Public Health England

NDTMS provider survey February 2014

Regional report - South East

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 completion of Outcomes Records (TOP, AOR and YPOR).
- Mutual Aid: To verify that agencies are referring clients to mutual aid organisations (such as Alcoholics Anonymous, 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 East survey completion rates by Partnership

Partnership code	Partnership name	Number of providers	Number of providers with completed surveys	Completion rate %
J01B	Bracknell Forest	3	3	100
J02B	Reading	6	3	50
J03B	Slough	3	2	66.6
J04B	West Berkshire	2	2	100
J05B	Windsor and Maidenhead	3	3	100
J06B	Wokingham	3	2	66.6
J07B	Buckinghamshire	2	2	100
J09B	Oxfordshire	6	4	66.6
J10B	Brighton and Hove	15	15	100
J11B	East Sussex	6	6	100
J12B	West Sussex	16	16	100
J13B	Kent	5	5	100
J14B	Medway	2	1	50
J15B	Hampshire	11	10	90.9
J16B	Portsmouth	8	8	100
J17B	Southampton	8	8	100
J18B	Isle of Wight	3	3	100
J19B	Surrey	10	5	50
K05B	Dorset	10	6	60
K06B	Bournemouth	19	14	73.7
K07B	Poole	8	4	50
Total		**148**	**126**	**85.1**

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

Overall, 85.1% of South East provider responded to the survey with services from 9 out of 21 local authority areas fully responding.

Provider profiles

What client group does your provider treat?

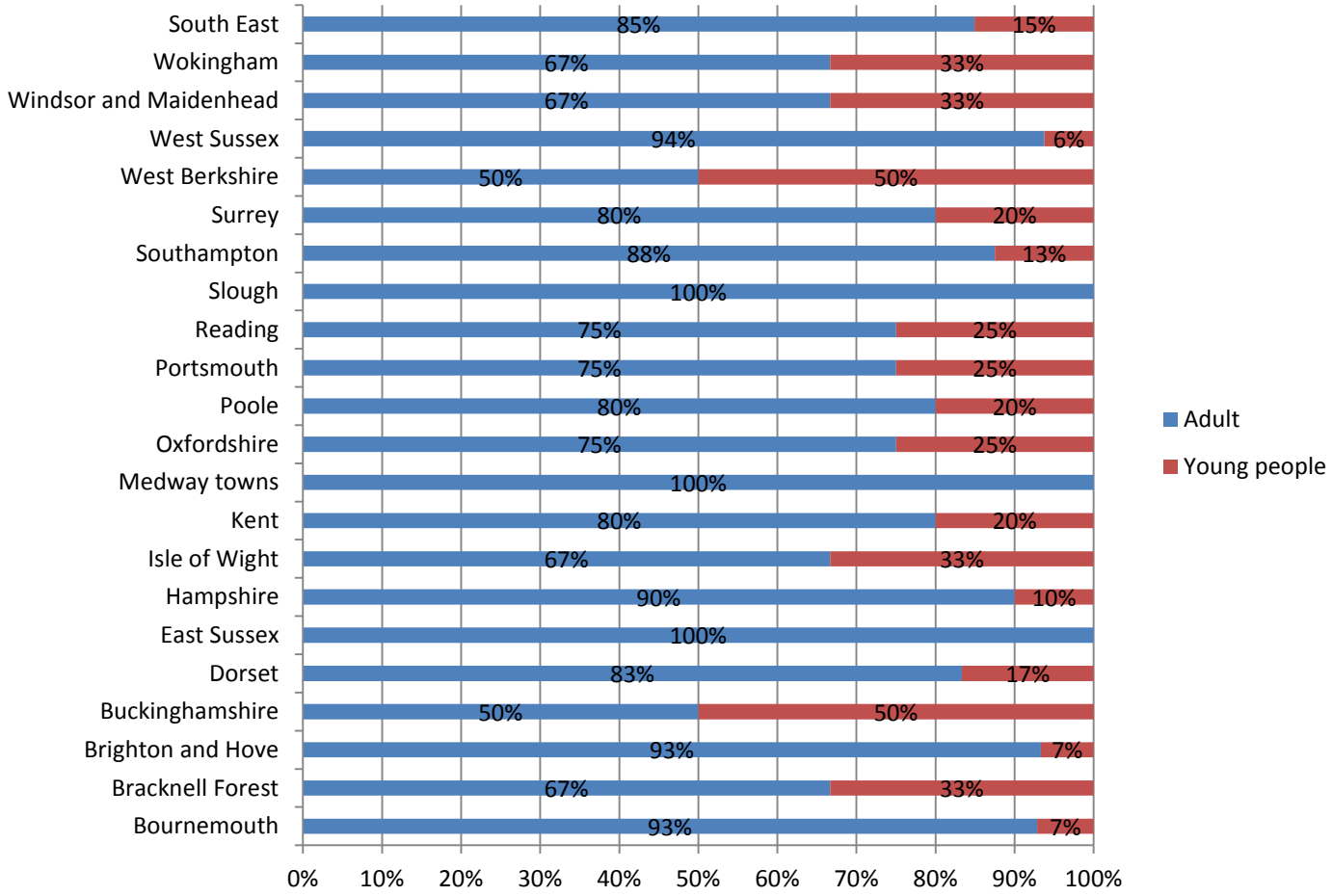

Figure 1. Client group, for the South East region and by Partnership

Regionally of the 155 providers who completed the survey, 85% report that they treat adult clients and 15% 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?

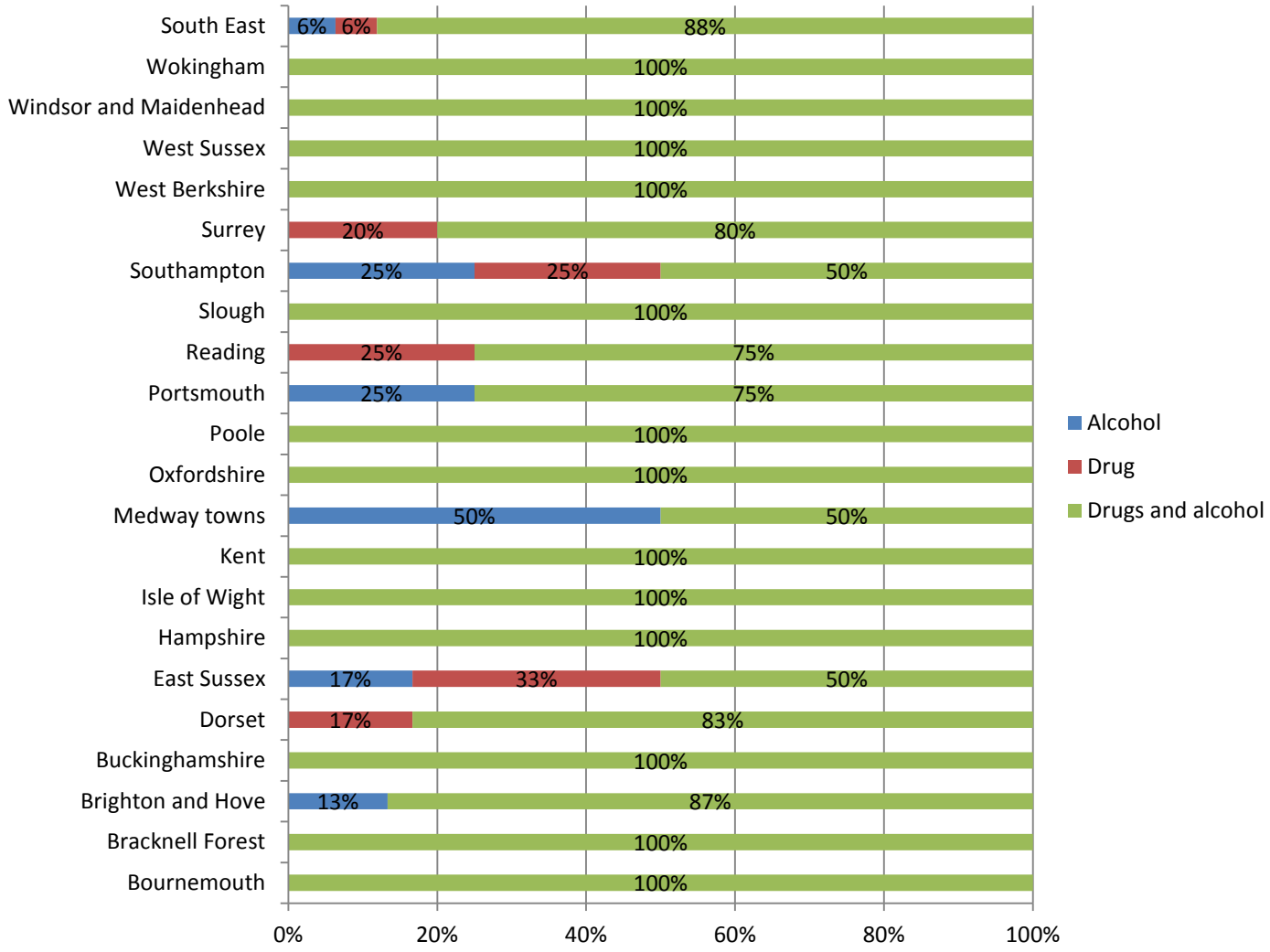

Figure 2. Treatment service offered, for the South East region and by Partnership

Figure 2 shows that of the providers that completed the survey, 6% offer alcohol only treatment, 6% offer drug only treatment and 88% offer both drug and alcohol treatment. This latter figure is the second highest when compared with other NDTMS regions.

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

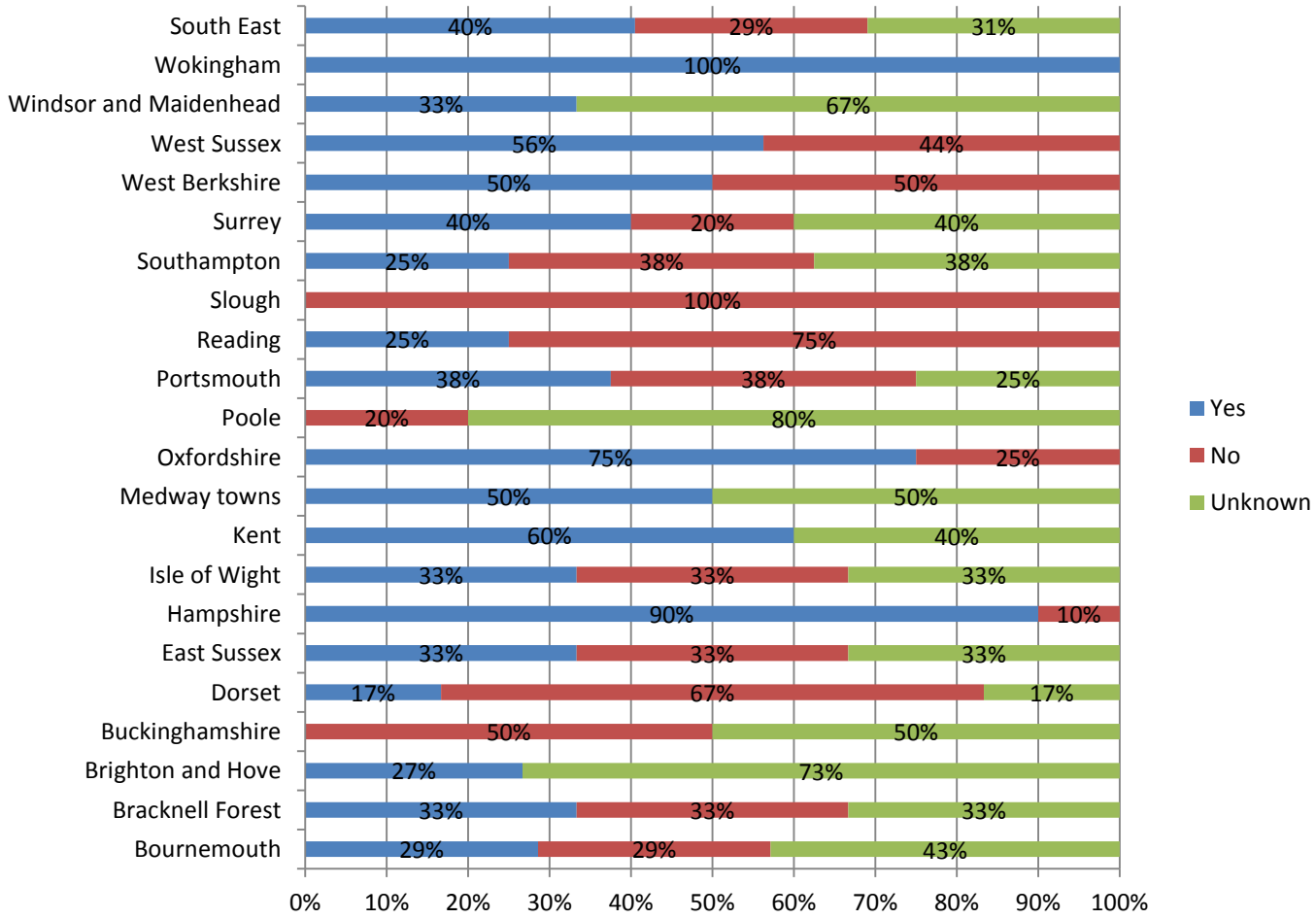

Figure 3. CQC membership, for the South East region and by Partnership

Forty per cent of survey respondents stated that they have a CQC registration number. 29% stated that they did not have a number and a further 31% 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?

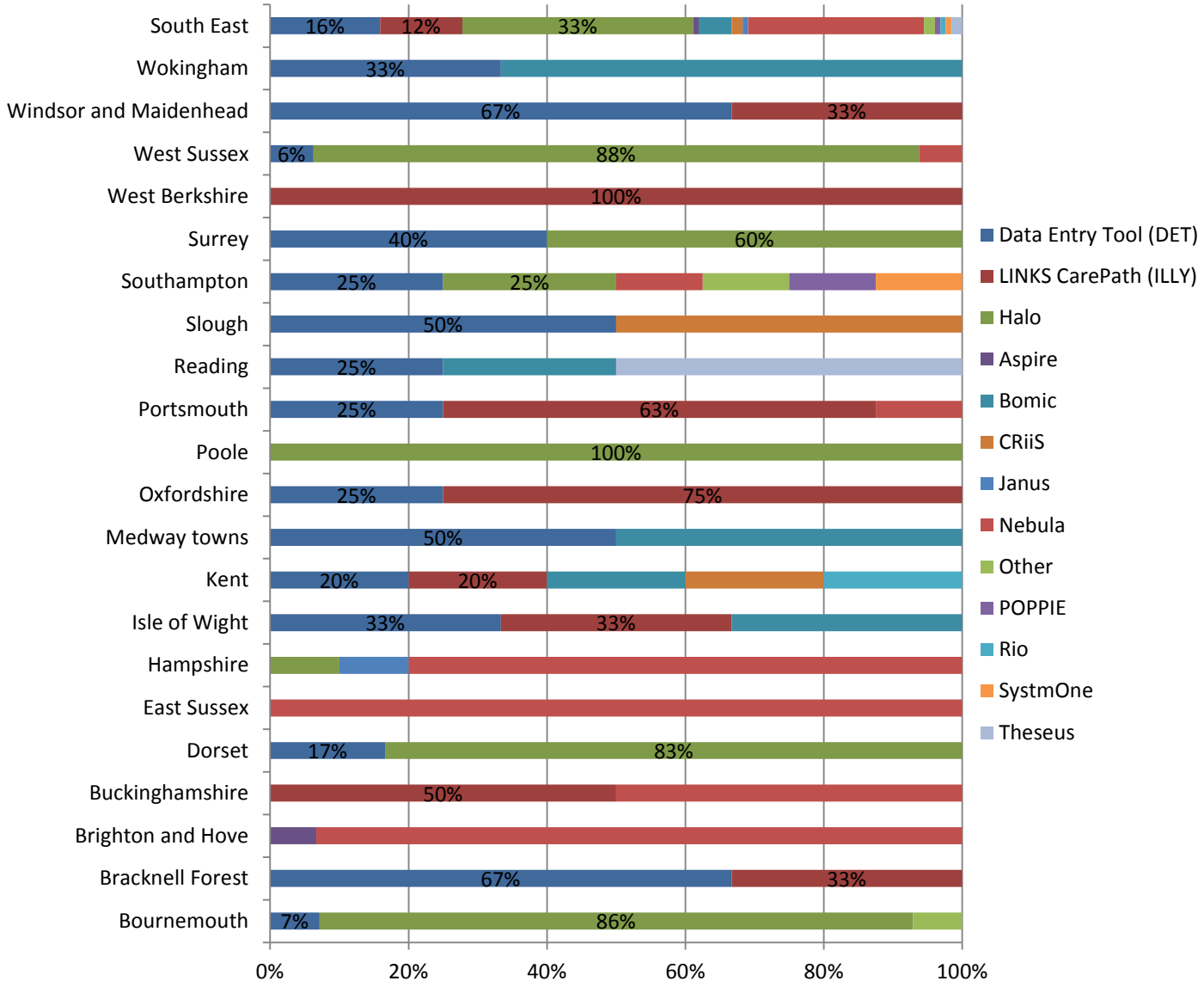

Figure 4. Software provider, for the South East region and by Partnership

Surprisingly, there are at least 12 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 Halo with 33%. The next most popular is Nebula with 25% followed by the NDTMS DET system at 16%.

Some local areas such as West Berkshire and East Sussex report across their treatment services with one system only (Links Carepath and Nebula respectively). Others have multiple systems in use to provide NDTMS extract data, for example Southampton with six.

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

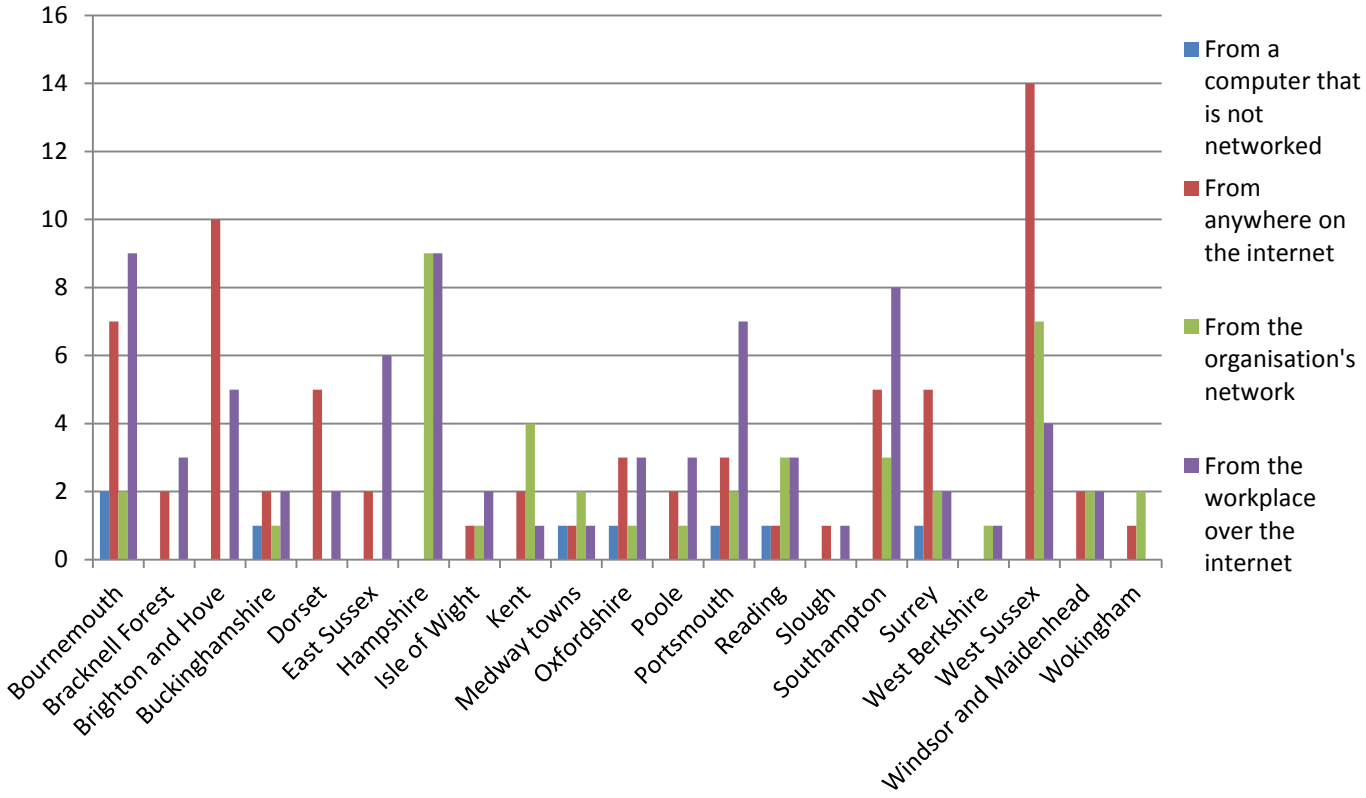

Figure 5. System access methods by Partnership (please note, respondents could select as many options as applicable for this question, therefore the categories are not mutually exclusive). Please note, where necessary answers have been corrected for DET Users who are able to access DET from anywhere 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= 69).

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?

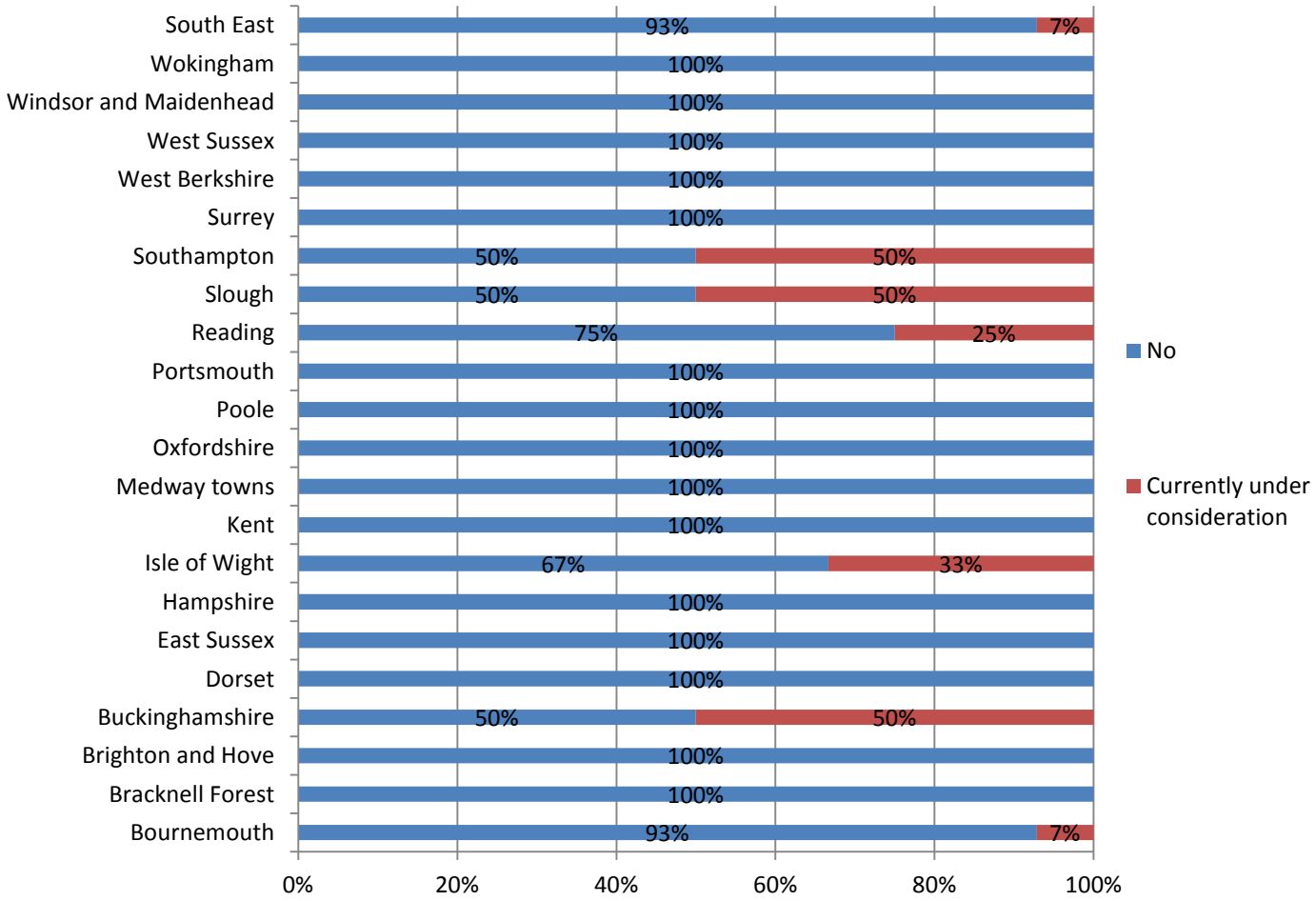

Figure 6. Software migration intentions, for the South East region and by Partnership

Figure 6 shows that regionally only 7% 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 South East. The main exceptions are Southampton, Slough and Buckinghamshire where half of their services reported considering changing.

Are you considering changing your Case Management System?

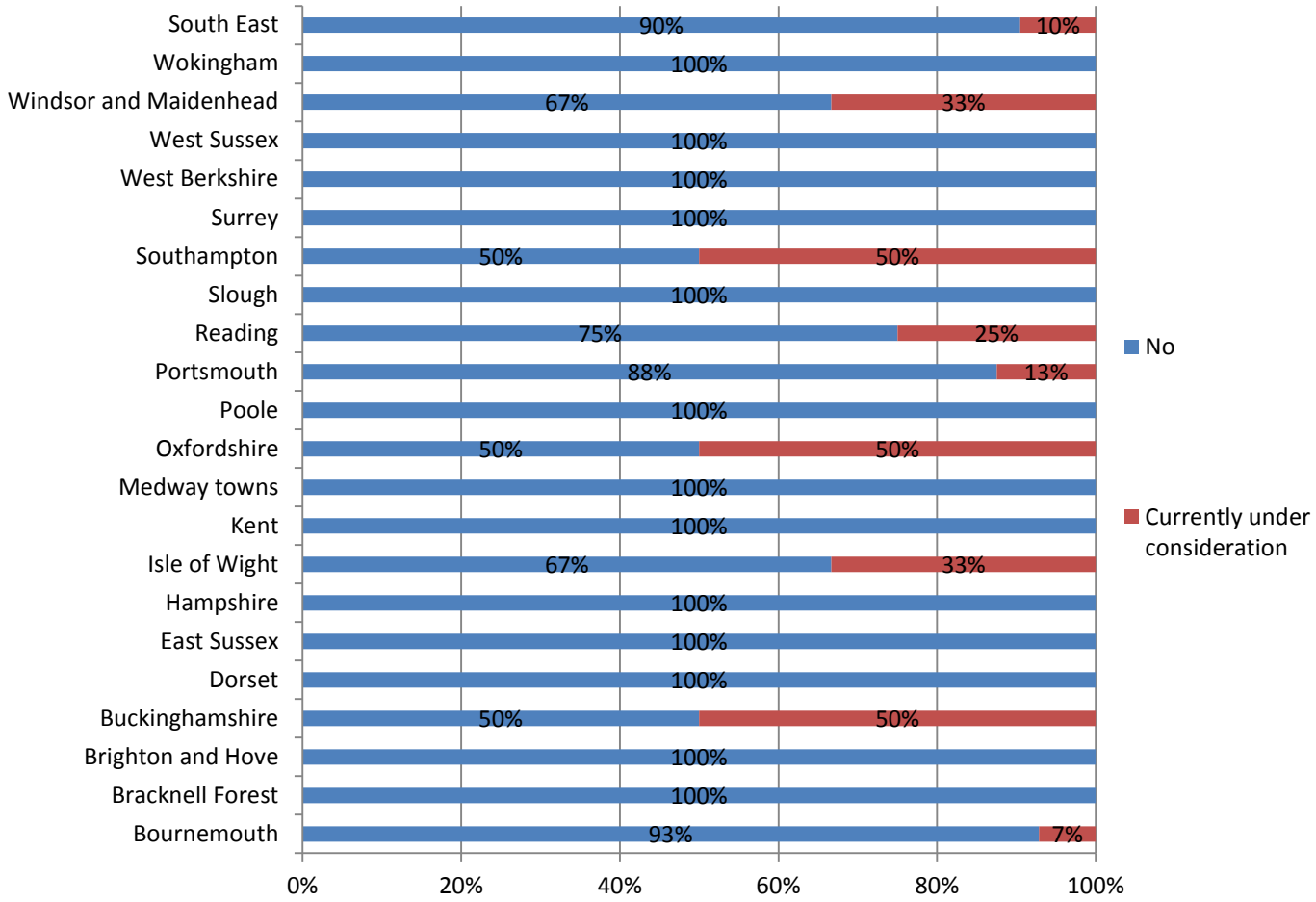

Figure 7. Intentions to change Case Management System, for the South East region and by Partnership

Figure 7 shows that only 10% 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 South East NDTMS team some confidence that CMS system choice remains relatively stable. The exceptions are Southampton, Oxfordshire and Buckinghamshire where 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)

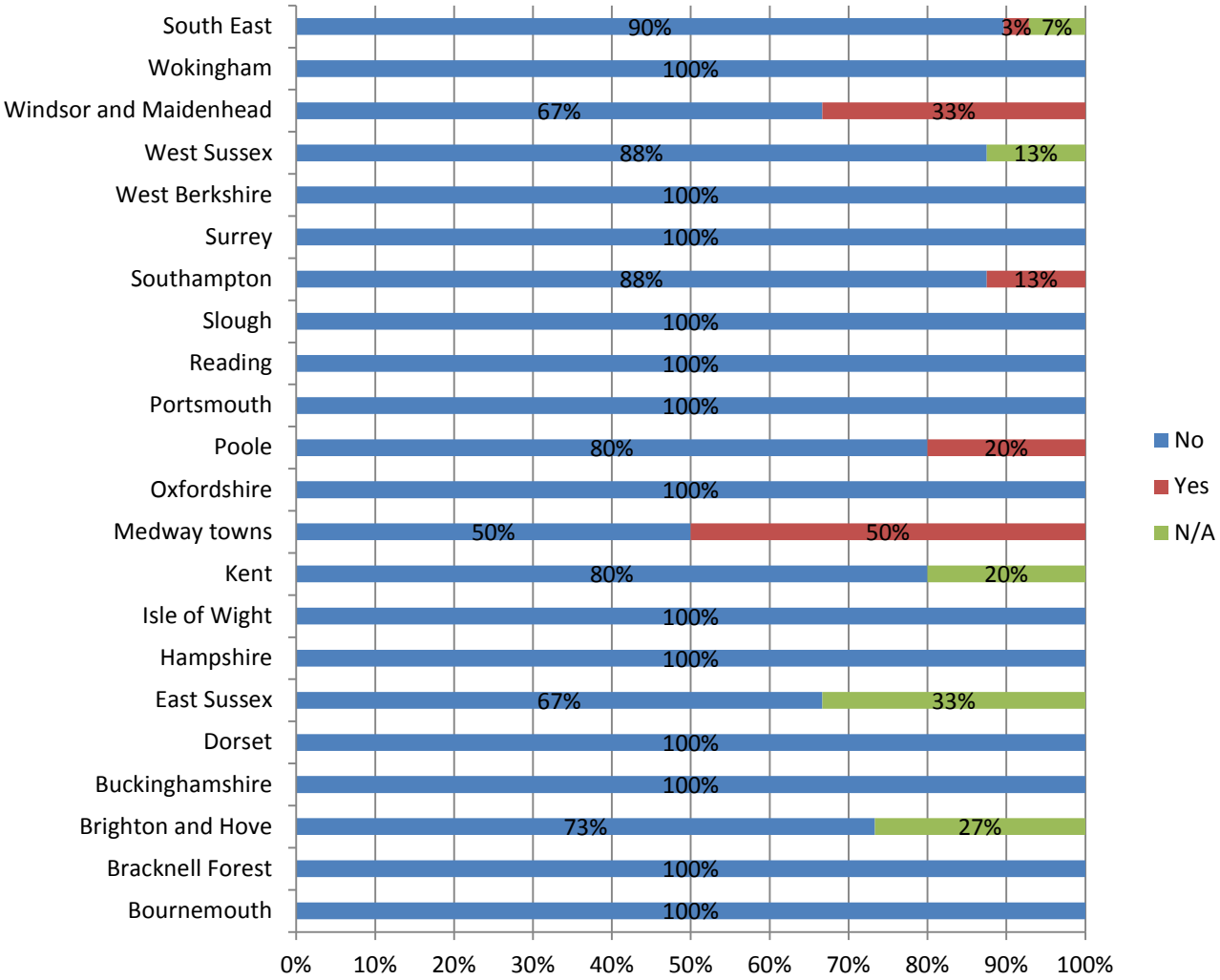

Figure 8. DAMS password sharing among staff, for the South East region and by Partnership

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 7% 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)

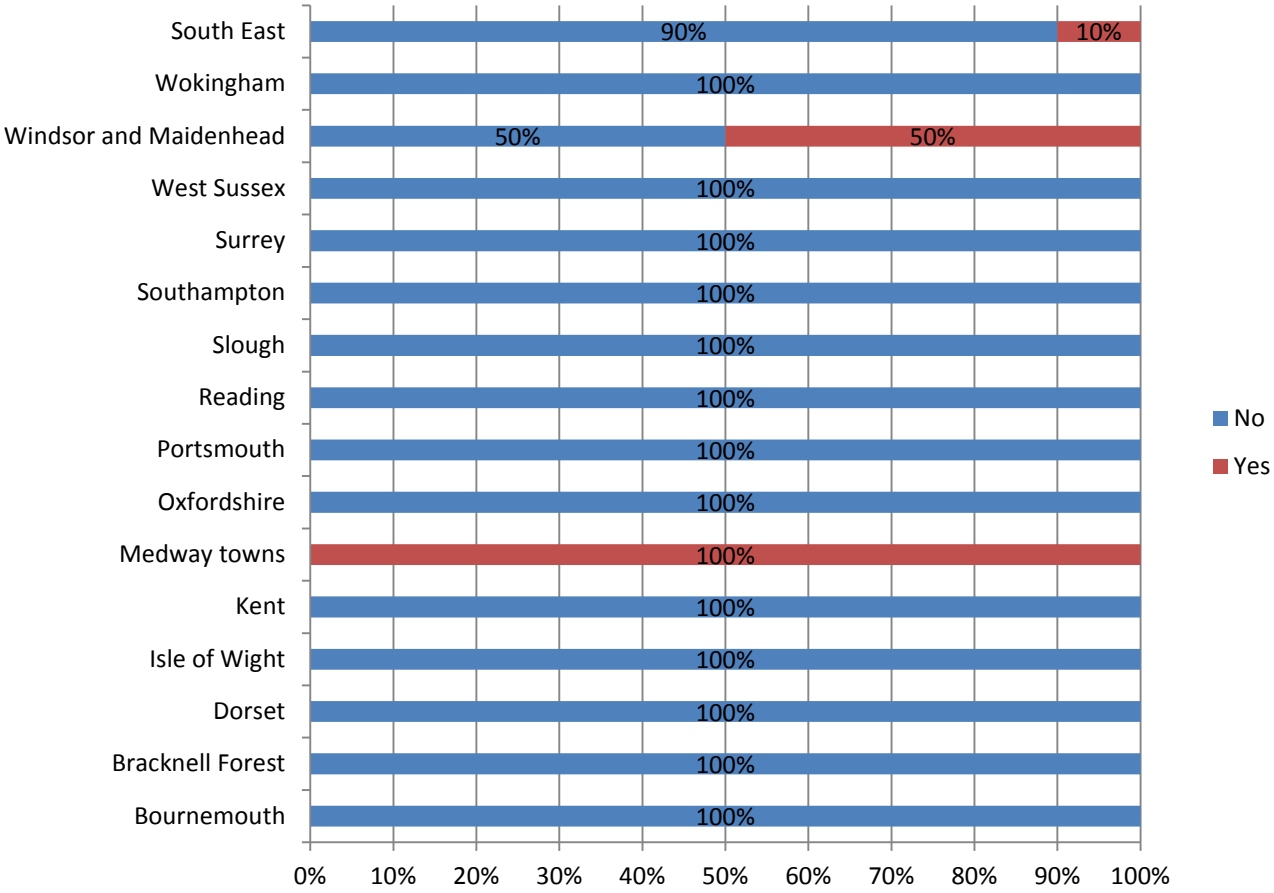

Figure 9. DET password sharing among staff, for the South East region and by Partnership (please note, for those who stated they were on a system other than DET their responses have been corrected to N/A where necessary) (n = 20)

For the vast majority of respondents (84%), 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 = 20).

Of respondents who are on DET, 90% stated that DET password sharing does not occur within their organisation. Whilst it is positive that this figure is so high, the fact that 10%

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 Medway Towns and Windsor and Maidenhead.

Prison DET

Unsurprisingly, the majority of respondents (87%) 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 (74%) 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)

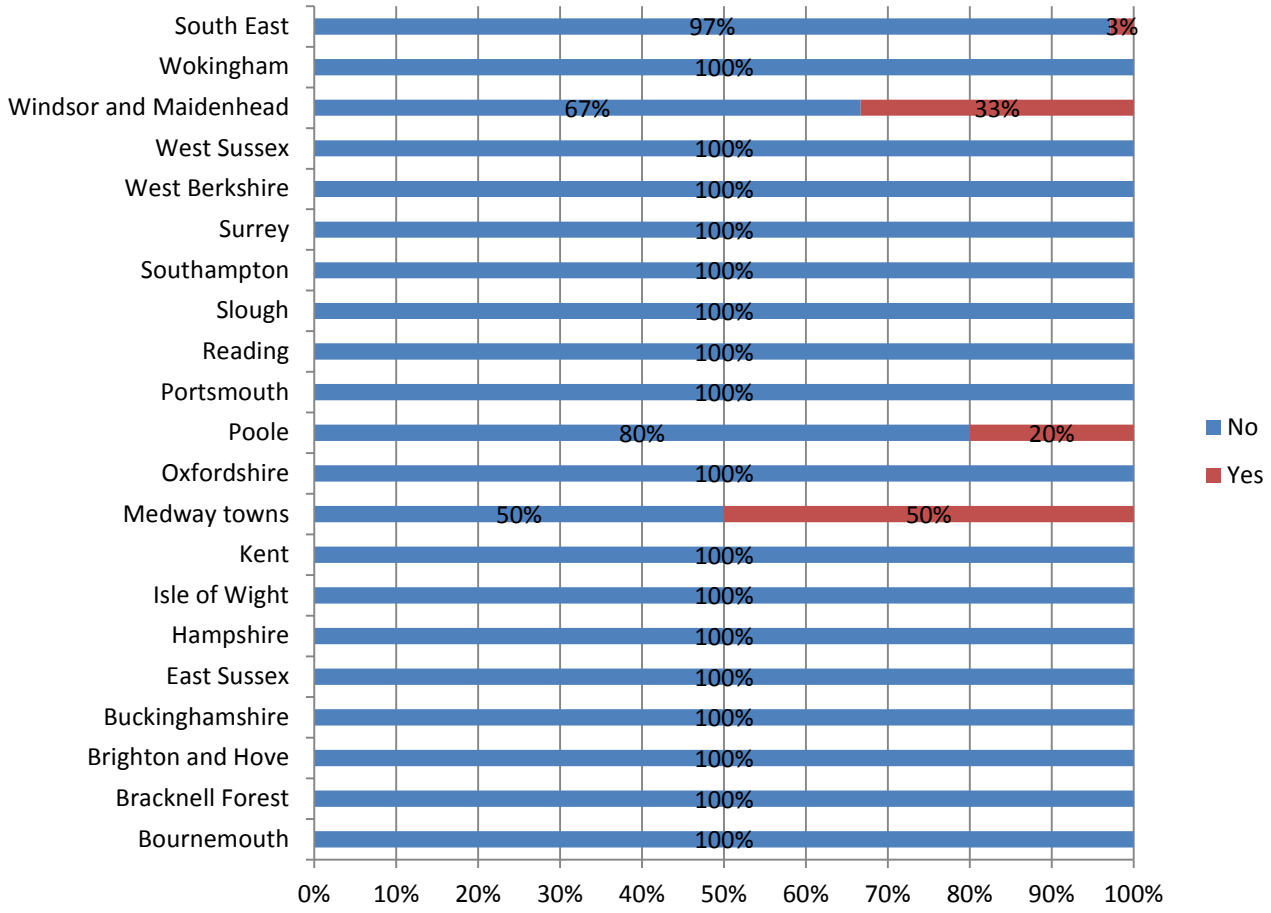

Figure 10. SFT password sharing among staff, for the South East region and by Partnership (n = 105)

Seventeen 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, 97% stated that they did not share their password with other staff members. However, 3% 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 (70%) 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?

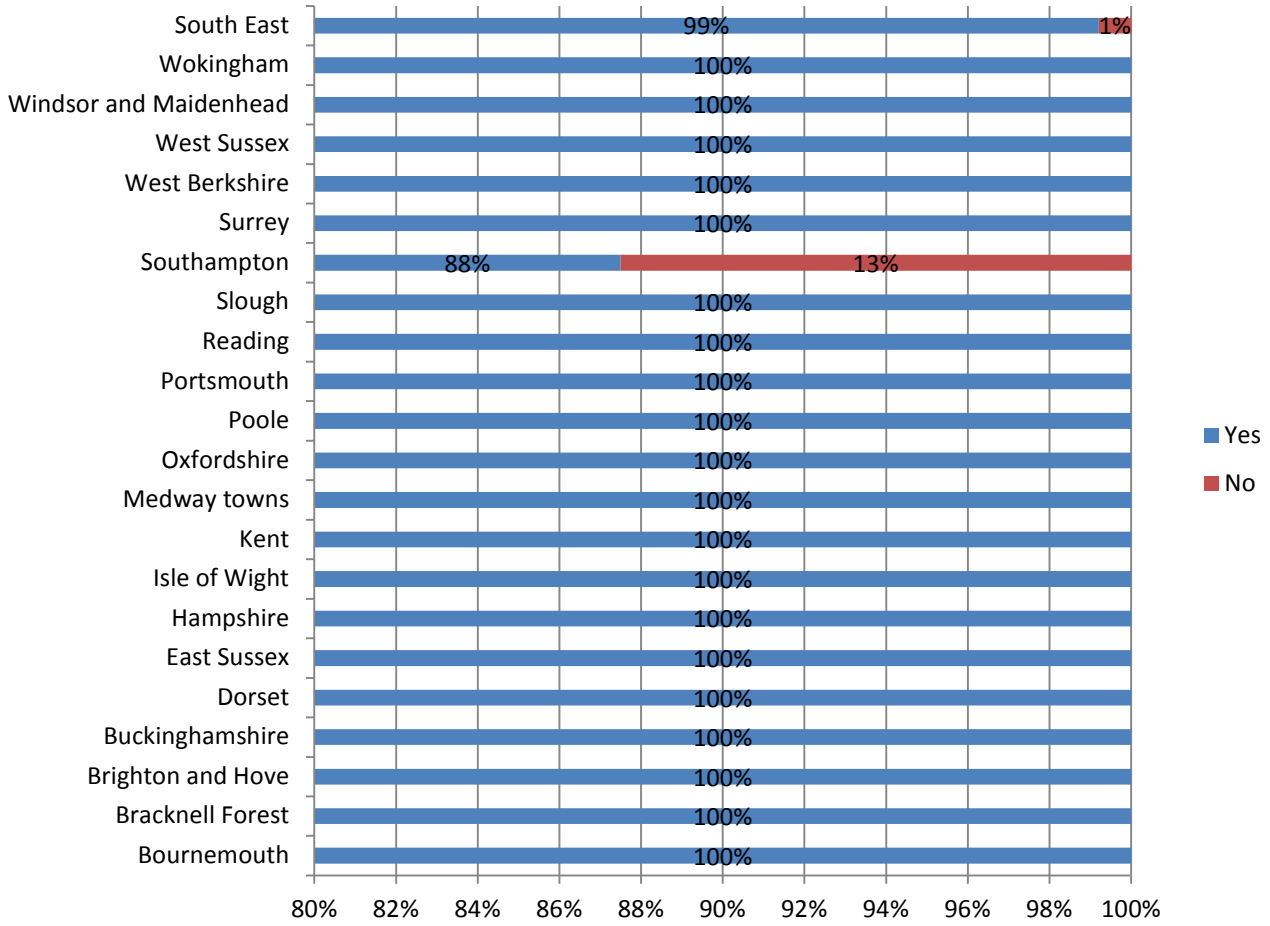

Figure 11. Inclusion of NDTMS Consent and Confidentiality Toolkit V6.3 within organisation's consent policy

As can be seen from Figure 11, all but one 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.

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?

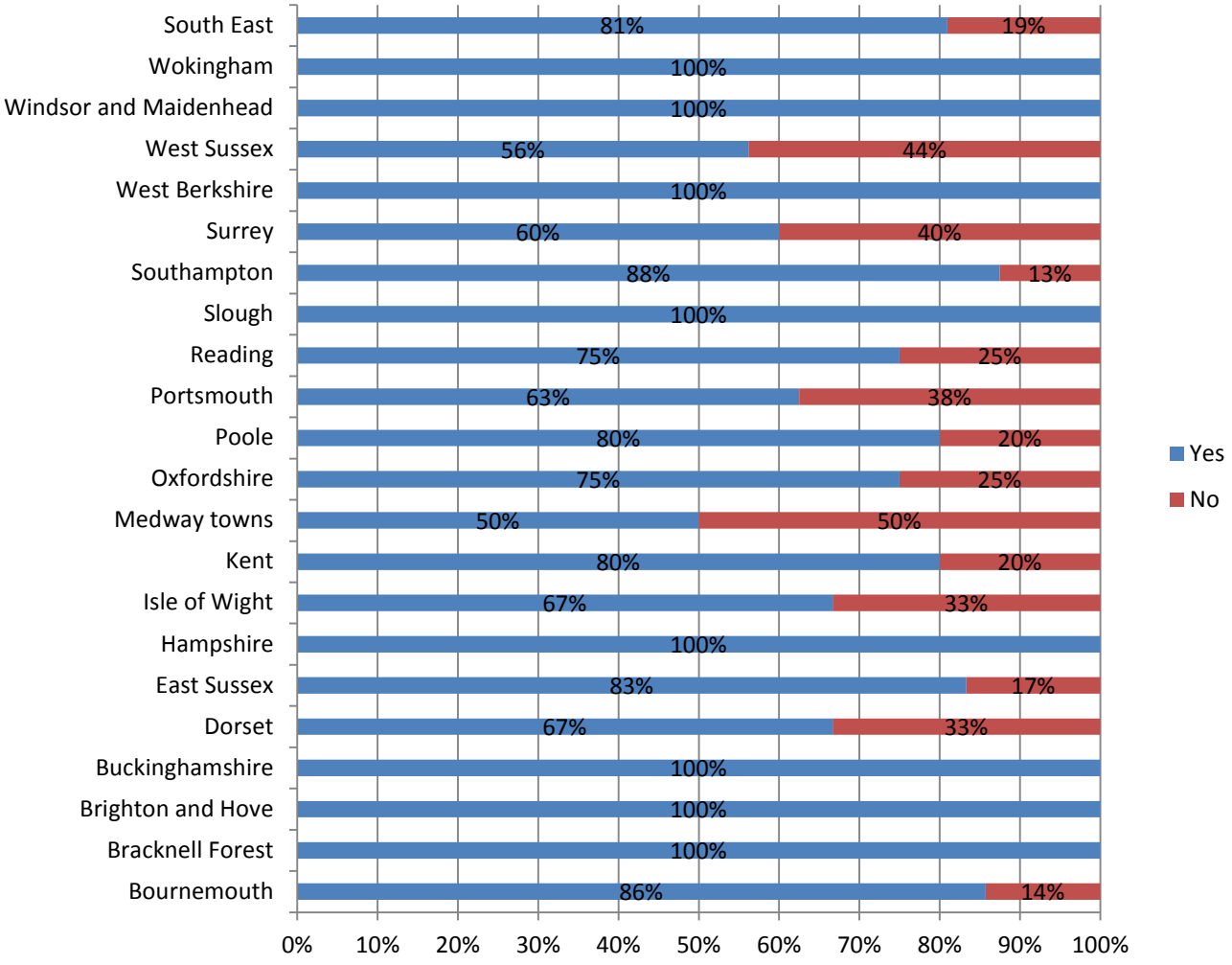

Figure 12. Presence of a Business Continuity plan covering how agencies will submit data to the NDTMS if their NDTMS system should fail

Regionally, 19% 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?

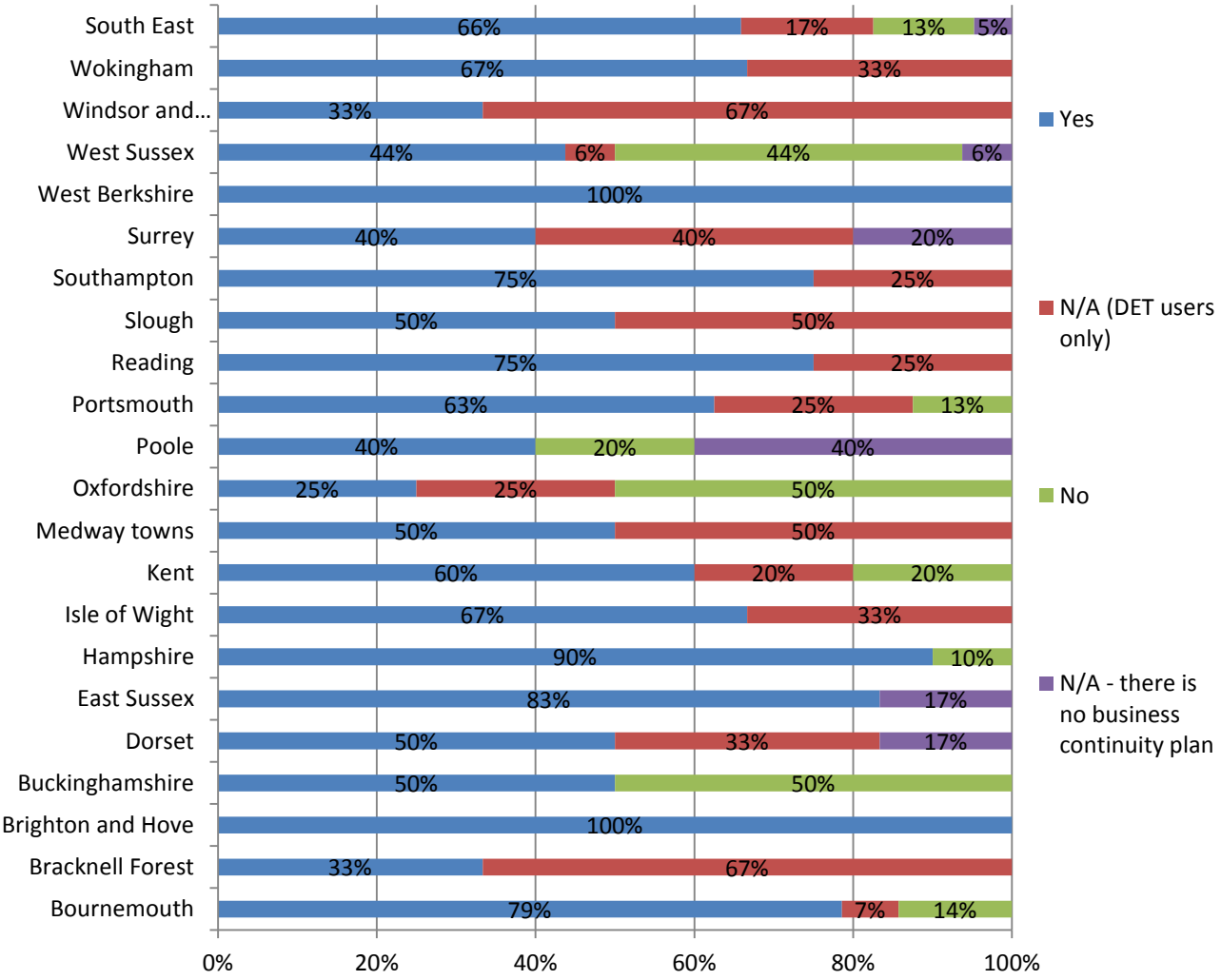

Figure 13. Presence of a Business Continuity plan which incorporates a timetable for taking backups of NDTMS data (please note, responses have been corrected for DET users where necessary)

Regionally, 66% 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?

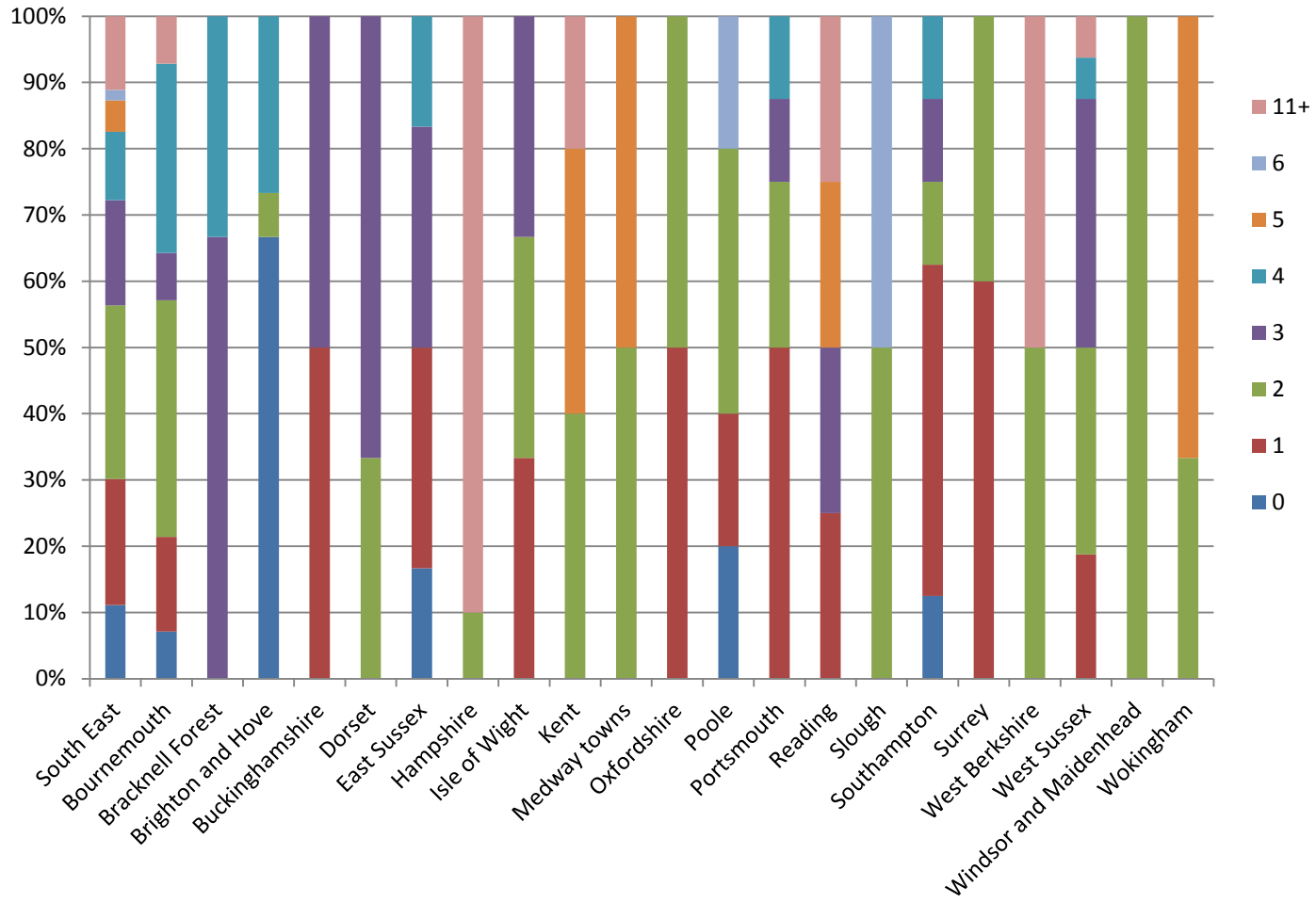

Figure 13. Number of expert NDTMS system users per provider, for the South East region and by Partnership

Figure 13 shows that at least 70% of providers regionally have at least two staff members responsible for NDTMS systems and 19% 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?

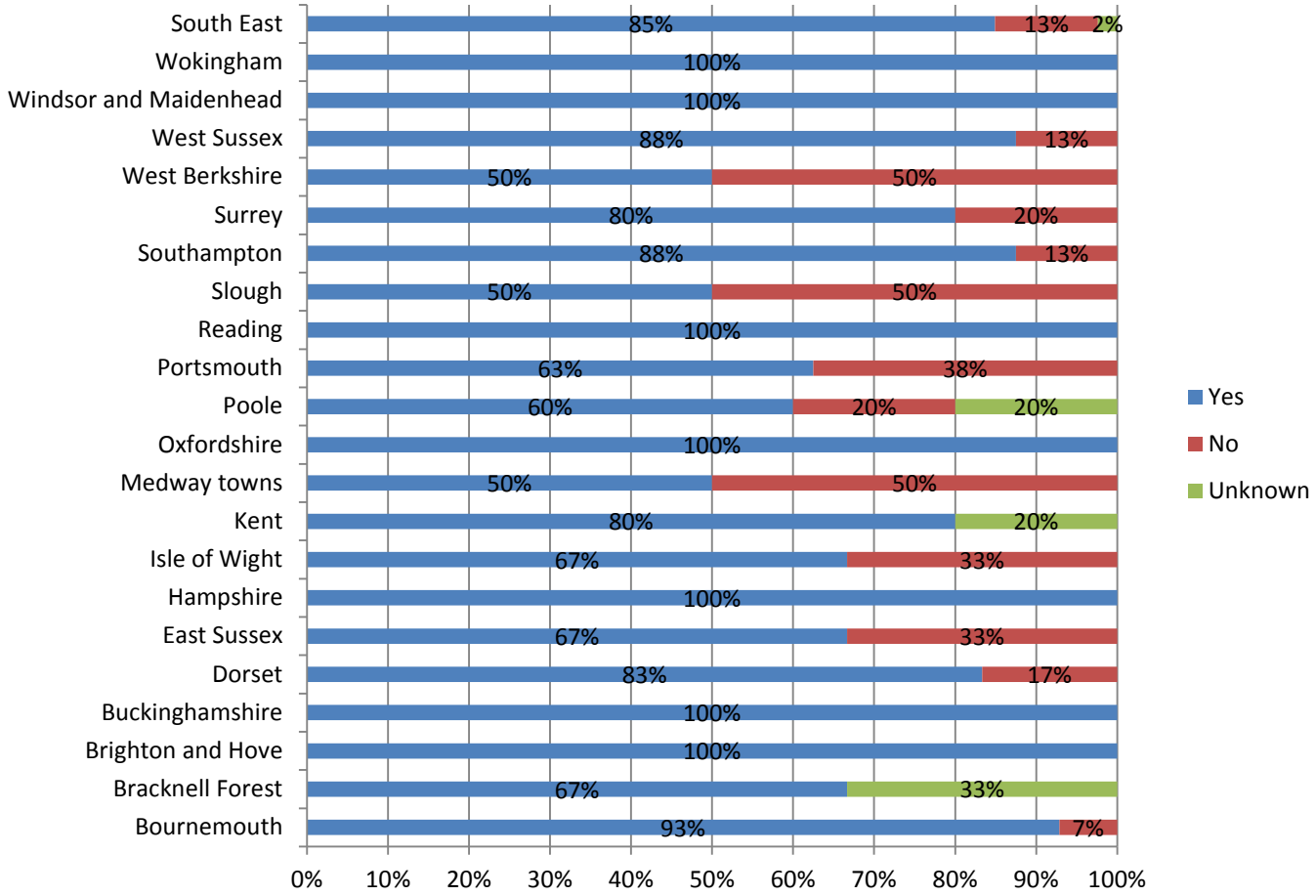

Figure 14. Resilience of NDTMS submission in case of staff absence, for the South East region and by Partnership

Of particular concern, 13% 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?

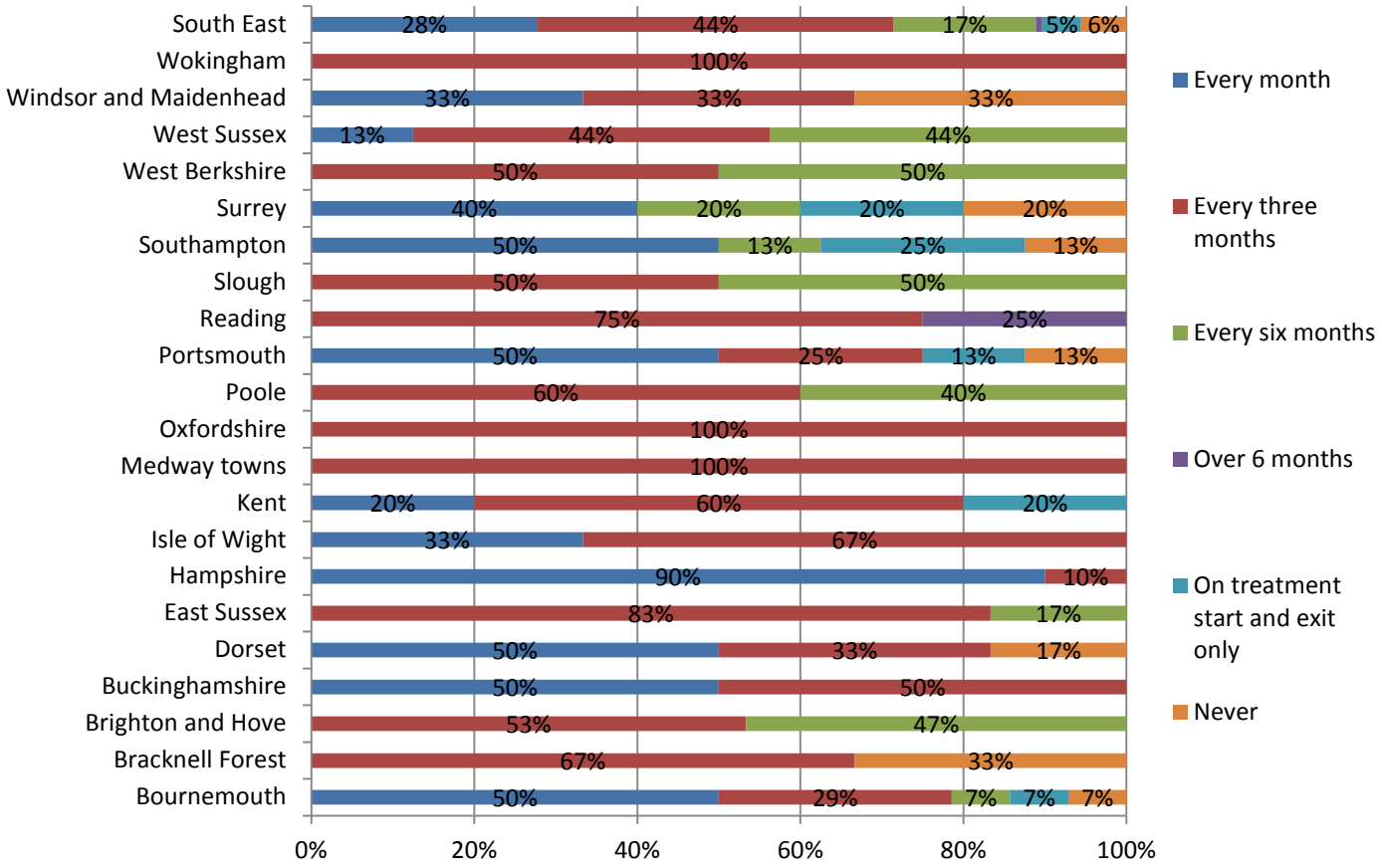

Figure 15. Frequency of Sub Intervention Review (SIR) completion, for the South East region and by Partnership

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 89% of respondents complete SIRs at least every 6 months, and 72% complete them at least every 3 months. One percent complete them less frequently than six monthly and 5% complete them on start and exit only. Six 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?

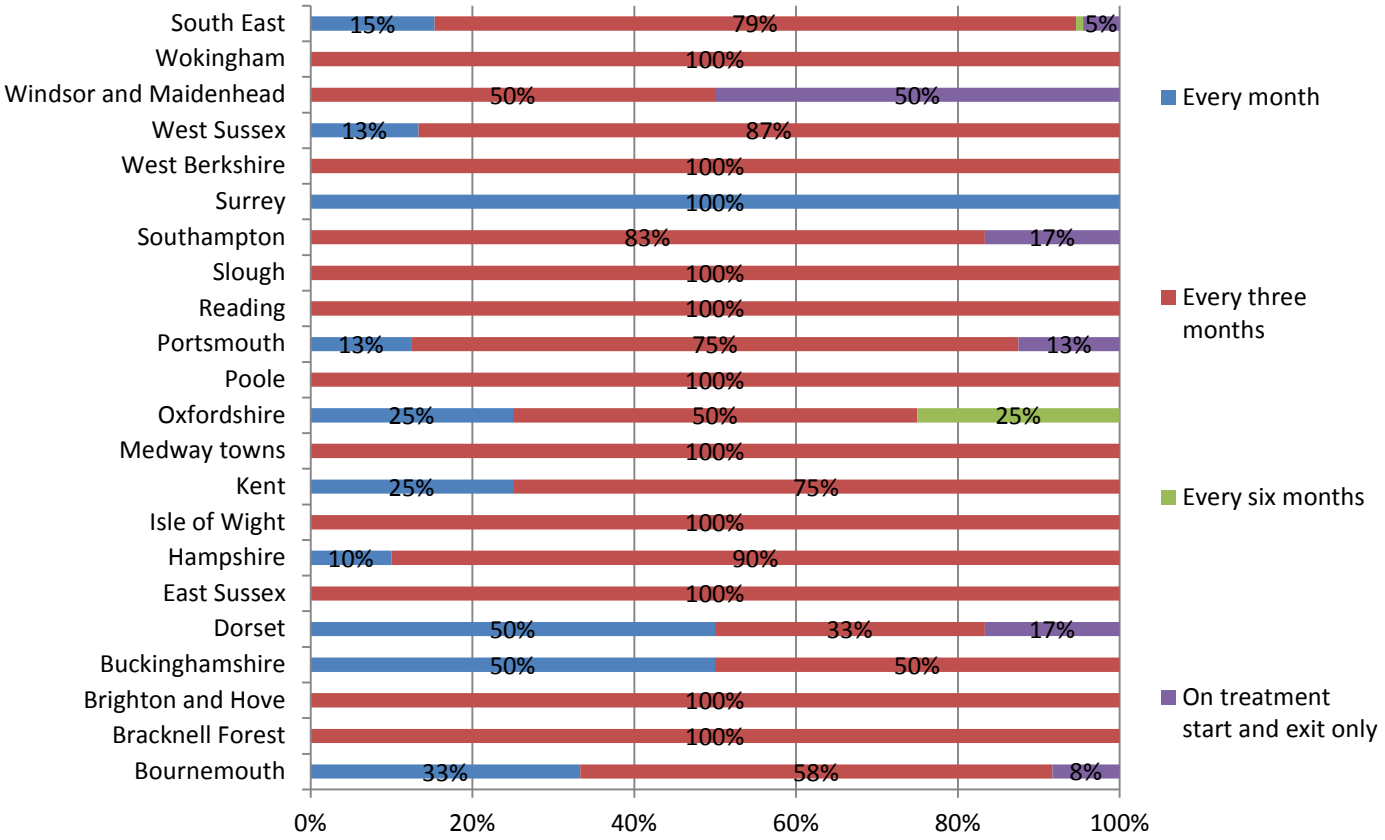

Figure 16. Frequency of Treatment Outcome Profile (TOP) completion, for the South East region and by Partnership (n = 111)

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

Twelve 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 = 111), 95% stated that they complete them at least every six months whilst 94% reported that they submit TOPs at least every three months. Only 25% of servives in Oxfordshire complete them six monthly. Five per cent stated that they are completed on start and exit of treatment episodes only, most of these services are in Windsor and Maidenhead.

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?

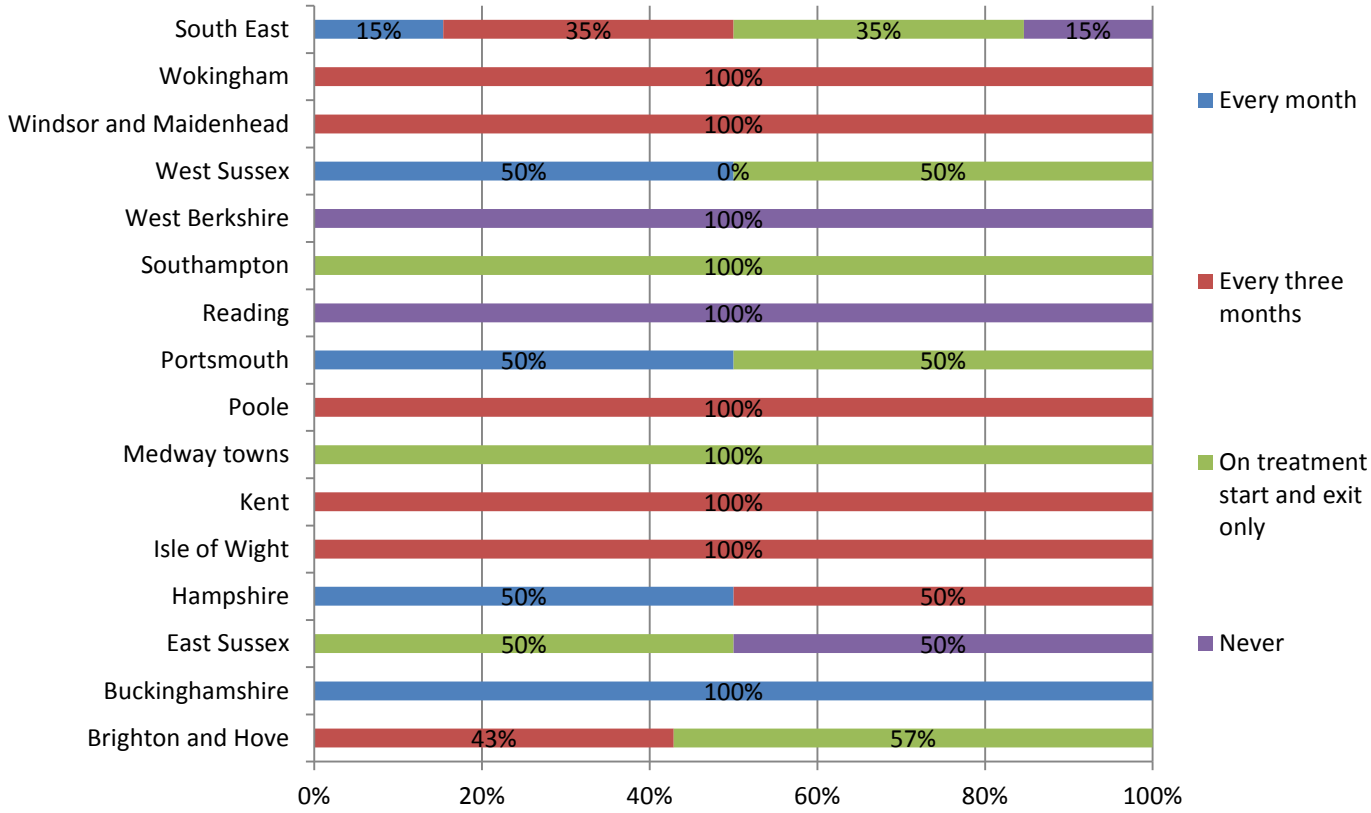

Figure 17. Frequency of Alcohol Outcome Record (AOR) completion, for the South East region and by Partnership (n = 26)

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 not deemed appropriate.

Seventy nine percent of respondents in the South East 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 = 26), 85% of services reported completing them at least on start and exit and only 15% 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 Reading and West Berkshire 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?

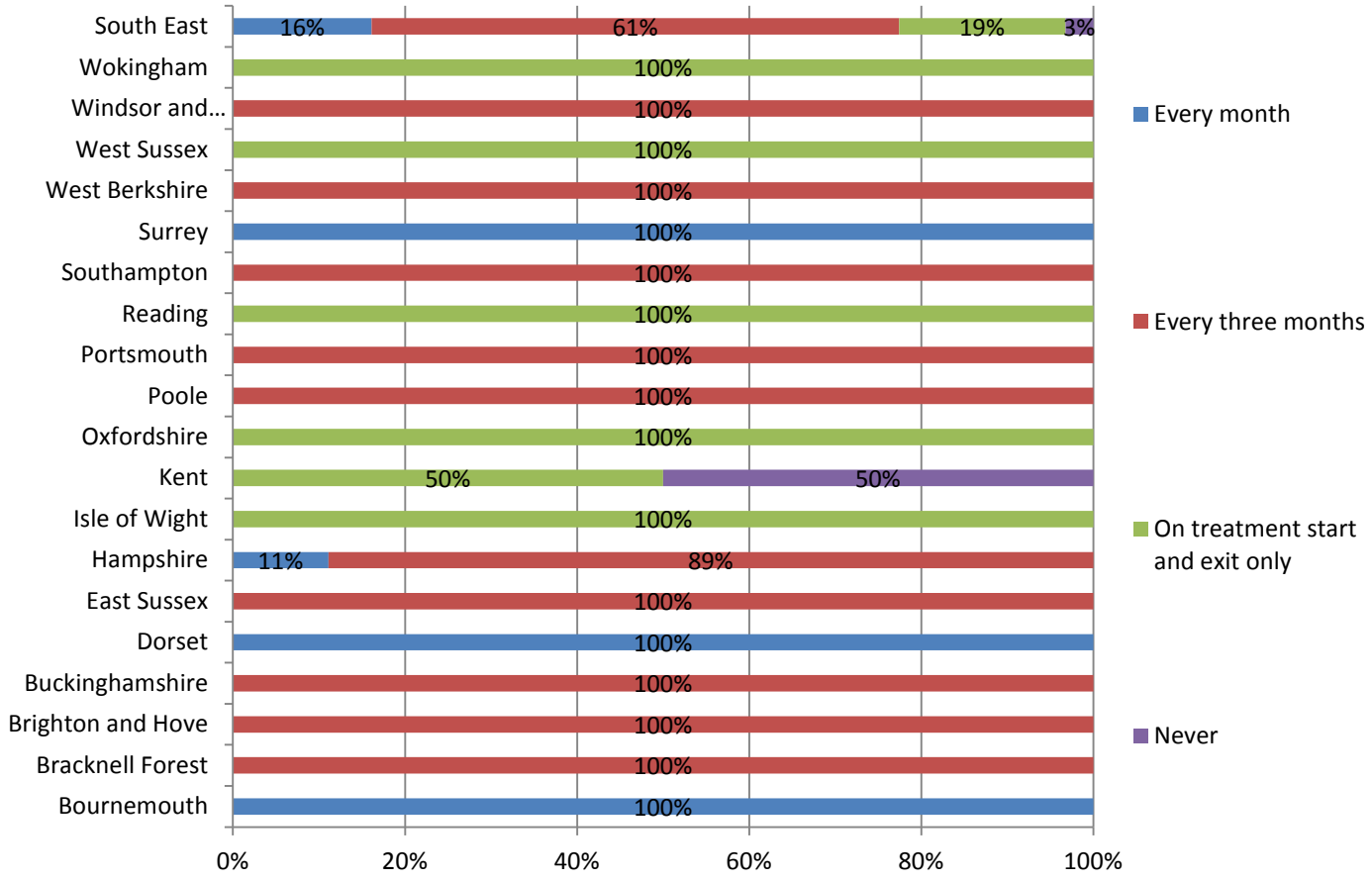

Figure 18. Frequency of Young Person Outcome Record (YPOR) completion, for the South East region and by Partnership (n = 31)

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

Seventy five percent of respondents from the South East 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 = 31), 97% complete them at least at start and exit and only 3% reported 'never' completing them.

It is possible that some of the respondents in Kent 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?

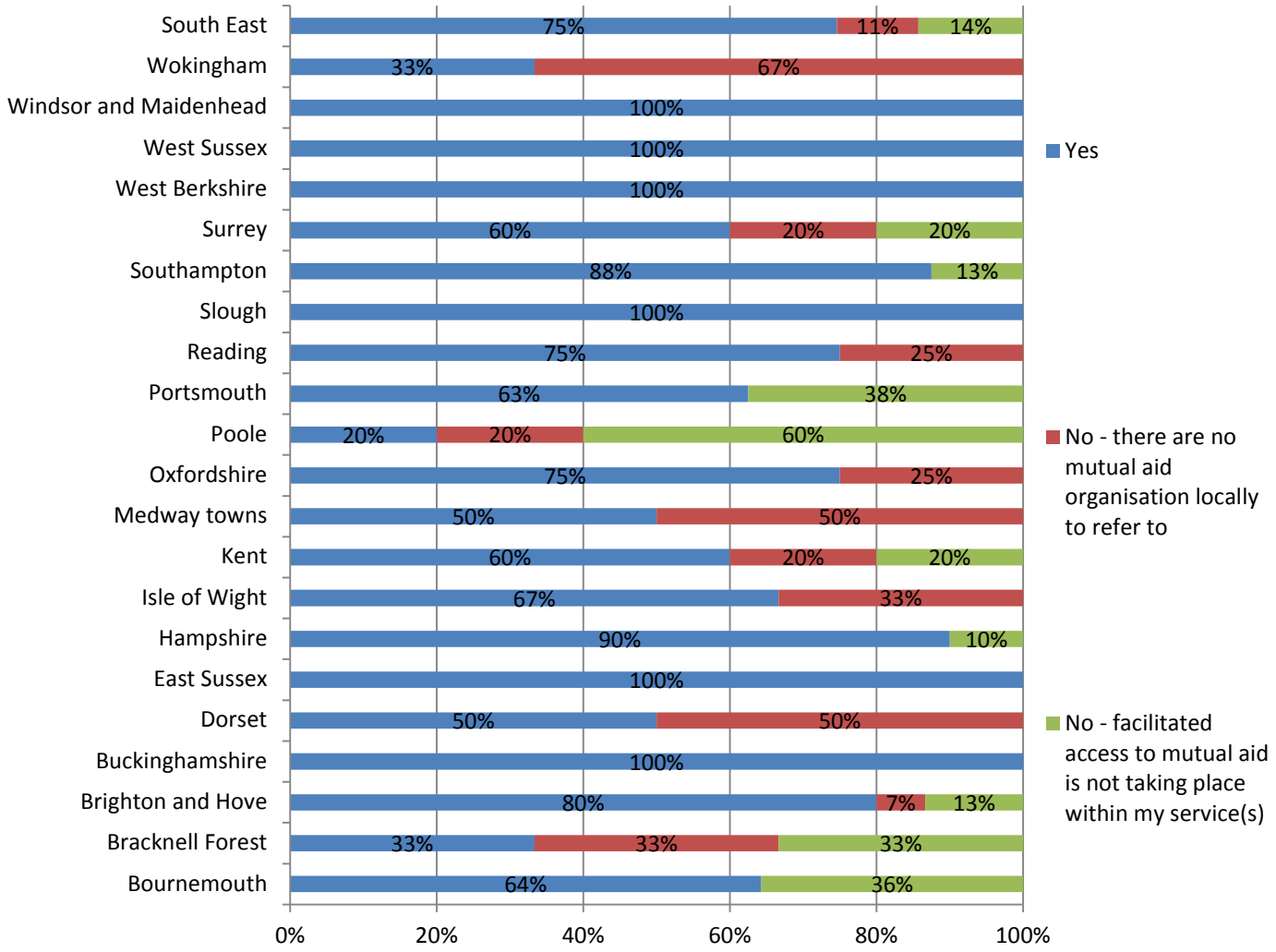

Figure 19. Occurrence of mutual aid referral, for the South East region and by Partnership

Regionally, 75% of services reported that they refer clients to mutual aid organisations (as illustrated in Figure 19). Fourteen per cent of respondents reported that they are not referring to mutual aid organisation and 11 per cent reported that there were no mutual aid services to refer to locally.

It should be noted that all services in the 4 local authority areas of Windsor and Maidenhead, West Sussex, Slough and East Sussex always refer their clients to mutual aid services. However, only 20% of Poole services do so, mainly due to a lack of local mutual aid organisations locally.

Do you record mutual aid referrals on NDTMS?

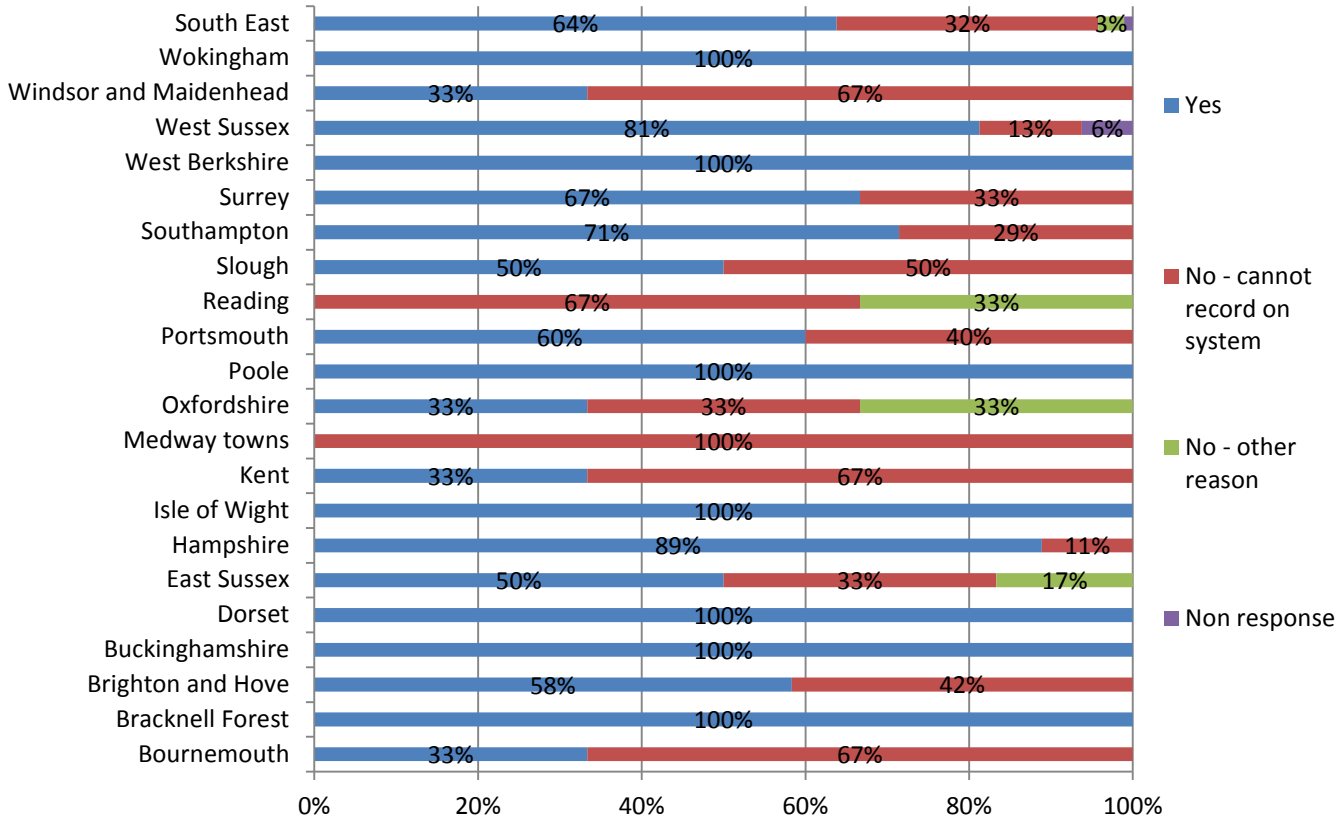

Figure 20. Recording of mutual aid referrals on NDTMS systems, for the South East region and by Partnership (n = 94)

Figure 20 shows that of those who do refer to mutual aid, 64% reported that they do record this on NDTMS systems. Of concern, 32% 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. South East agencies who completed the NDTMS provider survey 2014

DAT	Parent Organisation	Agency
Bournemouth	DHUFT	SB101 DHUFT Clinical Psychology - BOURNEMOUTH
Bournemouth	SDAS	SB103 SDAS Bournemouth
Bournemouth	Action on Addiction	SB201 Action On Addiction - Clouds
Bournemouth	Providence Community Addiction Services	SB202
Bournemouth	EDDAAS	SB203 EDAS - Bournemouth
Bournemouth	Action on Addiction	SB212 Sharp SDTP
Bournemouth	Action on Addiction	SB213 Sharp Aftercare
Bournemouth	CRI	SB216 Open Access Service
Bournemouth	Quinton House	SB307 Quinton House Project
Bournemouth	StreetScene Addiction Recovery	SB317 StreetScene Bournemouth
Bournemouth	Providence Community Addiction Services	SB510 Bournemouth Providence Surgery
Bournemouth	Addaction	SB511 Young Addaction Bournemouth
Bournemouth	CRI	SB513
Bournemouth	CRI	SB999 Bournemouth BAT
Bracknell Forest	New Hope	P0852 New Hope Young Peoples Service
Bracknell Forest	SMART	P0976 SMART Bracknell Forest
Bracknell Forest	Bracknell LASARs	P1030 Bracknell LASAR
Brighton and Hove	South Downs Health NHS Trust	P0606 Brighton & Hove Substance Misuse Service
Brighton and Hove	Brighton Oasis Project Ltd	P0660 Brighton Oasis Project
Brighton and Hove	BHT	P0719 BHT Recovery Project
Brighton and Hove	CRI	P0737 St. Thomas Fund
Brighton and Hove	BHT	P0795 BHT Detox Support
Brighton and Hove	Brighton and Hove City Council	P0819 RU - OK?
Brighton and Hove	CRI	P0850 Brighton & Hove CRI
Brighton and Hove	CRI	P0899 St Thomas Fund Residential
Brighton and Hove	Sussex Partnership NHS Trust	P0908 Promenade Ward
Brighton and Hove	BHT	P0909 BHT Move On
Brighton and Hove	Oasis Partnership	P0922 POCAR
Brighton and Hove	Sussex Partnership NHS Trust	P0963 SPFT Community Alcohol Team

Brighton and Hove	CRI	P0971 CRI Community Alcohol Team
Brighton and Hove	CRI	P0999 POCAR Male
Brighton and Hove	South Downs Health NHS Trust	P1039 Brighton & Hove Substance Misuse Service IOT
Buckinghamshire	Addaction	P0554 Addaction - Young Person
Buckinghamshire	South Staffs & Shropshire Foundation Trust and Oasis Partnership	P1053 STARS
Dorset	EDP	SF215 EDP Dorset
Dorset	EDAS	SF216 Shadows
Dorset	Dorset County Council	SF307 Weymouth Aftercare Centre
Dorset	EDAS	SF511 DORSET ADCAP
Dorset	Turning Point	SF513 Dorset DIP TEAM
Dorset	Dorset County Council	SF514 Dorset YOT
East Sussex	East Sussex County Council	P0814 East Sussex Under 19
East Sussex	East Sussex County Council	P0870 East Sussex Family Service
East Sussex	Action for Change	P0927 East Sussex Community Alcohol Team
East Sussex	Sussex Partnership NHS Trust	P0949 Sussex Partnership Inpatient Detox
East Sussex	Sussex Partnership Trust and CRI	P0951 Hastings and Rother Community Substance Misuse Team
East Sussex	Sussex Partnership Trust and CRI	P0987 Eastbourne Wealden and Lewes Community Substance Misuse Team
Hampshire	Phoenix Futures	P0353 Phoenix Futures Alpha Residential Services
Hampshire	Solent Healthcare NHS Trust	P0354 HOMER - Havant
Hampshire	Solent Healthcare NHS Trust	P0358 HOMER - Fareham
Hampshire	Catch 22	P0959 Catch 22 24/7 Service Hampshire
Hampshire	Solent Healthcare NHS Trust	P1008 HOMER - Andover
Hampshire	Solent Healthcare NHS Trust	P1009 HOMER - Basingstoke
Hampshire	Solent Healthcare NHS Trust	P1011 HOMER - Winchester
Hampshire	Solent Healthcare NHS Trust	P1012 HOMER - Ringwood
Hampshire	Solent Healthcare NHS Trust	P1013 HOMER - Aldershot
Hampshire	Solent Healthcare NHS Trust	P1028 HOMER - Eastleigh
Isle of Wight	Isle of Wight PCT	P0361 The Island Drug & Alcohol Service

Isle of Wight	Cranstoun	P0573 Cranstoun CDA Isle of Wight
Isle of Wight	Isle of Wight PCT	P0825 Get Sorted Young Peoples Service
Kent	Kent and Medway NHS and Social Care Partnership Trust	P0611 Bridge House
Kent	KCA	P0708 KCA Young Peoples Service
Kent	Kenward Residential	P0835 Kenward Residential
Kent	CRI	P1024 CRI West Kent Recovery Service
Kent	Turning Point	P1045 East Kent Integrated Treatment Service
Medway towns	Medway NHS and Social Care Partnership Trust	P0745 Medway Alcohol Services
Medway towns	KCA	P0881 KCA Medway
Oxfordshire	Ley Community	P0002 Ley Community
Oxfordshire	Addaction	P1003 Young Addaction Oxfordshire
Oxfordshire	SMART	P1005 SMART Howard House
Oxfordshire	Lifeline Project	P1026 The Recovery Service
Poole	DHUFT	SI101 DHUFT Clinical Psychology - POOLE
Poole	EDDAAS	SI201 EDAS-POOLE
Poole	EDAS	SI203 SMART
Poole	Poole DAAT	SI204 TIS Therapies
Poole	EDAS	SI503 YADAS-POOLE
Portsmouth	Portsmouth City Teaching PCT	P0359 Baytrees
Portsmouth	ANA	P0523 ANA
Portsmouth	Addiction Recovery Centre	P0858 Addiction Recovery Centre
Portsmouth	Cranstoun	P1015 Switch
Portsmouth	Portsmouth City Council, Hampshire County Council and Portsmouth Hospitals NHS Trust	P1016 Alcohol Specialist Nurse Service
Portsmouth	Unspecified	P1048 Alcohol Interventions Team
Portsmouth	Portsmouth CIty Council	P1049 Recovery Hub
Portsmouth	Unspecified	P1050 Counselling Service Portsmouth
Reading	Cranstoun	P0502 Cranstoun CDA Reading
Reading	Reading Borough Council	P0823 The Source (YP Drug and Alcohol Service)
Reading	CRI	P0878 Reading DAIS

Reading	KCA	P0991 KCA Berkshire West Tier 3 Specialist Substance Misuse Services
Slough	CRI	P1029 CRI Slough Recovery Service
Slough	Turning Point	P1040 Slough LASAR
Southampton	Hampshire Partnership Foundation Trust	P0357 The New Road Centre
Southampton	Portsmouth City Teaching PCT	P0427 Young People - Southampton
Southampton	StreetScene Addiction Recovery	P0544 Francis House. Streetscene. Southampton
Southampton	Society of St James	P0892 Southampton DIP
Southampton	Priory group	P0931 The Priory Hospital Southampton
Southampton	Society of St James	P1032 The BRIDGE Southampton
Southampton	Solent NHS Trust	P1033 Alcohol Day Detoxification Service
Southampton	alcohol pathfinder	P1038 The Society of St James Southampton
Surrey	Surrey and Sussex Probation Trust	P0873 Surrey Probation Area
Surrey	Catch 22	P0942 Catch 22 Surrey
Surrey	PRINSTED	P0972 Prinsted
Surrey	Surrey and Borders Partnership NHS Trust	P1007 The Surrey Skills in Recovery Team
Surrey	SAdAS	P1052 SAdAS
West Berkshire	Turning Point	P0514 Turning Point (NEWBURY)
West Berkshire	West Berkshire Council	P0824 The Edge
West Sussex	Ravenscourt	P0678 Ravenscourt
West Sussex	CRI	P0760 SDC CRI Bognor
West Sussex	CRI	P0841 West Sussex Young People
West Sussex	Stone Pillow	P0919 Stonepillow Sands Service
West Sussex	Addaction	P0954 Addaction Worthing
West Sussex	Addaction	P0955 Addaction Bognor
West Sussex	Addaction	P0956 Addaction Chichester
West Sussex	Addaction	P0957 Addaction Crawley
West Sussex	Addaction	P0958 Addaction Haywards Heath
West Sussex	Worthing Churches Homeless Projects	P1017 Worthing Churches Homeless Project

West Sussex	Sussex Partnership NHS Trust	P1020 Dove Ward
West Sussex	CRI	P1022 CRI Crawley
West Sussex	CRI	P1023 CRI Counselling
West Sussex	Addaction	P1041 Addaction Horsham
West Sussex	CRI	P1042 CRI Chichester
West Sussex	CRI	P1047 CRI ATR Service West Sussex
Windsor and Maidenhead	SMART	P0977 SMART Windsor & Maidenhead
Windsor and Maidenhead	Unspecified	P1034 RBWM LASAR
Windsor and Maidenhead	RBWM Young People	P1044 WAM Young People's Substance Misuse Service
Wokingham	Yeldall Christian Centres	P0034 Yeldall Manor
Wokingham	KCA	P1018 KCA Horizon Wokingham
Wokingham	KCA	P1019 KCA YP Wokingham