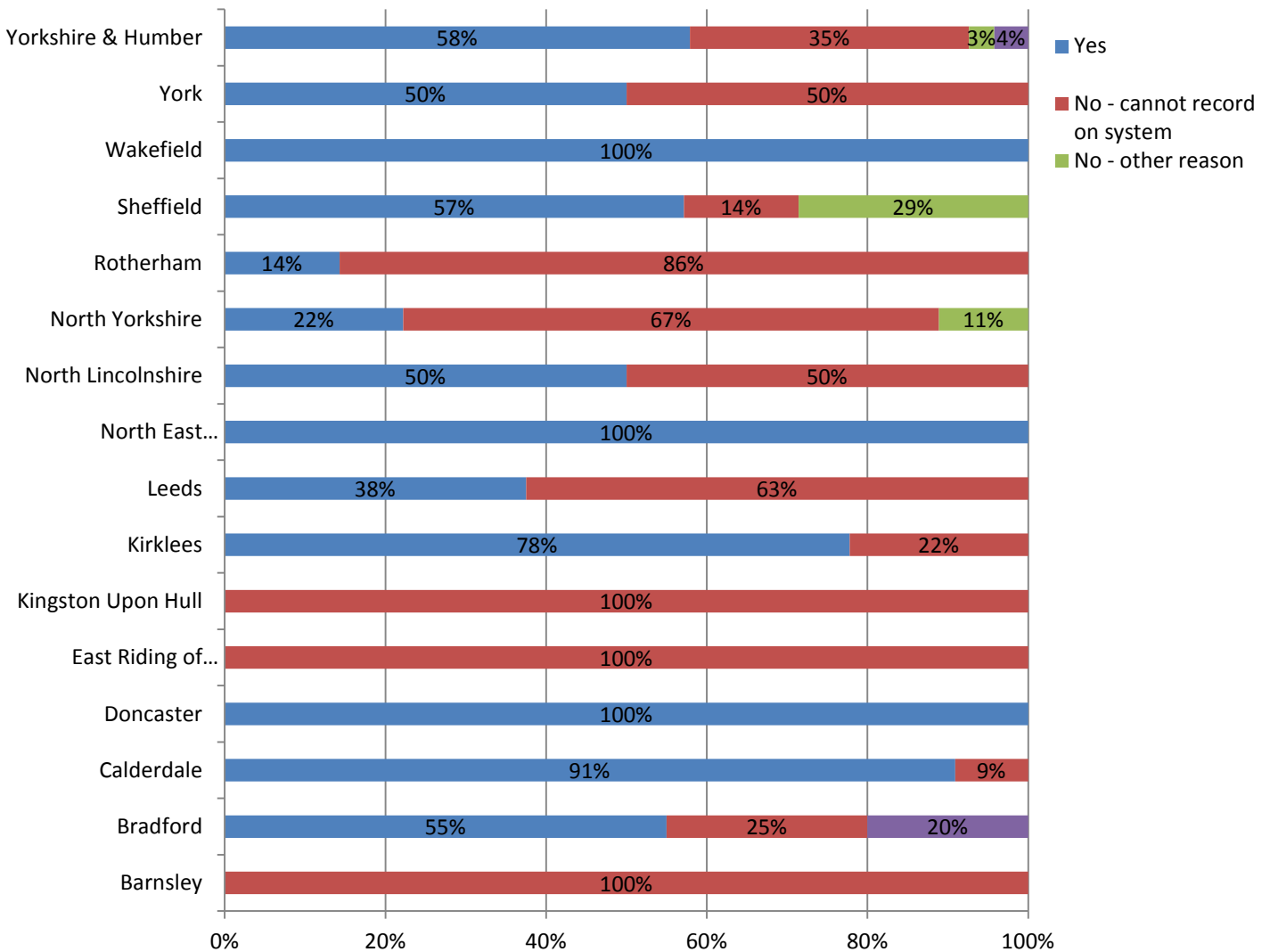


Figure 20. Recording of mutual aid referrals on NDTMS systems, for the Yorkshire and Humber region and by Partnership (n = 95)

Figure 20 shows that of those who do refer to mutual aid, 58% reported that they do record this on NDTMS systems. Of concern, 35% 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. Yorkshire and Humber agencies who completed the NDTMS provider survey 2014

DAT area	Parent organisation	Agency
Barnsley	Barnsley PCT	U0567 Barnsley Primary Care Clinic
Barnsley	Addaction	U0588 Addaction YP Barnsley
Bradford	Bradford District Care Trust	U0003 Bradford Community Drug and Alcohol Team
Bradford	Bridge	U0005 Bridge Project
Bradford	Lifeline	U0006 Lifeline. Bradford (Piccadilly Project)
Bradford	Project 6	U0008 Project 6
Bradford	Kensington Street Health Centre	U0062 Kensington Street Health Centre
Bradford	Bridge	U0087 Bridge South & West
Bradford	Bradford and Airedale PCT	U0088 Bradford Substance Misuse Service
Bradford	Bradford and Airedale PCT	U0261 North Bradford PCT Drug Treatment Service
Bradford	Bradford City Council	U0322 Bradford Young Person
Bradford	Bradford and Airedale PCT	U0333 Bradford One Stop Clinic
Bradford	Bradford City Council	U0370 Youth Support Service. Bradford
Bradford	Bridge	U0377 Bridge Women
Bradford	Project 6	U0378 Project 6 Young Person
Bradford	Bridge	U0412 Bridge Unity
Bradford	Holycroft Surgery, Keighley	U0413 Holycroft Surgery Keighley
Bradford	Bridge	U0426 Bridge Benzodiazepine Withdrawal Service
Bradford	Bridge	U0428 Bridge YPS Non-Prescribing
Bradford	TTP	U0430 TTP Bradford Detox
Bradford	Unspecified	U0465 Bradford Single Point of Access Hub
Bradford	ARCH Initiatives (Bradford Drug Intervention Programme)	U0467 Arch Initiatives Bradford
Bradford	Kilmeny Surgery	U0471 Kilmeny Group Medical Practice
Bradford	Airedale Fresh Start	U0472 Fresh Start - Airedale
Bradford	Airedale Fresh Start	U04759 Project 6 IFRS
Calderdale	Calderdale SMS	U0041 Calderdale Core Services
Calderdale	Lifeline	U0161 Lifeline YPS. Calderdale
Calderdale	Calderdale SMS	U0381 Calderdale Shared Care Services
Calderdale	Calderdale SMS	U0382 Calderdale DIP Service
Calderdale	Calderdale SMS	U0383 Calderdale DRR Service
Calderdale	Calderdale SMS	U0384 Calderdale Peri-Natal Service
Calderdale	Calderdale SMS	U0385 Calderdale Brief Interventions Service
Calderdale	Calderdale SMS	U0429 Calderdale Alcohol Treatment

		Requirement
Calderdale	Calderdale SMS	U0440 Calderdale Alcohol Team
Calderdale	The Basement Recovery Project	U0443 The Basement Recovery Project
Calderdale	Horton Housing Association	U0451 Conn3ct
Doncaster	RDASH	U0509 Doncaster Drugs Service - CDT
Doncaster	RDASH	U0522 Doncaster Drugs Service - Better Deal YPS
Doncaster	RDASH	U0525 Doncaster Drugs Service - Shared Care
Doncaster	Doncaster SDC - New Beginnings	U0546 Doncaster SDC - New Beginnings
Doncaster	Doncaster Borough Council	U0569 Youth Offending Service. Doncaster
Doncaster	Doncaster Alcohol Services	U0570 Doncaster Alcohol services
Doncaster	RDASH	U0571 Doncaster Community Alcohol Team
Doncaster	RDASH	U0577 Doncaster Drug Interventions Programme
Doncaster	RDASH	U0582 Doncaster Drugs Service - 3D Team
East Riding of Yorkshire	East Riding of Yorkshire Council	U0365 East Riding Family Support Service - East
East Riding of Yorkshire	East Riding of Yorkshire Council	U0366 East Riding Family Support Service - North
East Riding of Yorkshire	Humber Mental Health (Teaching) NHS Trust	U0367 East Riding Family Support Service - West
East Riding of Yorkshire	Compass	U0402 Compass Bridlington Structured Day Programme
East Riding of Yorkshire	Compass	U0416 Compass Goole Structured Day Programme
East Riding of Yorkshire	ADS	U0445 East Riding Alcohol Aftercare Service
East Riding of Yorkshire	Compass	U0446 Compass East Riding Throughcare & Aftercare
Kingston Upon Hull	Compass	U0014 Compass Selby Adult Services
Kingston Upon Hull	Compass	U0015 Compass Drug Dependency Clinic Scarborough
Kingston Upon Hull	Compass	U0040 Compass Hull CJ Clinic
Kingston Upon Hull	Compass	U0049 Compass Hull Crossover DTTO
Kingston Upon Hull	Compass	U0119 Compass Drug Dependency Clinic Whitby
Kingston Upon Hull	RAPT	U0321 RAPt - The Bridges. Hull
Kingston Upon Hull	Hull City Council	U0375 Refresh Hull
Kingston Upon Hull	Hull City Council	U0376 Youth Offending Team Hull
Kingston Upon Hull	Compass	U0386 Compass Drug Dependency Clinic Malton

Kingston Upon Hull	Compass	U0442 Compass Hull ATR
Kingston Upon Hull	RAPT	U0450 RAPT - HART Hull
Kirklees	Lifeline	U0043 Lifeline Dewsbury Adult Services
Kirklees	Lifeline	U0044 Lifeline Huddersfield Adult Services
Kirklees	Lifeline	U0113 Lifeline Kirklees DTTO
Kirklees	Lifeline	U0414 Lifeline Huddersfield Alcohol Services
Kirklees	Lifeline	U0415 Lifeline Dewsbury Alcohol Services
Kirklees	Lifeline	U0424 Lifeline Huddersfield Alcohol Treatment Requirement
Kirklees	Lifeline	U0425 Lifeline Dewsbury Alcohol Treatment Requirement
Kirklees	CRI	U0447 Kirklees CRI YP
Kirklees	CRI	U0454 Kirklees CRI 18+
Leeds	St Annes	U0016 St Anne
Leeds	Leeds Partnerships - NHS Foundation Trust	U0018 Leeds Addiction Unit
Leeds	Leeds Primary Care Trust	U0019 York Street Health Centre
Leeds	Multiple Choice	U0091 Multiple Choice
Leeds	ADS	U0107 Addiction & Dependency Solutions Leeds
Leeds	DISC	U0363 Leeds DRR
Leeds	DISC	U0421 DISC Leeds
Leeds	DISC	U0444 Platform YP Leeds
Leeds	DISC	U0461 DISC Hull J2R
North East Lincolnshire	Addaction	U0500 Addaction Grimsby
North East Lincolnshire	North East Lincolnshire Council	U0538 NEST YPS Grimsby
North East Lincolnshire	Addaction	U0610 Addaction Cromwell Road Shared Care
North Lincolnshire	Addaction	U0501 Addaction Scunthorpe
North Lincolnshire	RDASH	U0532 The Junction Scunthorpe
North Lincolnshire	Delta YPS	U0544 DELTA YPS Scunthorpe
North Lincolnshire	RDASH	U0591 North Lincs Community Alcohol Service
North Lincolnshire	CRI	U0624 North Lincs CRI Recovery Services
North Lincolnshire	RDASH	U0625 North Lincs Detox Club
North Lincolnshire	Addaction	U0626 Addaction Scunthorpe STARS
North Yorkshire	Tees Esk and Wear NHS Mental HealthTrust	U0022 Harrogate Community Addictions Team

North Yorkshire	CODA	U0026 CODA Adult Alcohol Services
North Yorkshire	Next Choice	U0311 Next Choice Scarborough
North Yorkshire	North Yorkshire Youth Offending Team	U0331 Youth Offending Team Scarborough
North Yorkshire	North Yorkshire Youth Offending Team	U0332 Youth Offending Team Harrogate
North Yorkshire	CODA	U0388 CODA Adult Drug Service
North Yorkshire	Selby District AVS	U0403 Selby District Alcohol Service
North Yorkshire	Cygnnet Health	U0407 Detox 5 Harrogate
North Yorkshire	CRI	U0422 Scarborough CRi DRR
North Yorkshire	CRI	U0437 Harrogate CRI The Gate
North Yorkshire	Compass	U0474 North Yorkshire Risky Behaviours YP Service
Rotherham	RDASH	U0530 Know the Score
Rotherham	Turning Point	U0543 Turning Point. Rotherham Alcohol Service
Rotherham	RDASH	U0549 Rotherham DIP
Rotherham	RDASH	U0573 Rotherham Community Alcohol Team
Rotherham	RDASH	U0576 Rotherham Primary Care Alcohol Service
Rotherham	RDASH	U0584 Rotherham Drug & Alcohol Services North
Rotherham	RDASH	U0585 Rotherham Drug & Alcohol Services South
Rotherham	RDASH	U0586 Rotherham Drug & Alcohol Services Central
Sheffield	Sheffield Care Trust	U0505 Sheffield Health & Social Care NHS Foundation Trust
Sheffield	Phoenix Futures	U0514 Phoenix Futures Sheffield Adult Service
Sheffield	Phoenix Futures	U0515 Phoenix Futures Sheffield Family Service
Sheffield	Turning Point	U0527 Turning Point. Adult Treatment Services
Sheffield	Heeley Green Surgery, Sheffield	U0551 Heeley Green Surgery
Sheffield	The Crookes Practice, Sheffield	U0552 The Crookes Practice
Sheffield	Foxhill Medical Centre, Sheffield	U0553 Foxhill Medical Centre
Sheffield	CRI	U0589 Sheffield CRI YP
Sheffield	Sheffield Health & Social Care NHS Foundation Trust	U0593 Sheffield Health & Social Care Alcohol
Sheffield	Sheffield alcohol support service	U0599 Sheffield Alcohol Support Service (SASS) Rehab

Wakefield	Turning Point	U0039 Turning Point Wakefield
Wakefield	CRI	U0411 Wakefield CRi YP
York	Unspecified	U0027 Addictive Behaviours Service Scarborough
York	CYC PHE	U0460 York Drug & Alcohol Treatment Services