NDTMS provider survey
February 2014

Regional report – West Midlands

About Public Health England

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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	246	158	64.0
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. West Midlands survey completion rates by Partnership

Partnership code	Partnership name	Number of providers	Number of providers with completed surveys	Completion rate %
F05B	Birmingham	28	25	89.3
F06B	Coventry	2	2	100.0
F07B	Dudley	4	3	75.0
F08B	Herefordshire	5	3	60.0
F09B	Sandwell	3	2	50.0
F01B	Shropshire	6	2	33.3
F10B	Solihull	6	2	33.3
F03B	Staffordshire	22	19	86.4
F04B	Stoke-on-Trent	8	8	100.0
F02B	Telford and Wrekin	7	4	57.1
F11B	Walsall	5	5	100.0
F12B	Warwickshire	2	2	100.0
F13B	Wolverhampton	2	0	0.0
F14B	Worcestershire	3	3	100.0
Total		**103**	**80**	**77.7**

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

Overall, 77.7% of West Midlands providers responded to the survey with services from 5 out of 14 local authority areas fully responding.

Within this report, the Leicestershire partnership has been included in the West Midlands information. Leicestershire is not part of the West Midlands but will have been included due to the possibility that a contact completed the survey for multiple agencies that fall into multiple Partnership areas. The full list of West Midlands agencies that completed the NDTMS provider survey 2014 can be found in Table 3.

Provider profiles

What client group does your provider treat?
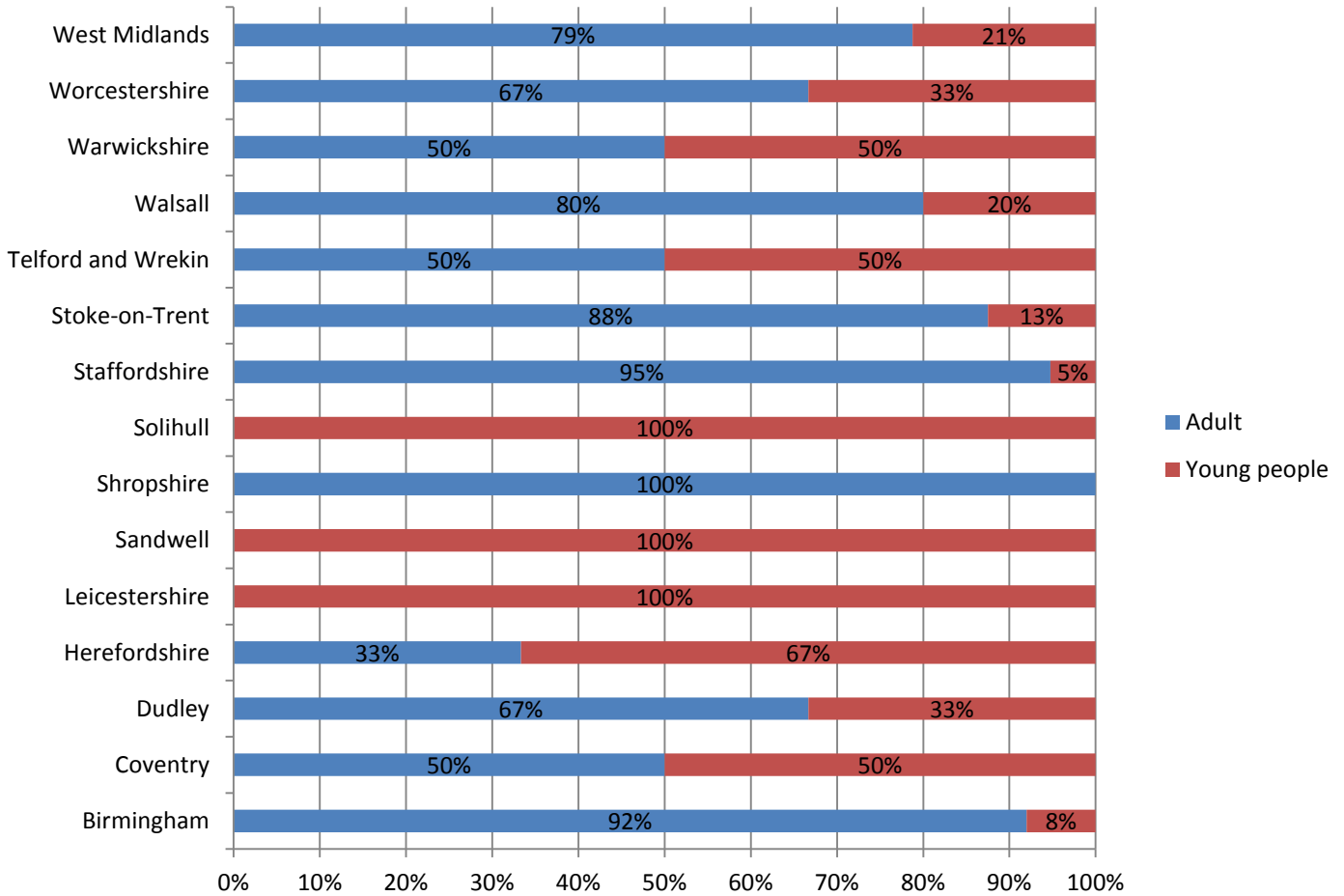
Figure 1. Client group, for the West Midlands region and by Partnership

Regionally of the 80 providers who completed the survey, 79% report that they treat adult clients and 21% report that they treat young people. This distribution is generally consistent across other NDTMS regions and nationally there is an 81:19 ratio.

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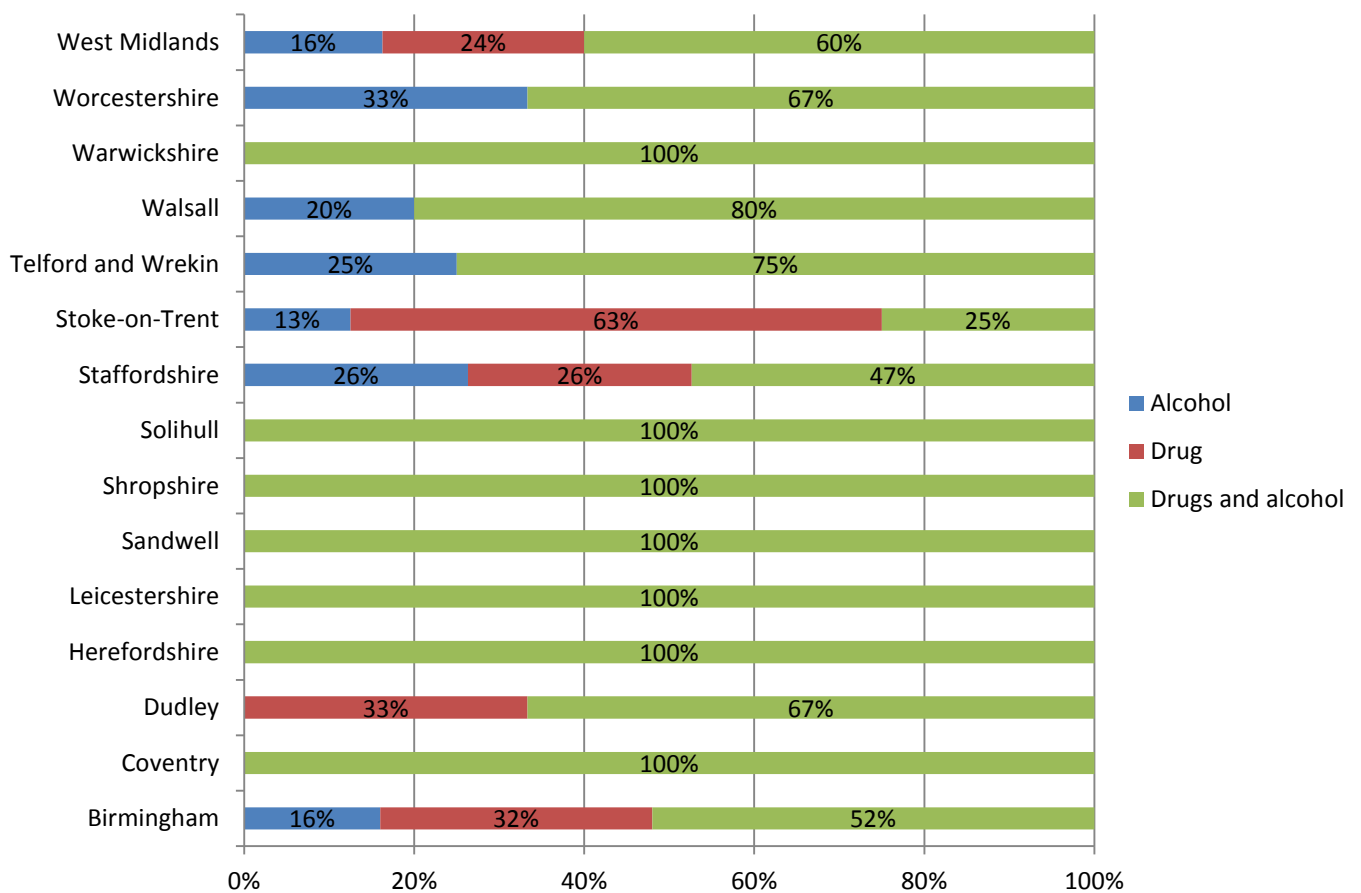## What treatment service/s do you provide?

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

Figure 2 shows that of the providers that completed the survey, 16% offer alcohol only treatment, 24% offer drug only treatment and 60% offer both drug and alcohol treatment.

Do you have a Care Quality Commission (CQC) registration number?
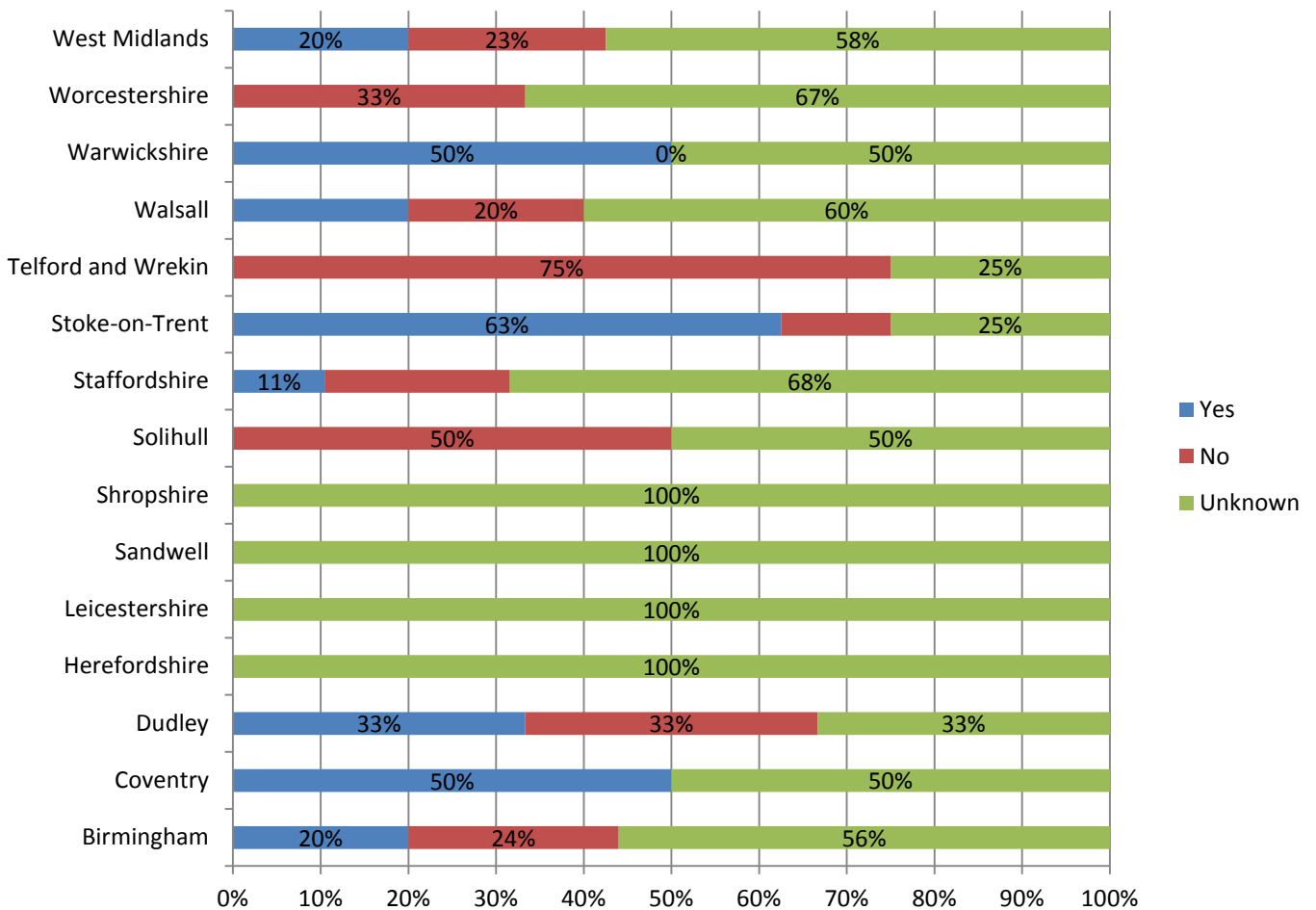
Figure 3. CQC membership, for the West Midlands region and by Partnership

20% of survey respondents stated that they have a CQC registration number. 23% stated that they did not have a number and a further 58% 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?
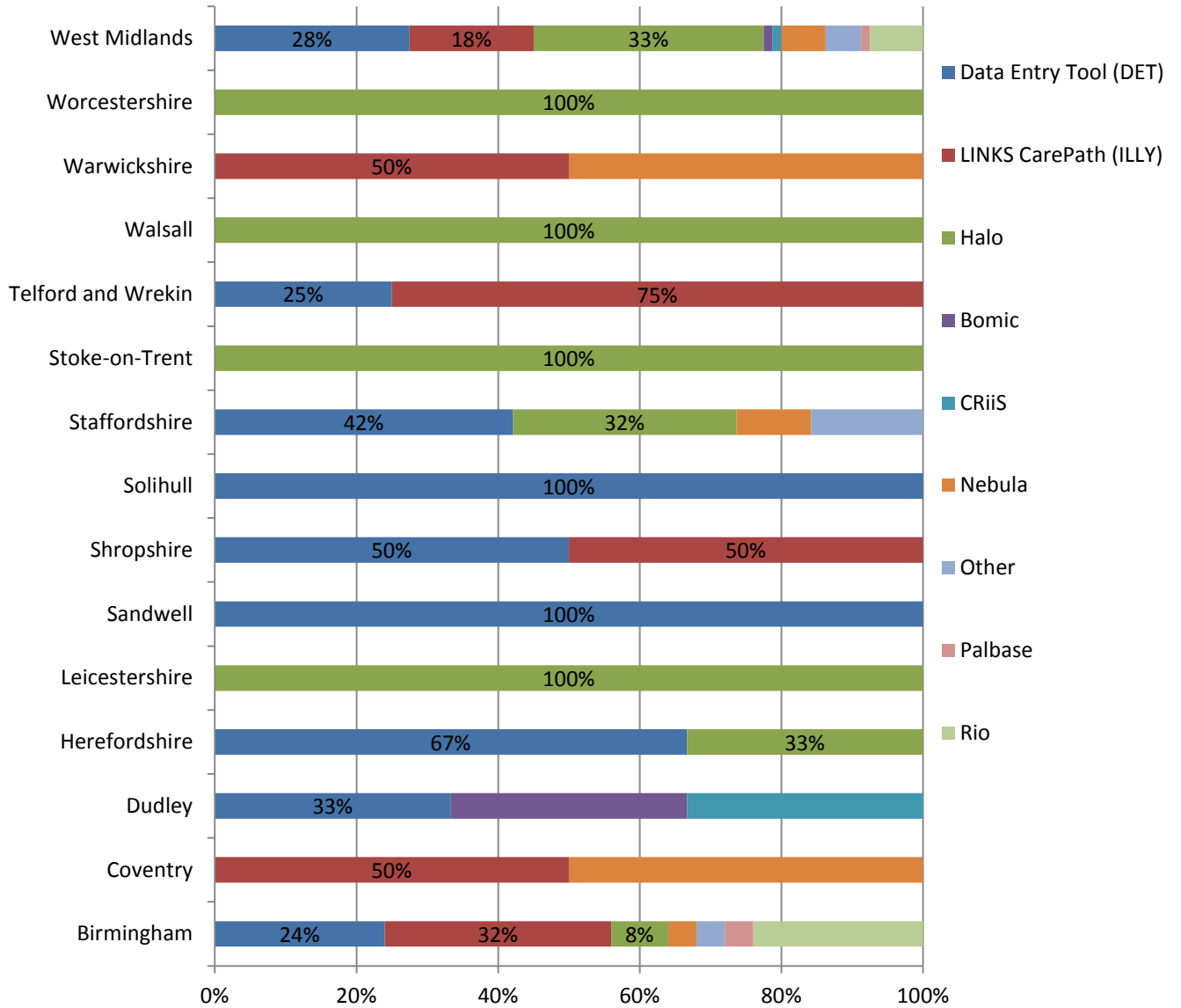
Figure 4. Software provider, for the West Midlands region and by Partnership

Surprisingly, there are at least 8 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 Data Entry Tool (DET) with 28% followed by the LINKS CarePath (ILLY) system at 18%.

Some local areas such as Worcestershire, Walsall, and Stoke-on-Trent report across their treatment services with one system only (HALO). Others have multiple systems in use to provide NDTMS extract data, for example Birmingham with 7.

From where can staff access the system that you use to submit your NDTMS data?
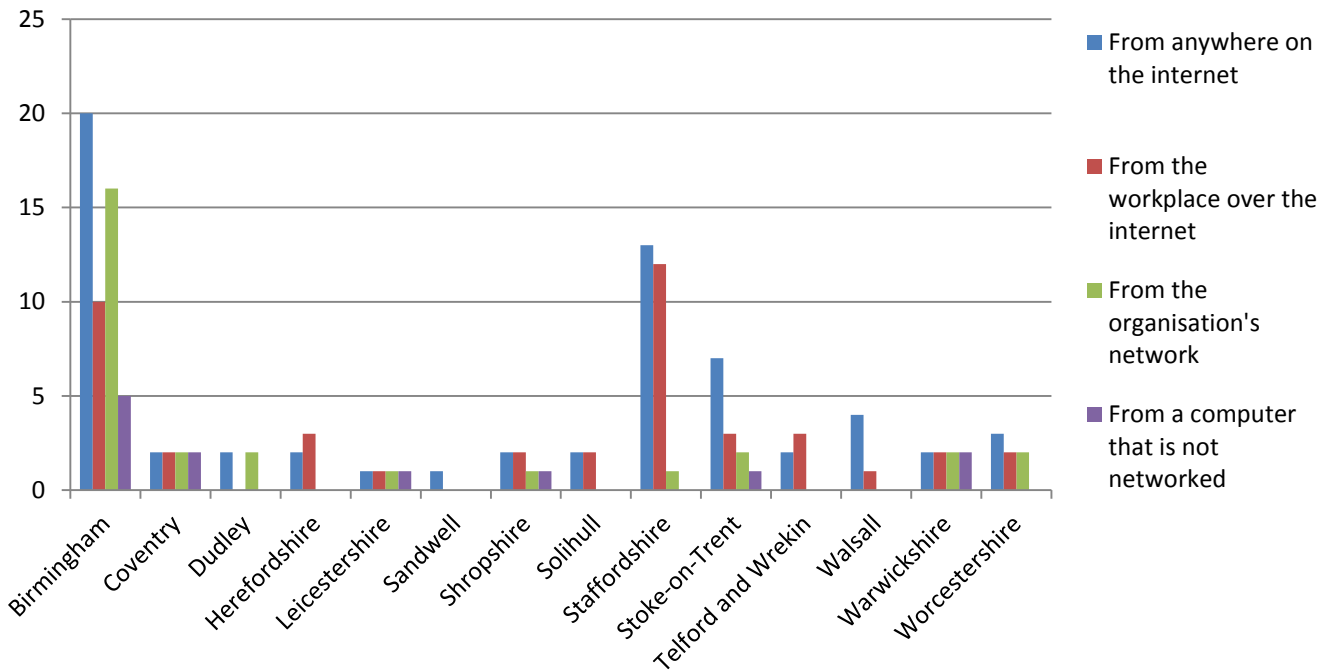
Figure 5. System access methods by Partnership (please note, respondents could select as many options as applicable for this question, therefore the categories are not mutually exclusive). Please note, where necessary answers have been corrected for DET Users who are able to access DET from anywhere 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 = 63).

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?
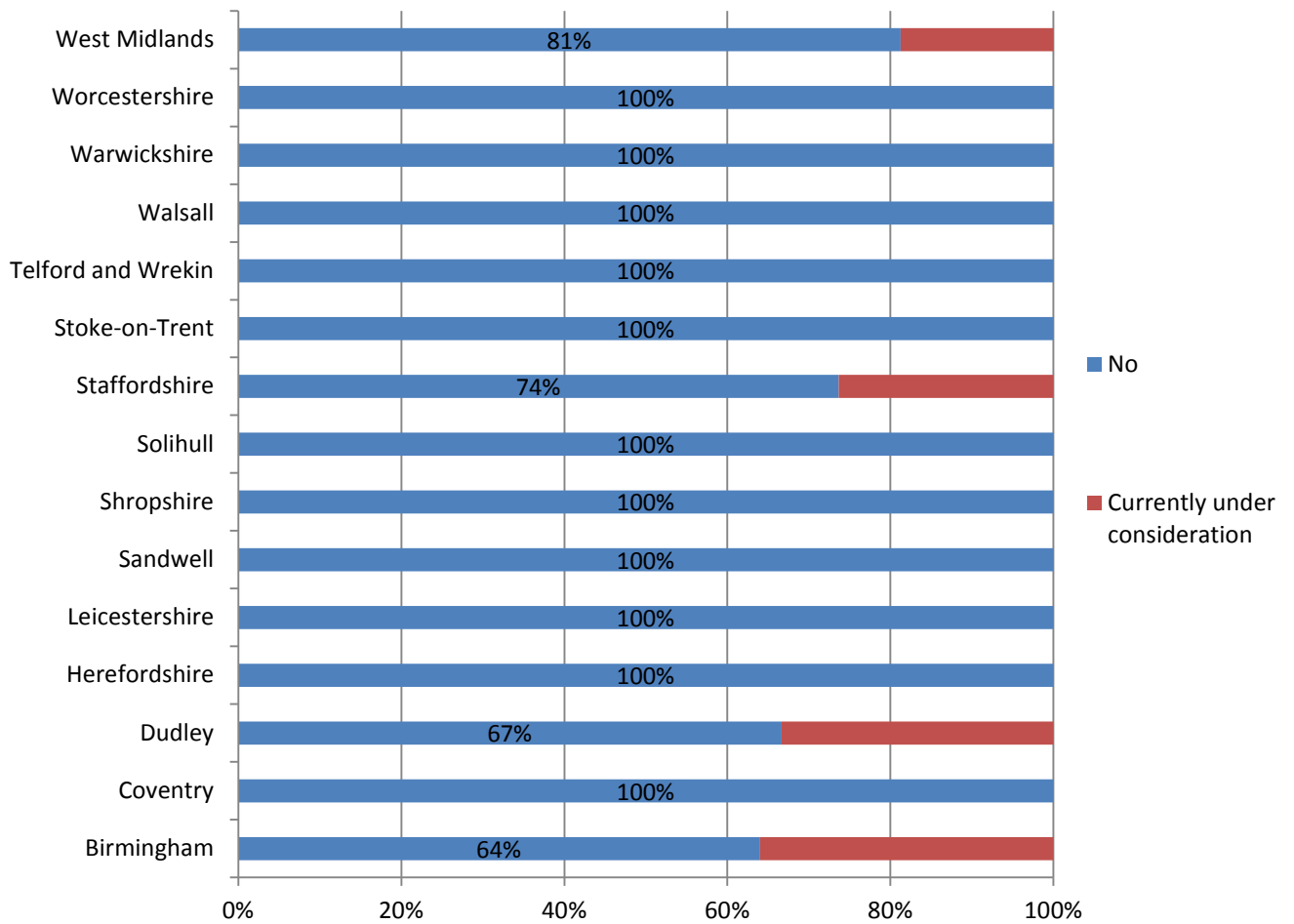
Figure 6. Software migration intentions, for the West Midlands region and by Partnership

Figure 6 shows that regionally only 19% of providers reported currently considering changing their software system. This compares to a lower figure of 11% nationally, and gives the NDTMS team some confidence that software use remains relatively stable in the West Midlands. The main exceptions are Staffordshire, Dudley and Birmingham where services reported considering changes.

Are you considering changing your Case Management System?
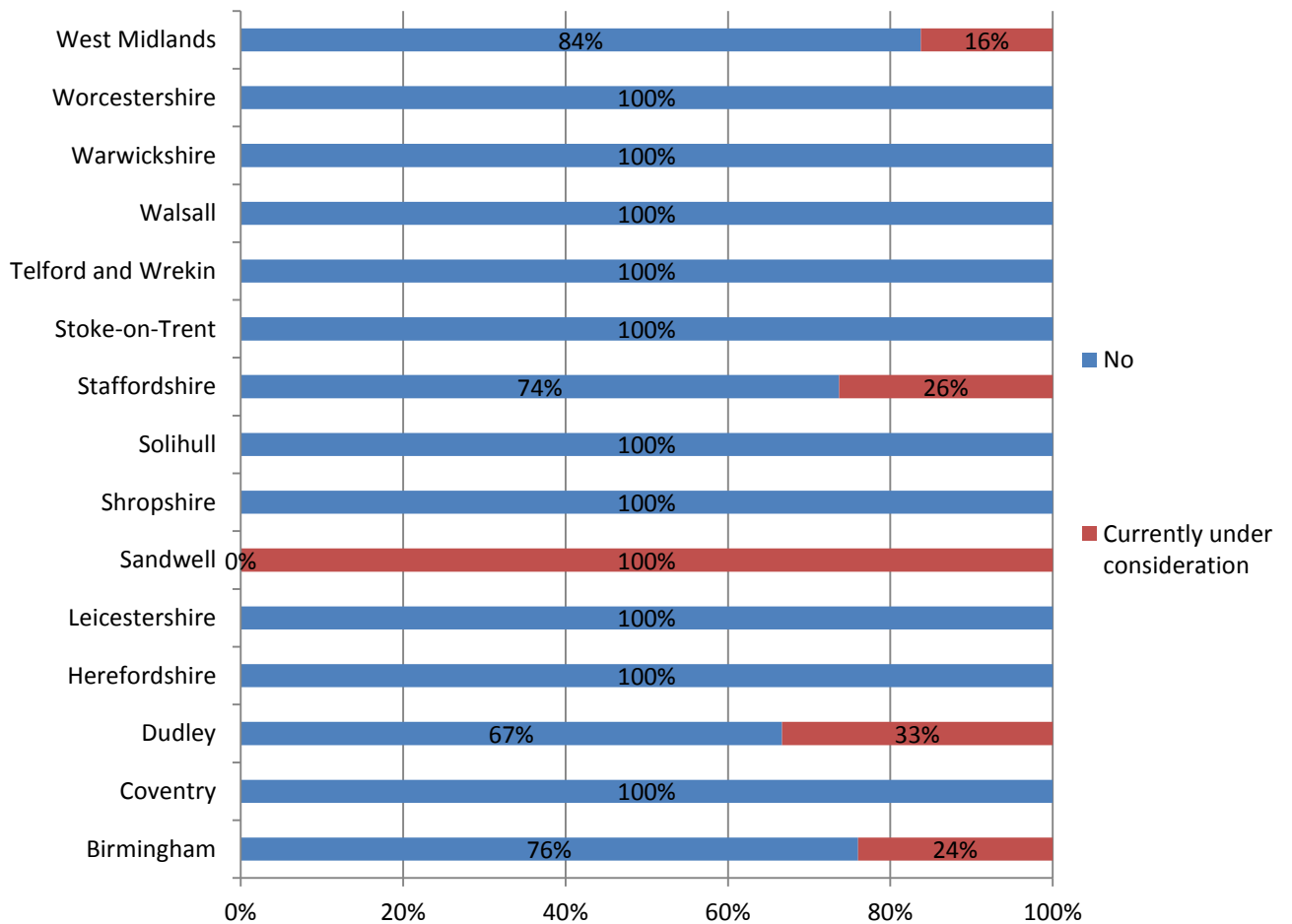
Figure 7. Intentions to change Case Management System, for the West Midlands region and by Partnership

Figure 7 shows that only 16% of providers regionally are currently considering changing their case management system (CMS), in comparison with the national percentage of 11%. This gives the West Midlands NDTMS team some confidence that CMS system choice remains relatively stable. The exceptions are Staffordshire, Sandwell, Dudley, and Birmingham where services reported considering changes to 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)
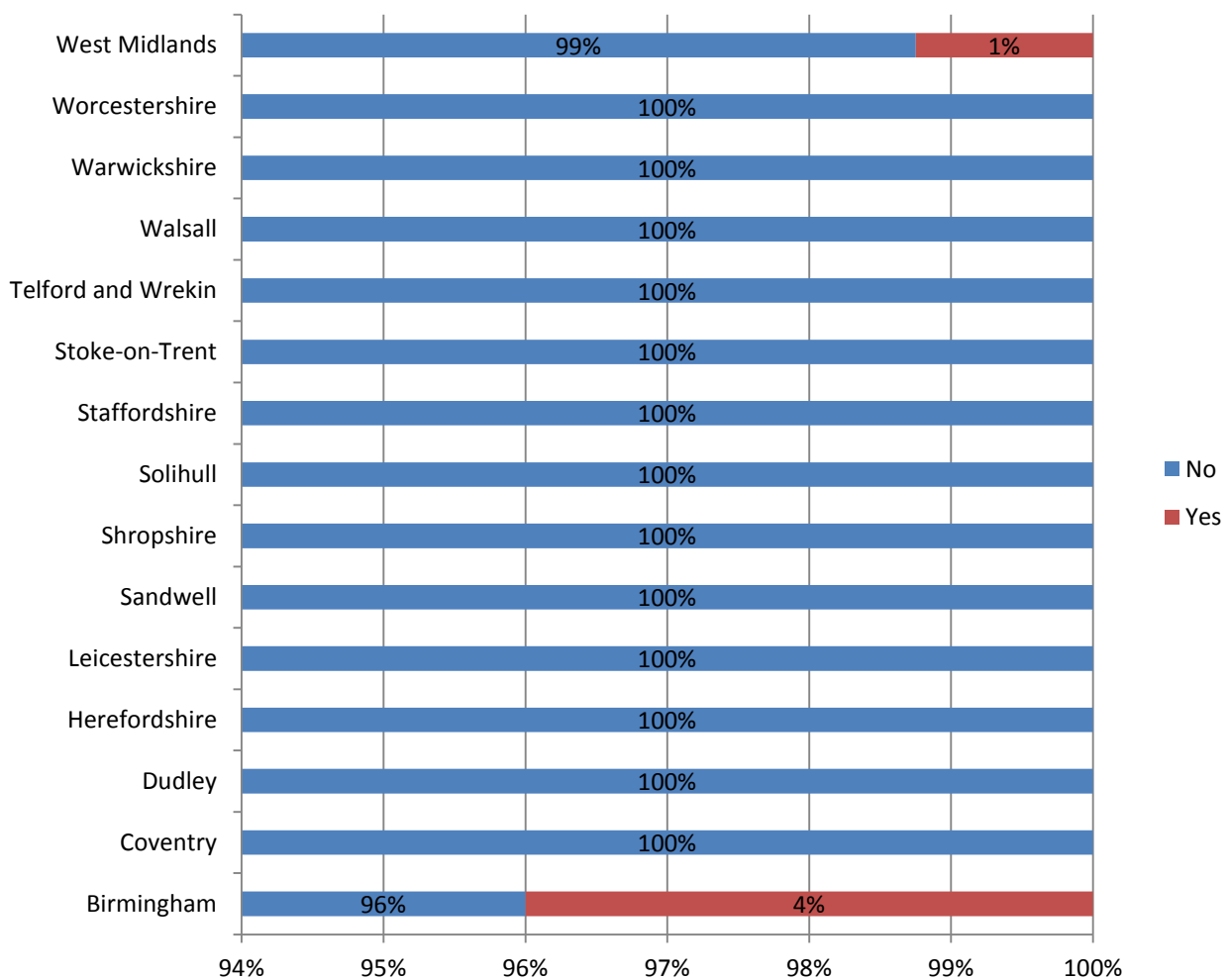
Figure 8. DAMS password sharing among staff, for the West Midlands region and by Partnership

Regionally, only 1% of respondents stated that DAMS passwords were shared amongst staff at their organisation. Whilst this figure is low, 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)
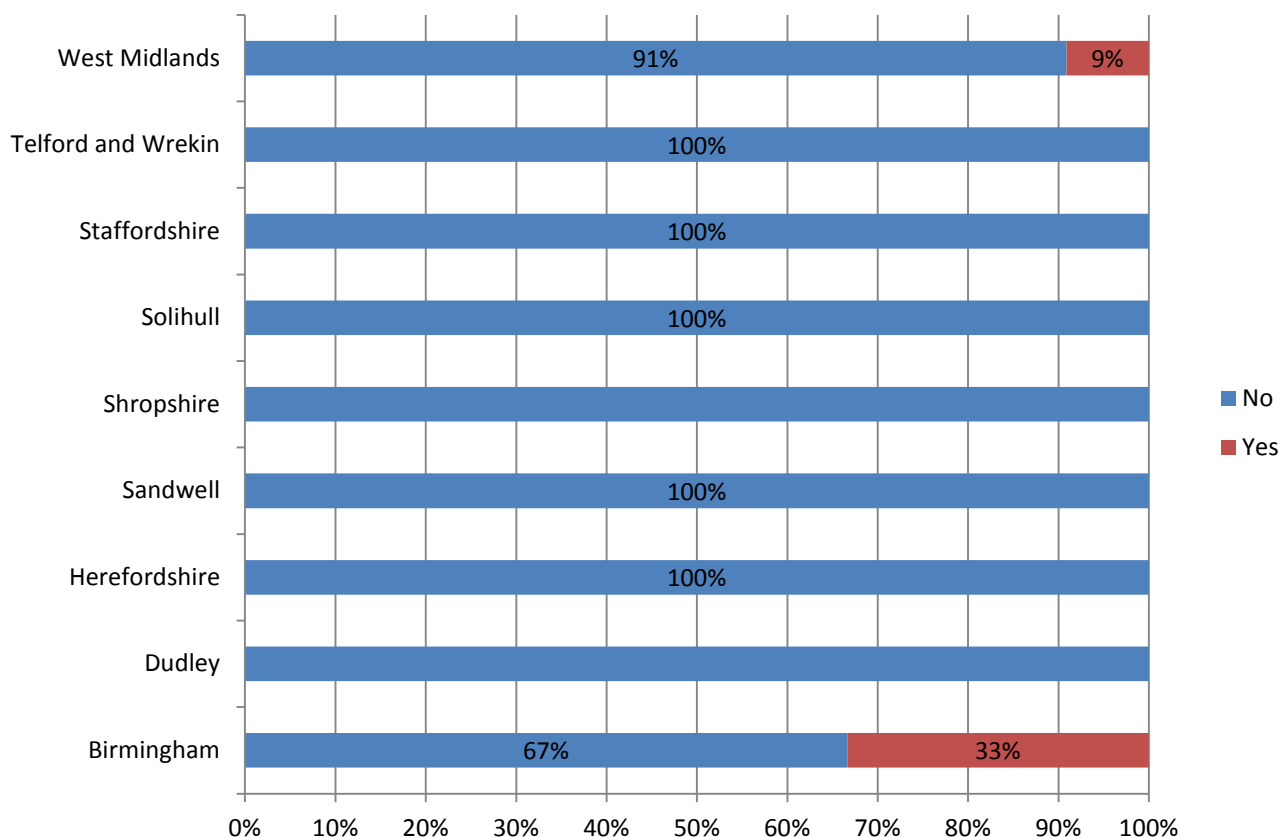
Figure 9. DET password sharing among staff, for the West Midlands region and by Partnership (please note, for those who stated they were on a system other than DET their responses have been corrected to N/A where necessary) (n = 22)

For the vast majority of respondents (73%), this question was not applicable as they were on a system other than the DET. Figure 9 therefore only shows responses from 8 local authority areas with services using DET (n = 22).

Of respondents who are on DET, 91% stated that DET password sharing does not occur within their organisation. Whilst it is positive that this figure is so high, the fact that 9% 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 the Birmingham services.

Prison DET

Unsurprisingly, the majority of respondents (91%) 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 (78%) 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, 1% reported that staff do share passwords.

PHE Secure File Transfer System (SFT) (aka DropBox)
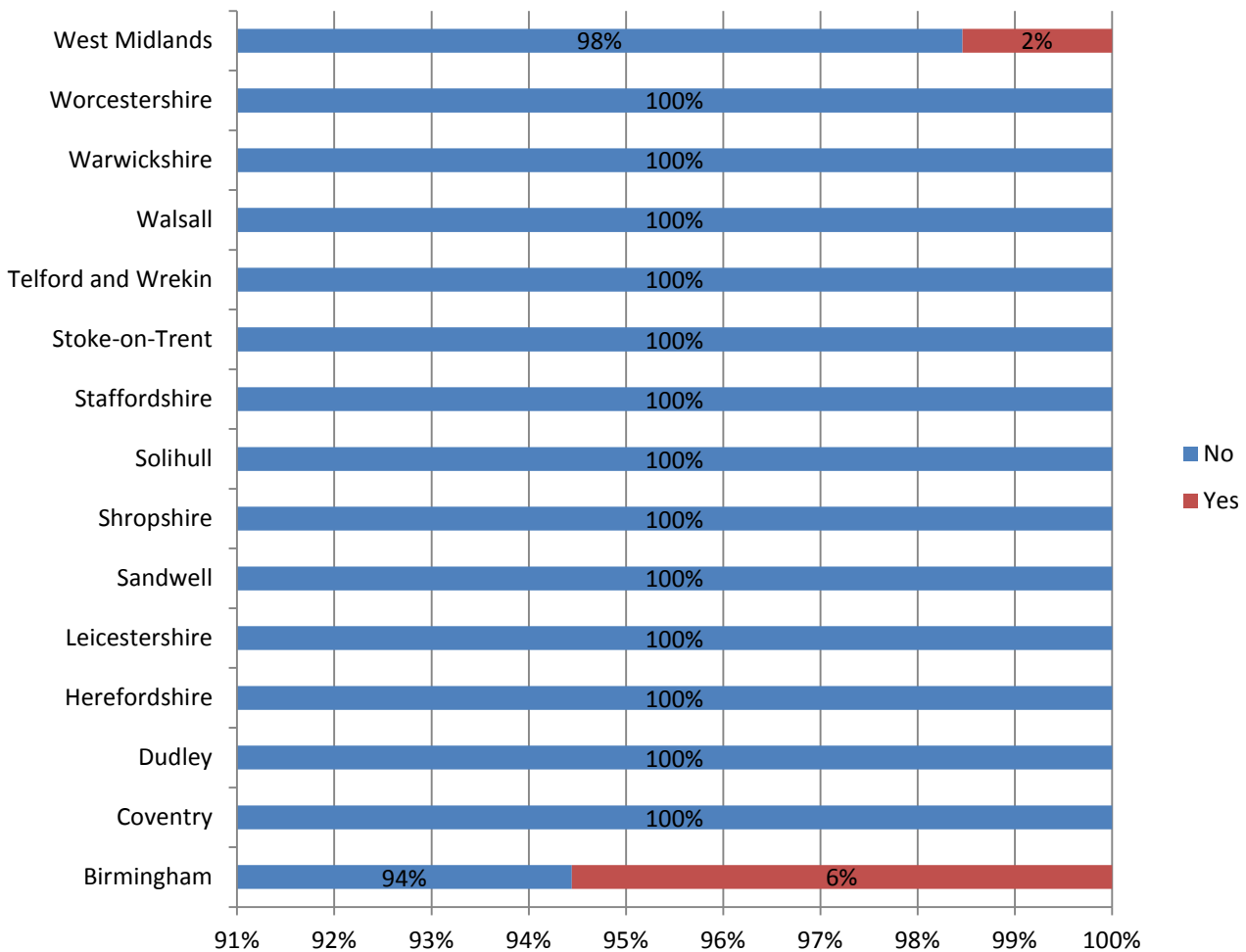
Figure 10. SFT password sharing among staff, for the West Midlands region and by Partnership (n = 65)

Nineteen 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, 98% stated that they did not share their password with other staff members. However, 2% 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 (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?
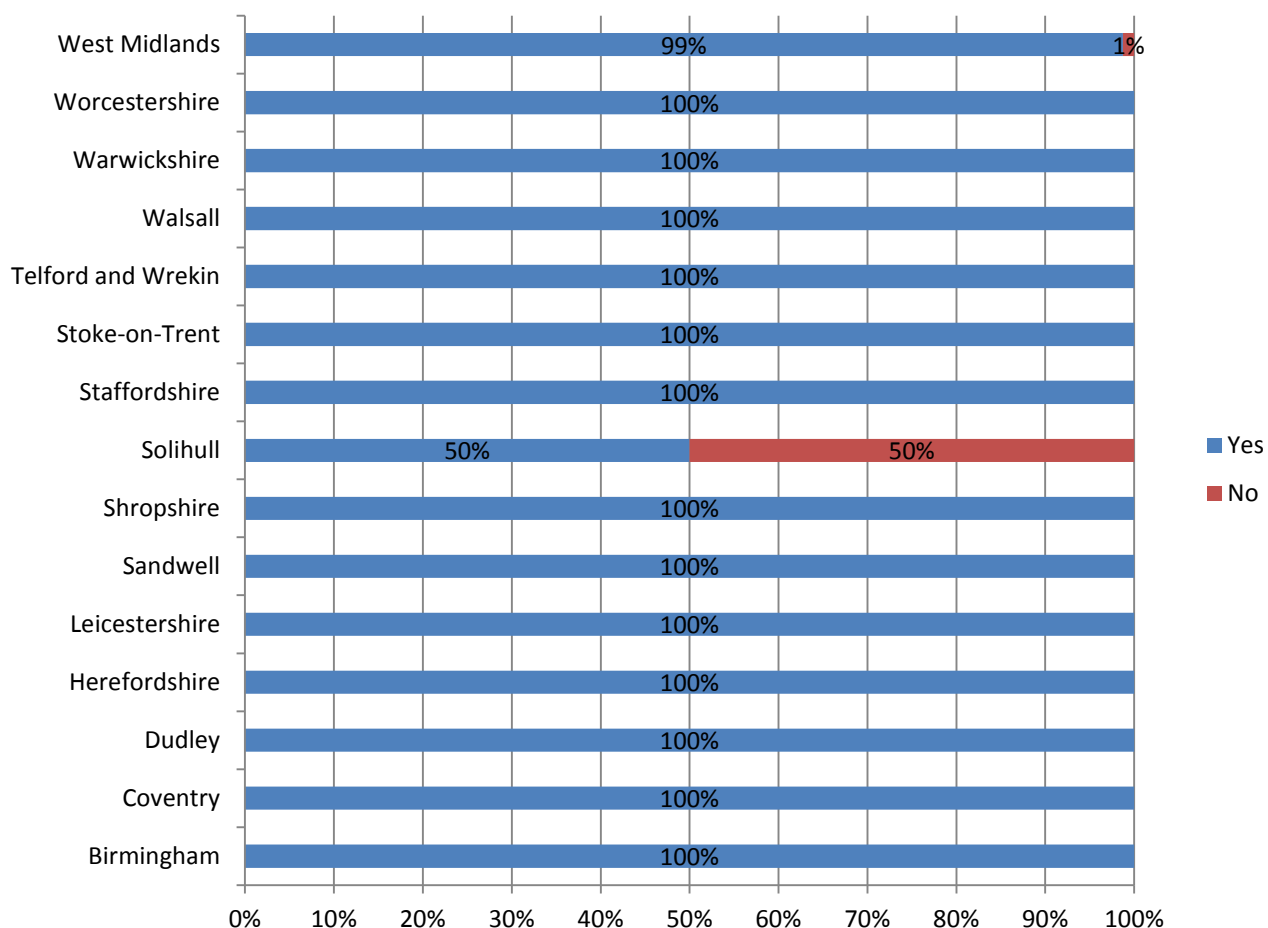
Figure 11. Inclusion of NDTMS Consent and Confidentiality Toolkit V6.3 within organisation's consent policy

As can be seen from Figure 11, all but one Partnership 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?
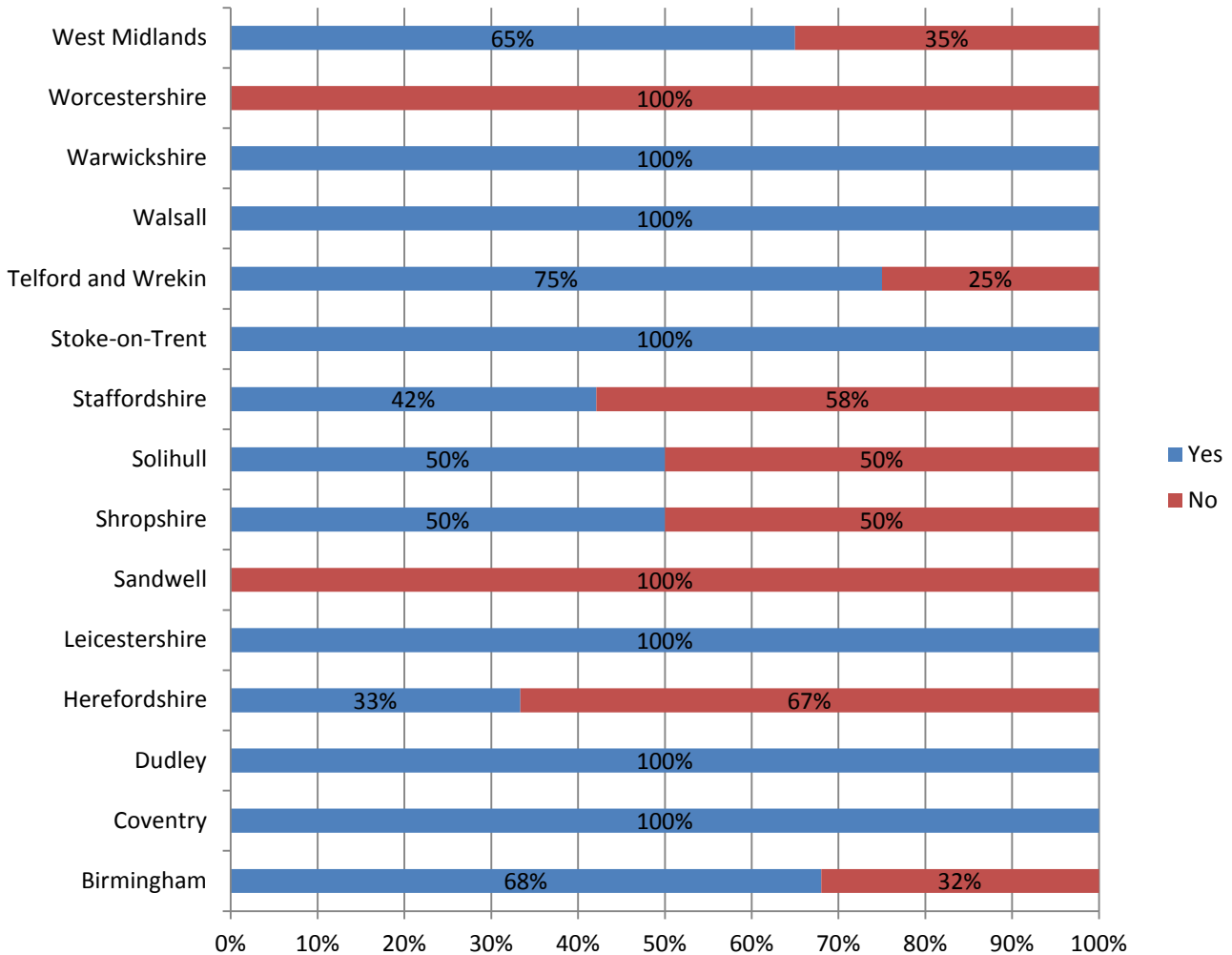
Figure 12. Presence of a Business Continuity plan covering how agencies will submit data to the NDTMS if their NDTMS system should fail

Regionally, 35% 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?
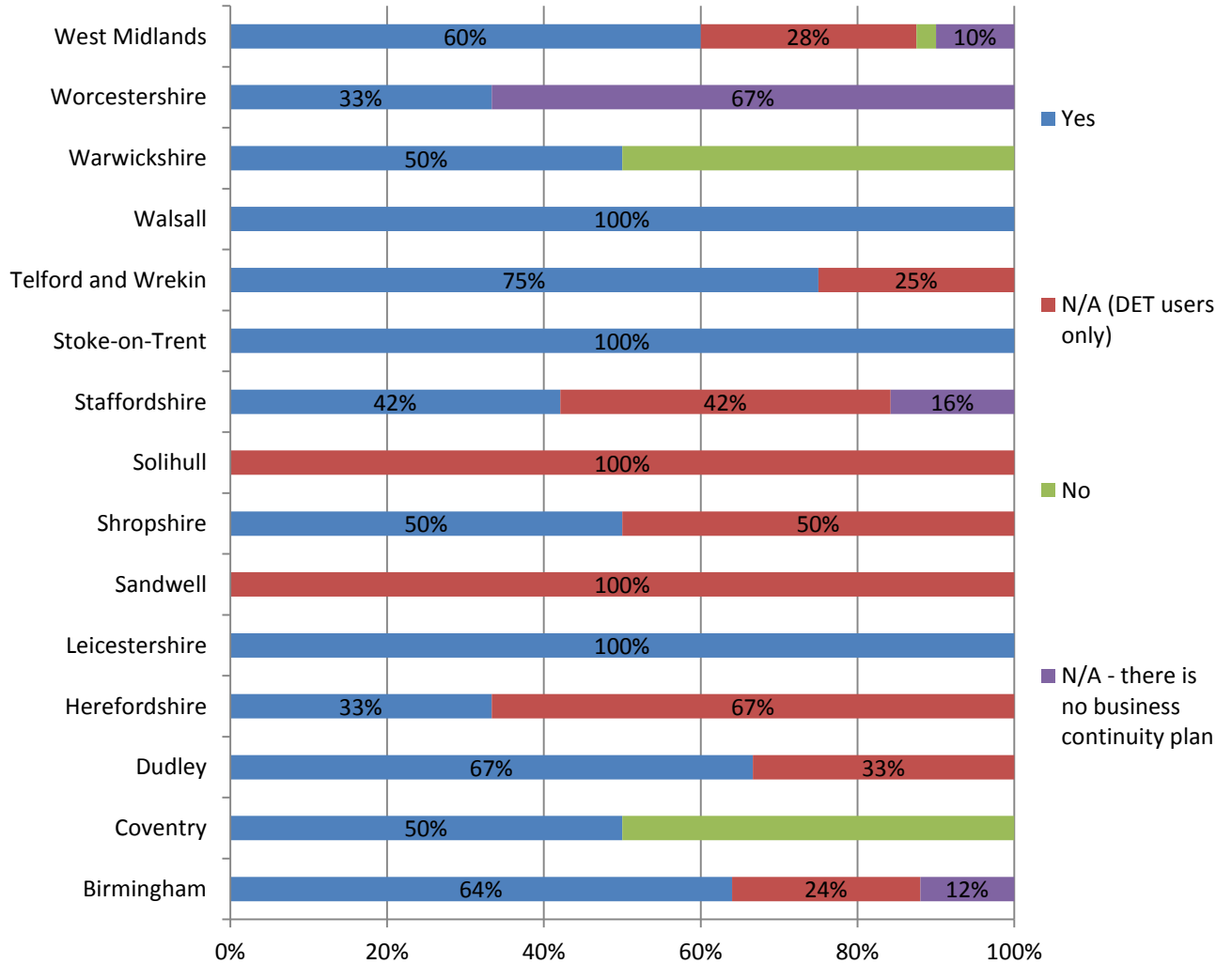
Figure 13. Presence of a Business Continuity plan which incorporates a timetable for taking backups of NDTMS data (please note, responses have been corrected for DET users where necessary)

Regionally, 60% 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?
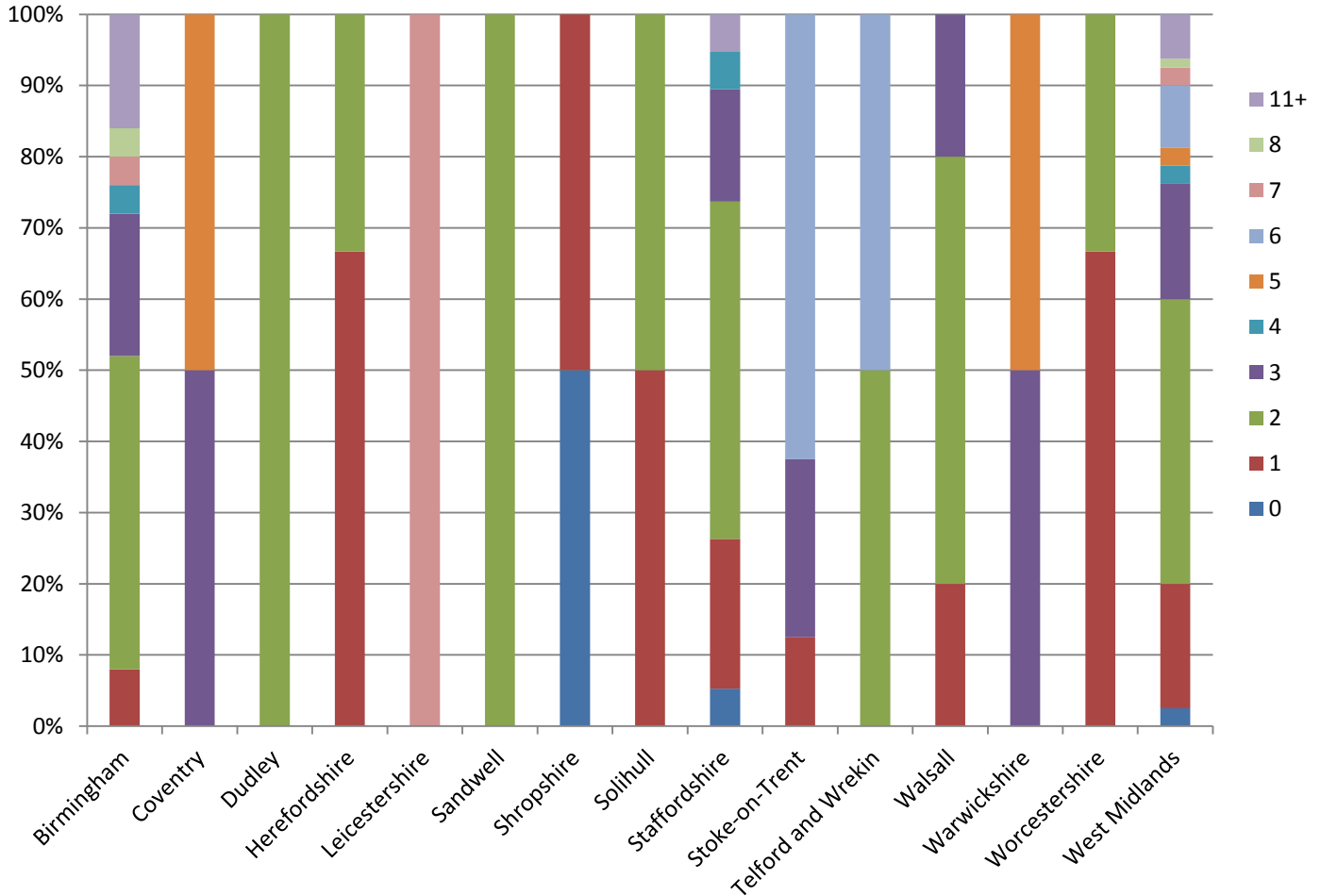
Figure 13. Number of expert NDTMS system users per provider, for the West Midlands region and by Partnership

Figure 13 shows that 81% of providers regionally have at least two staff members responsible for NDTMS systems and 18% 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?
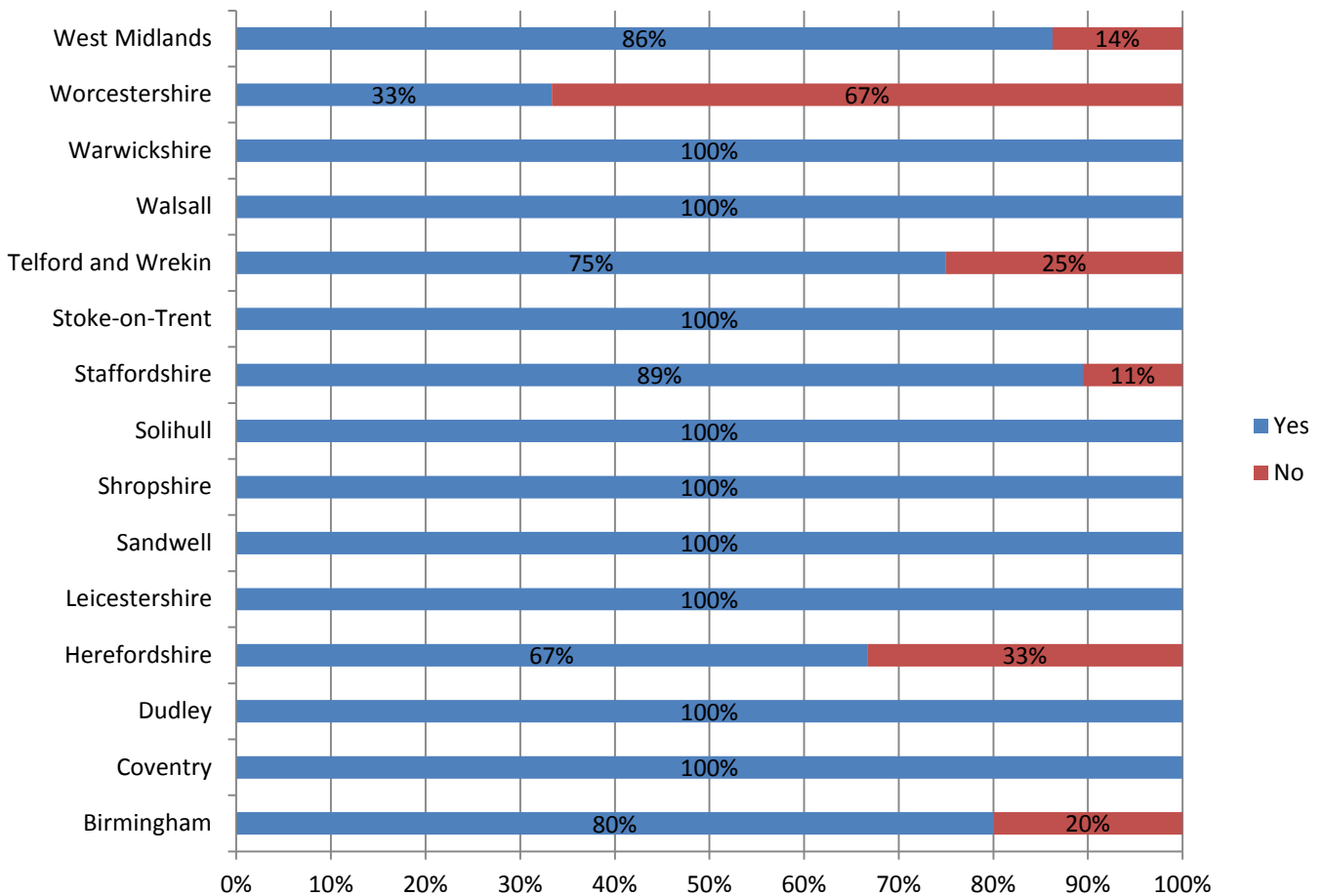
Figure 14. Resilience of NDTMS submission in case of staff absence, for the West Midlands region and by Partnership

Of particular concern, 14% 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?
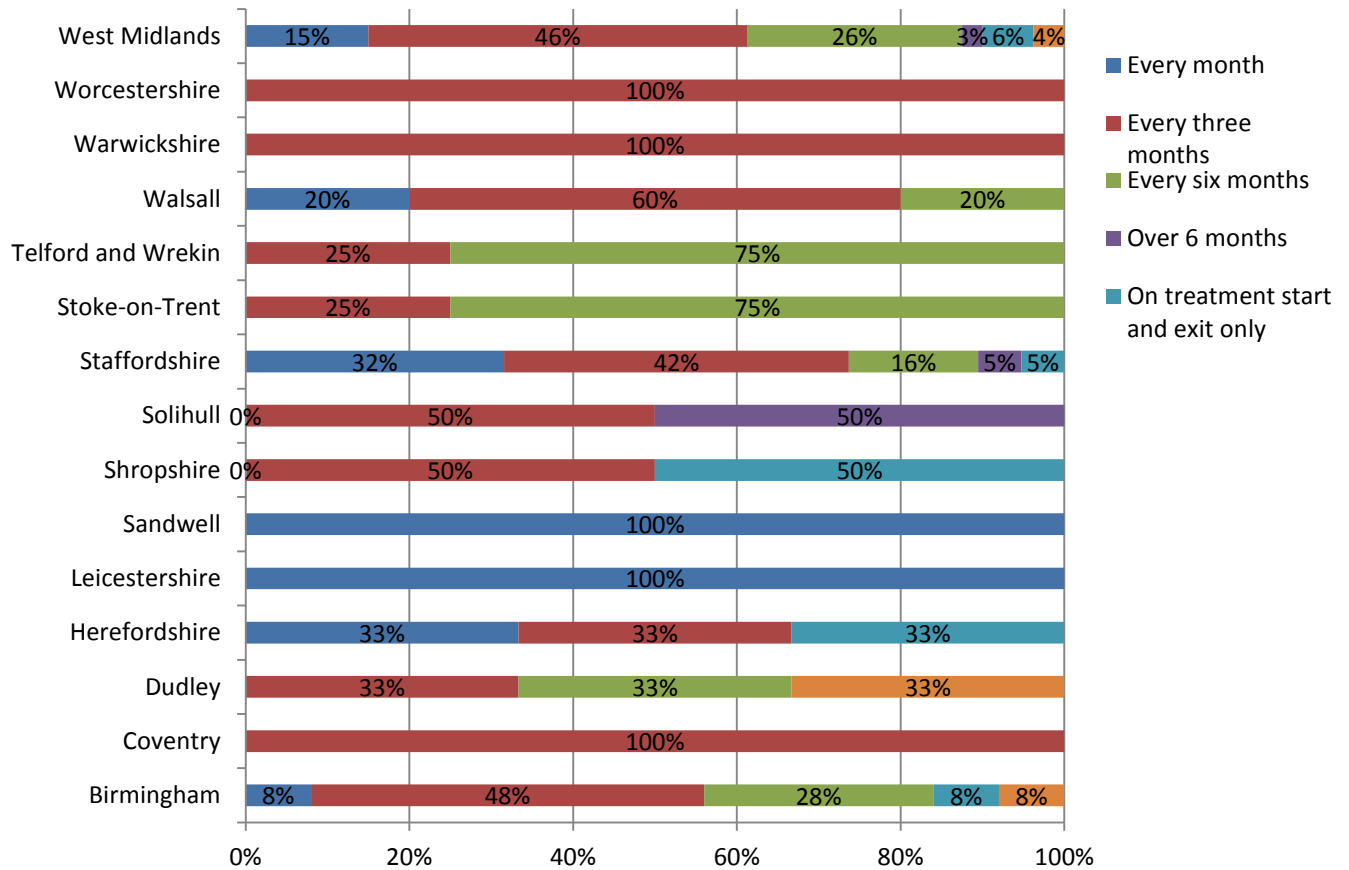
Figure 15. Frequency of Sub Intervention Review (SIR) completion, for the West Midlands region and by Partnership

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 87% of respondents complete SIRs at least every 6 months, and 61% complete them at least every 3 months. 6% complete them on start and exit only.

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?
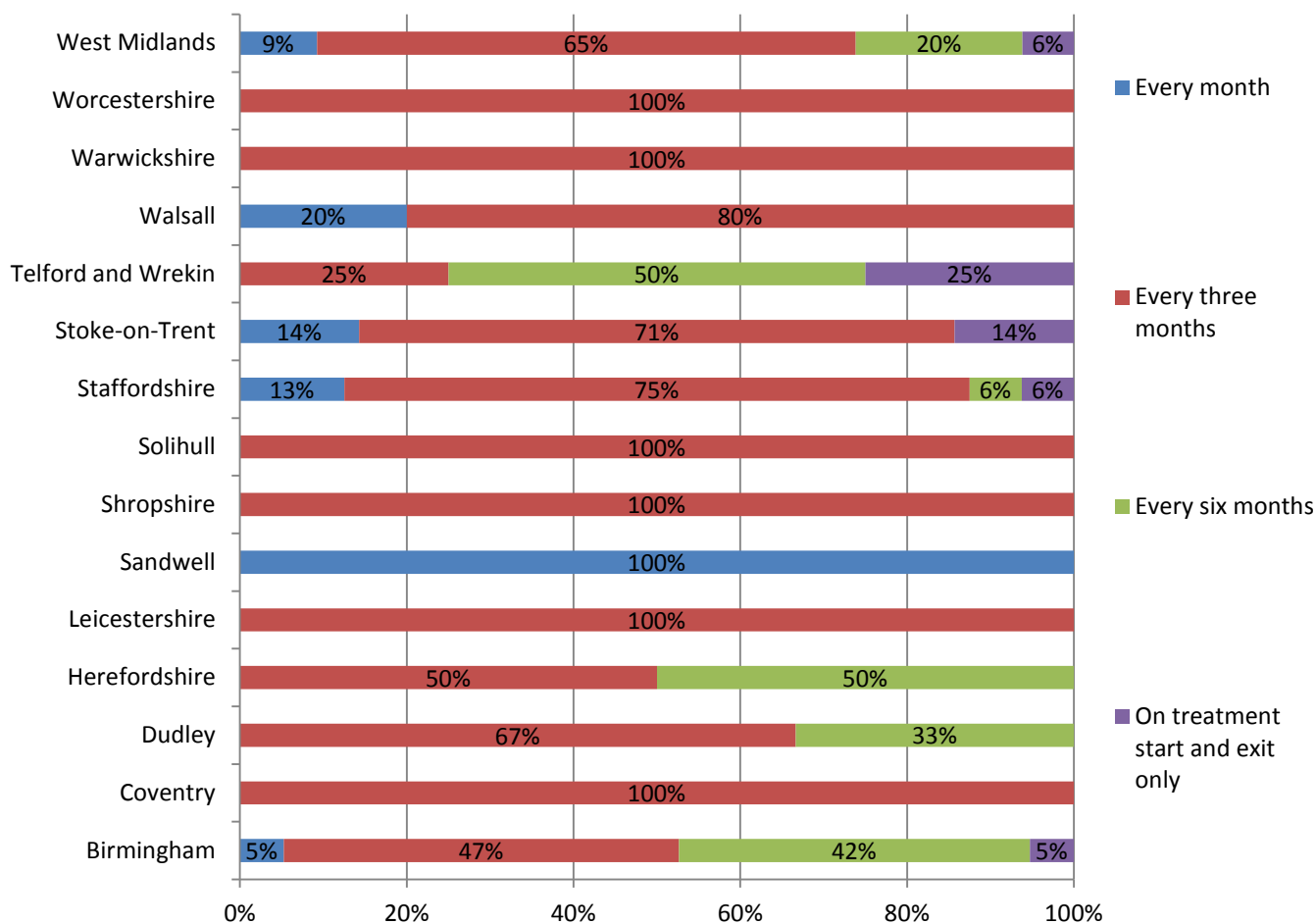
Figure 16. Frequency of Treatment Outcome Profile (TOP) completion, for the West Midlands region and by Partnership (n = 65)

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 in the West Midlands stated that TOP are not applicable for their service (suggesting they use AOR or YPOR instead).

Of those who do use TOP (n = 65), 94% stated that they complete them at least every six months whilst 74% reported that they submit TOPs at least every three months. 6% stated that they are completed on start and exit of treatment episodes only, these services are in Telford and Wrekin, Stoke-on-Trent, Staffordshire and Birmingham.

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?
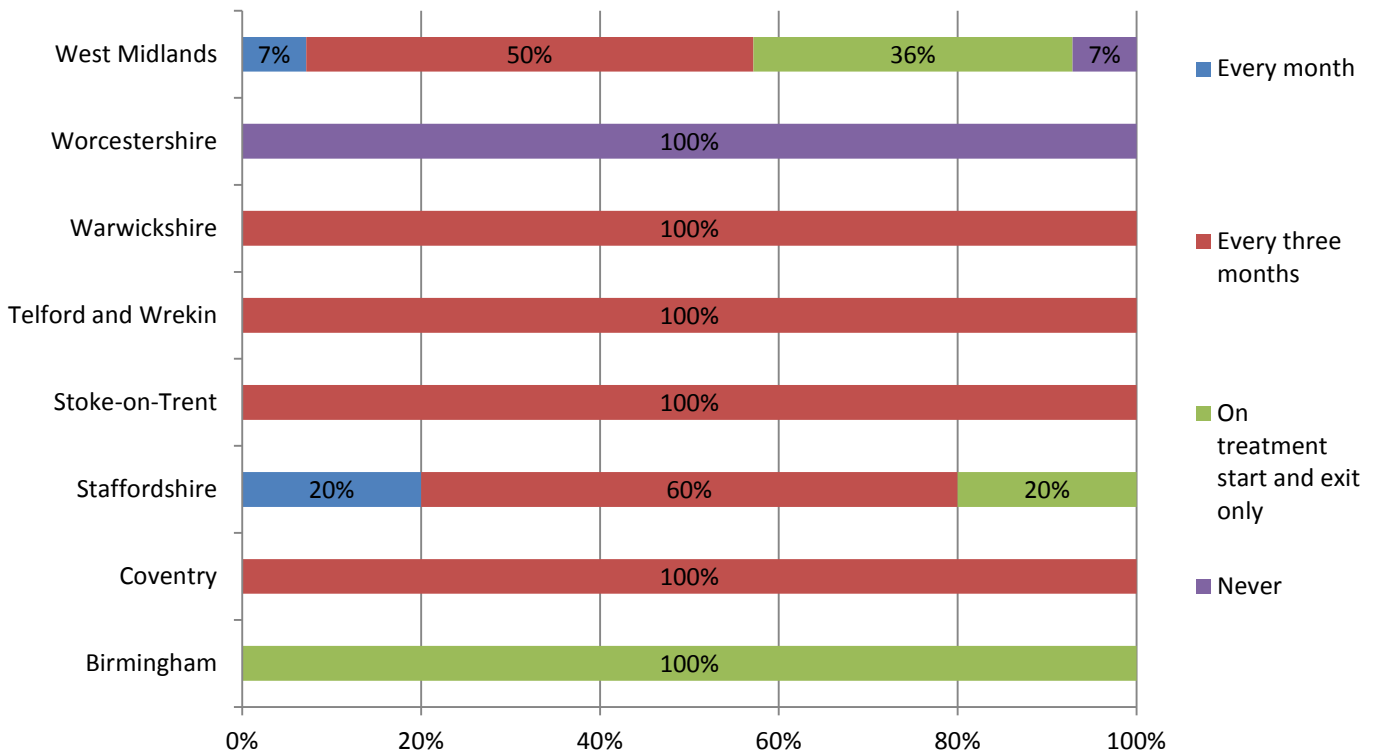
Figure 17. Frequency of Alcohol Outcome Record (AOR) completion, for the West Midlands region and by Partnership (n = 14)

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 for adult clients whose primary problematic substance is alcohol if TOP is deemed not to be appropriate.

Eighty three percent of respondents in the West Midlands 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 = 14), 93% of services reported completing them at least on start and exit and only 7% 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 Worcestershire 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?
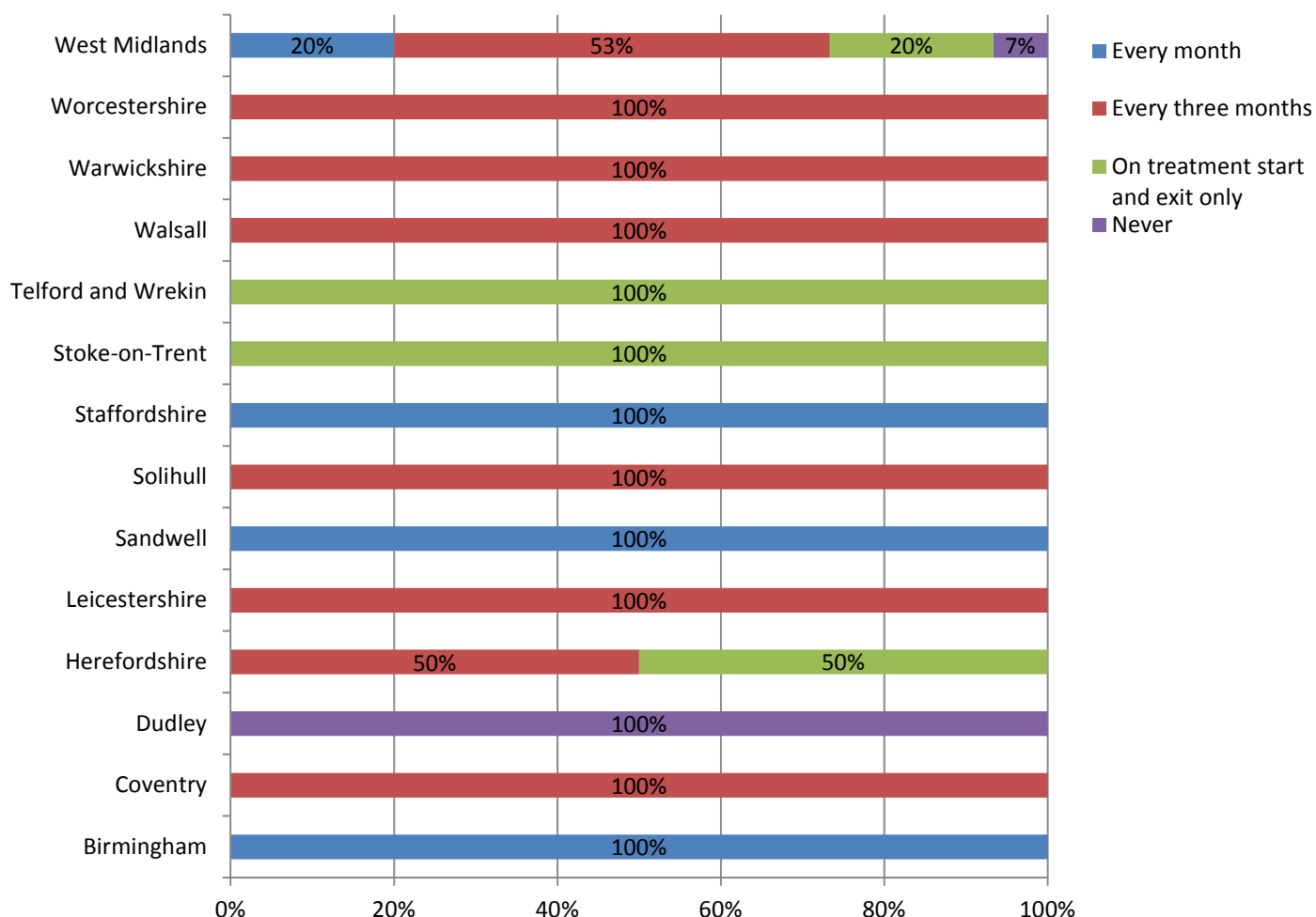
Figure 18. Frequency of Young Person Outcome Record (YPOR) completion, for the West Midlands region and by Partnership (n = 15)

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

Eighty one percent of respondents from the West Midlands 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 = 15), 93% complete them at least at start and exit and only 7% reported 'never' completing them.

It is possible that some of these respondents in Dudley 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?
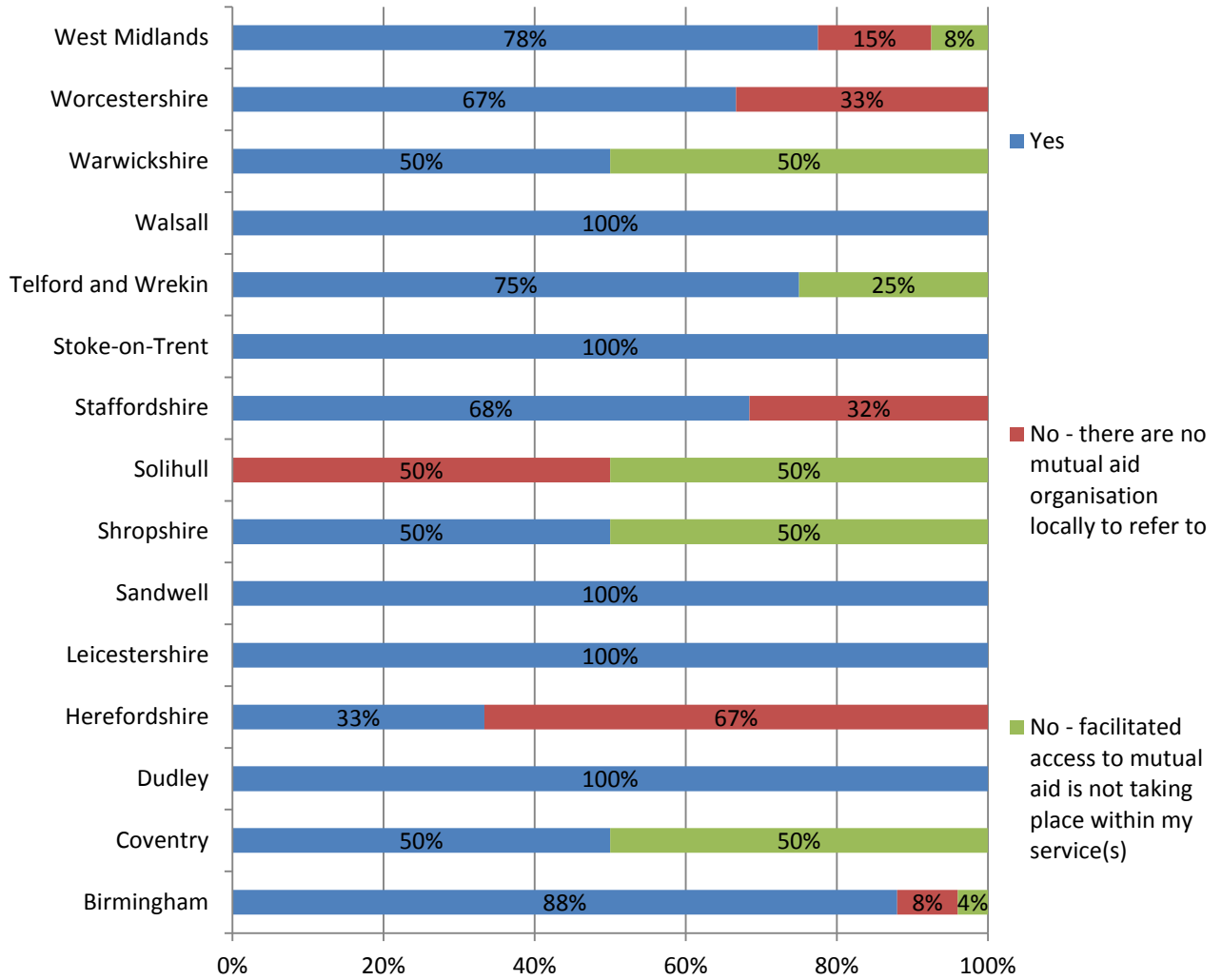
Figure 19. Occurrence of mutual aid referral, for the West Midlands region and by Partnership

Regionally, 78% of services reported that they refer clients to mutual aid organisations (as illustrated in Figure 19). 8% percent of respondents reported that they are not referring to mutual aid organisation and 15% reported that there were no mutual aid services to refer to locally.

It should be noted that all services in the local authority areas of Walsall, Stoke-on-Trent, Sandwell and Dudley always refer their clients to mutual aid services. However, only 33% of Herefordshire services do so, mainly due to a lack of local mutual aid organisations locally.

Do you record mutual aid referrals on NDTMS?
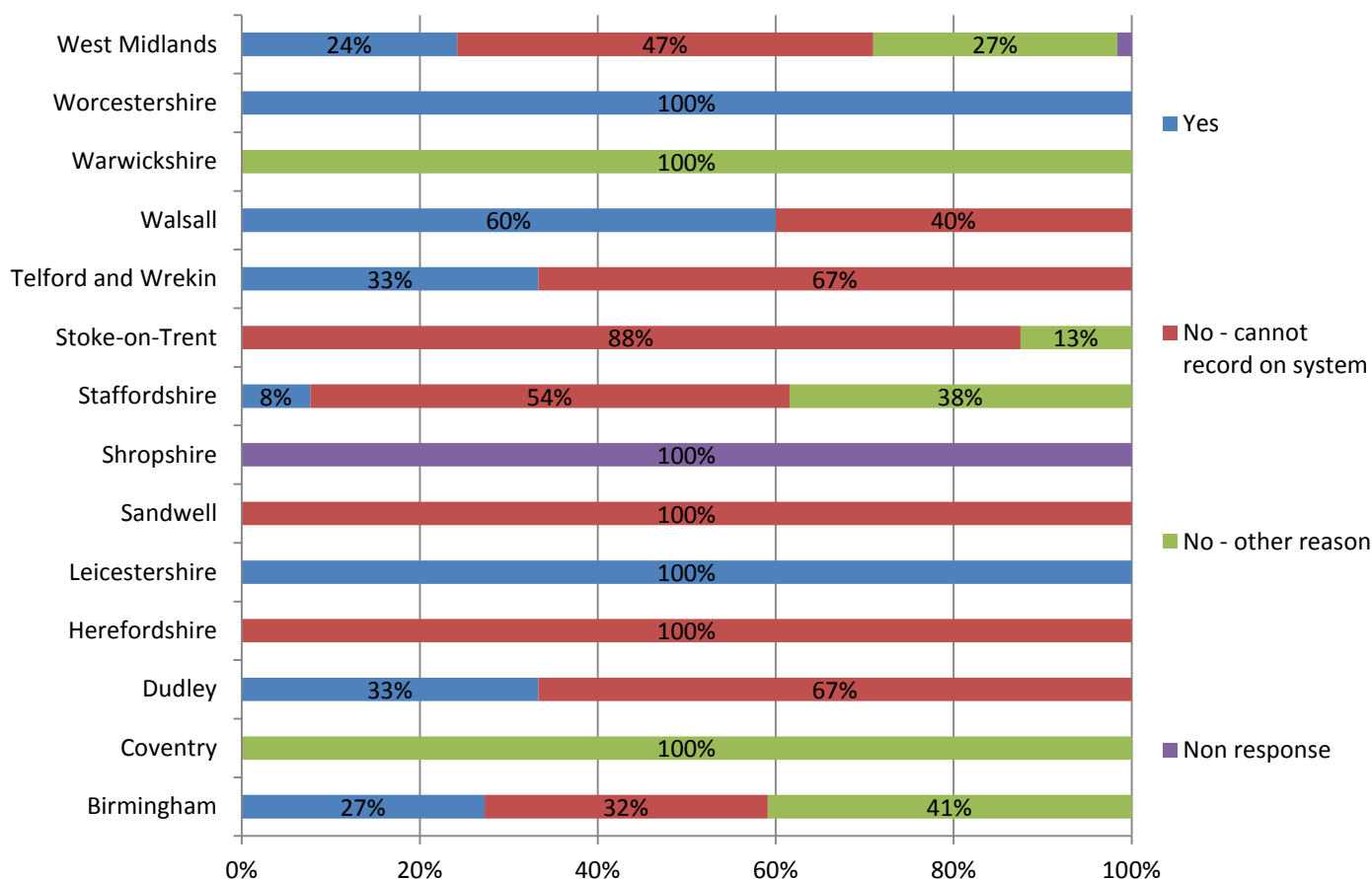
Figure 20. Recording of mutual aid referrals on NDTMS systems, for the West Midlands region and by Partnership (n = 62)

Figure 20 shows that of those who do refer to mutual aid, 24% reported that they do record this on NDTMS systems. Of concern, 47% 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. West Midlands agencies who completed the NDTMS provider survey 2014

DAT area	Parent organisation	Agency
Birmingham	Turning Point	R0065 Birmingham Drugline - Core Services
Birmingham	Birmingham and Solihull Mental Health Foundation Trust	R0072 Solihull CDT (The Bridge)
Birmingham	Heart of England nhs trust	R0242 SAFE Project
Birmingham	Swanswell	R0253 Swanswell - Birmingham
Birmingham	Phoenix Futures	R0269 Phoenix Futures Birmingham Structured Day Service
Birmingham	Turning Point	R0332 Zephyr Turning Point
Birmingham	Freshwinds	R0391 Freshwinds Bro-Sis
Birmingham	Turning Point	R0394 Birmingham Drugline - Rough Sleepers & Vulnerable Persons Team
Birmingham	Addaction	R0403 Addaction Birmingham Tier 2
Birmingham	South Staffordshire and Shropshire Healthcare Foundation Trust	R0405 Inclusion S W Birmingham CDT
Birmingham	West Midlands Police Service	R0421 Birmingham Arrest Referral Workers
Birmingham	Birmingham and Solihull Mental Health Foundation Trust	R0422 Solihull DASS Team
Birmingham	Phoenix Futures	R0423 Phoenix Futures Community Engagement Outreach Service
Birmingham	Substance Misuse Recovery Service	R0448 Substance Misuse Recovery Service
Birmingham	Birmingham Children's Hospital NHS Foundation Trust	R0449 Birmingham CAMHS Substance Misuse Team
Birmingham	Lifeline	R0451 Lifeline Birmingham
Birmingham	Birmingham and Solihull Mental Health Foundation Trust	R0462 BSMHFT Central
Birmingham	Birmingham and Solihull Mental Health Foundation Trust	R0463 BSMHFT East
Birmingham	Birmingham and Solihull Mental Health Foundation Trust	R0464 BSMHFT North
Birmingham	Birmingham and Solihull Mental Health Foundation Trust	R0465 BSMHFT South
Birmingham	Livingstone House	R0472 Livingstone House
Birmingham	Aquarius	R5011 Aquarius Solihull
Birmingham	Aquarius	R5017 South Birmingham Community Alcohol Team
Birmingham	RAPT	R5023 RAPT(Birmingham Primary Care Alcohol Service Team)
Birmingham	Aquarius	R5025 Aquarius Dudley
Coventry	Compass	R0420 Compass (Coventry)
Coventry	Addaction	R0456 The Recovery Partnership Coventry
Dudley	CRI	R0036 (CRI) Dudley Crime Reduction Initiative
Dudley	CRI	R0293 (CRI) The Zone

Dudley	Dudley and Walsall Mental Health Trust	R0352 Dudley Mental Health Trust
Herefordshire	Foundation Trust for Herefordshire	R0017 DASH - Hereford
Herefordshire	Herefordshire Children's Services	R0291 Zig Zag
Herefordshire	Worcestershire And Herefordshire Youth Offending Service	R0349 Hereford YOT
Leicestershire	Swanswell	R5035 Sandwell Alcohol - Swanswell
Sandwell	Sandwell Metropolitan Borough Council	R0318 DECCA Drug Education Counselling and Confidential Advice
Shropshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R0002 Spruce Suite
Shropshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R0102 Shrewsbury Community Substance Misuse Team
Solihull	Solihull Metropolitan Borough Council	R0341 Solihull YOT
Solihull	Solihull Metropolitan Borough Council	R0400 Str8 Up Young Person
Staffordshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R0029 Stafford Substance Misuse Team
Staffordshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R0032 Burton Community Substance Misuse Team
Staffordshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R0073 Cannock Community Substance Misuse Team
Staffordshire	The BAC O'Connor Centre	R0092 BAC O
Staffordshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R0119 Tamworth DRT
Staffordshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R0120 Stafford IOM
Staffordshire	CRI	R0241 (CRI) Staffordshire T3
Staffordshire	NORTH STAFFS COMBINED HEALTH CARE TRUST	R0294 Edward Myers Centre (IP) Staffs,R0295 Edward Myers Centre (OP) Staffs
Staffordshire	North Staffordshire Combined Healthcare Trust	R0328 Newcastle Addiction Team
Staffordshire	North Staffordshire Combined Healthcare Trust	R0330 Staffordshire Moorlands Community Addiction Service
Staffordshire	North Staffordshire Combined Healthcare Trust	R0353 DRR County Staffordshire
Staffordshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R0372 Trent Valley Prolific Offenders
Staffordshire	ADS	R0415 ADSolutions
Staffordshire	Addaction	R0418 Addaction Staffordshire
Staffordshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R5001 Community Alcohol Team (Cannock)
Staffordshire	ADSIS	R5018 Adsis North Staffordshire
Staffordshire	ADSIS	R5019 Adsis South Staffordshire
Staffordshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R5022 Community Alcohol Team (Wombourne)
Staffordshire	South Staffordshire and Shropshire Healthcare Foundation Trust	R5024 Community Alcohol Team (Stafford)

Stoke-on-Trent	NORTH STAFFS COMBINED HEALTH CARE TRUST	R0011 Edward Myers Centre (IP) Stoke
Stoke-on-Trent	CRI	R0329 Young Person's Substance Misuse Service
Stoke-on-Trent	CRI	R0416 (CRI) Eastgate Supported Housing
Stoke-on-Trent	CRI	R0432 Canalside
Stoke-on-Trent	CRI	R0433 Criminal Justice
Stoke-on-Trent	CRI	R0434 DAIS
Stoke-on-Trent	CRI	R0435 Shared Care
Stoke-on-Trent	ADSIS	R5000 Aquarius - Stoke on Trent
Telford and Wrekin	TELFORD AND WREKIN DAAT	R0001 Telford and the Wrekin Community Substance Misuse Team
Telford and Wrekin	TELFORD AND WREKIN DAAT	R0334 Telford and Wrekin YP CSMT
Telford and Wrekin	Youth Offending Service	R0335 Telford and Wrekin YOT
Telford and Wrekin	IMPACT Alcohol & Addictions Services	R5007 Impact Alcohol Advisory Service Telford
Walsall	Addaction	R0213 Addaction Walsall
Walsall	CRI	R0401 T3 Young Persons Substance Misuse Service
Walsall	Dudley and Walsall Mental Health Trust	R0443 Structured Drug Treatment Team (Walsall)
Walsall	Dudley and Walsall Mental Health Trust	R0444 Shared Care Team (Walsall)
Walsall	Dudley and Walsall Mental Health Trust	R5027 Structured Alcohol Treatment Team (Walsall)
Warwickshire	Addaction	R0457 The Recovery Partnership Warwickshire
Warwickshire	Compass	R0461 Warwickshire Young Peoples Service
Worcestershire	Worcestershire Health and Care NHS Trust in partnership with CRI	R0338 Space
Worcestershire	CRI	R0452 Worcestershire Pathways to Recovery
Worcestershire	CRI	R5002 Worcestershire Pathway to Recovery (Alcohol)