Appendix 2

Consultation – A

Proposed New Adult

Drug Treatment Model

for Derby City

Consultation running from
6th November 2006 to 29th January 2007

Consultation – A Proposed New Adult Drug Treatment Model for Derby City

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1.0 Introduction

1.1 This consultation seeks views on the model being proposed to deliver drug treatment services to adults with dependent drug misuse in Derby City. Major changes are being proposed to the delivery arrangements for adult drug treatment in Derby City and this consultation exercise seeks to gather views and contributions to these changes. This consultation does not include treatment services for young people, alcohol users or the provision of services to meet the needs of parent, partner or family support. Whilst these other areas of delivery are important they fall outside the scope of this consultation exercise which is focused upon adult drug treatment provision.

1.2 Tackling drug misuse in Derby City is led by the Community Safety Partnership (CSP). This partnership approach involves the full participation of Derby City Council, Derby City Primary Care Trust (PCT), Derbyshire Police, Derbyshire Probation and many other partner agencies and is in recognition of the wide spread effects of drug misuse. These effects are felt in many different ways; health, social impact upon the family and the wider community and, as drug use is often linked to crime, the economic impact upon business and commerce and the safety of those who live, work or visit the City.

1.3 Research into Derby's drug use concludes that the City has approximately 2,355 adult individuals whose level of drug use is what is termed "problematic". Not all of these individuals will be active in their drug use at any one time or will be ready or willing to enter drug treatment. Derby has been set a Government target of 1,540 adult drug users to enter structured drug treatment during the year 2007/08 and the treatment model being proposed in this consultation has been developed to achieve

this target. To put this into perspective, Derby treatment services for the year 2003/04 saw 685 adult individuals in structured drug treatment.

1.4 Whilst ensuring there is sufficient capacity the Government has also extensively set a comprehensive range of other targets designed to ensure treatment services not only are able to cope with demand but the services offered are accessible, available when needed, meet national standards and are likely to deliver positive treatment outcomes.

1.5 Derby Community Safety Partnership, working in partnership with Derby City Primary Care Trust and in consultation with treatment service providers and other key stakeholders, carried out a comprehensive needs assessment in the autumn of 2005 where delivery and performance data for the year 2004/05 was considered in extensive detail and compared against the evidence base of drug treatment needs. A key stakeholder review of the evidence, attended by representatives from all agencies involved in drug treatment in the City or who have an interest in delivery of drug treatment in the City concluded, that there were a number of concerns with the then current treatment model arrangements that restricted future growth of services and made it less likely that all drug treatment needs in the City would be met.

1.6 Key concerns were:

- Insufficient service capacity to deliver current and future need
- Underdeveloped engagement of GPs and lack of primary and shared care development in drug treatment
- Fragmentation and lack of integration in current model
- Over-reliance upon non-clinical tier 2 service provision
- Accessibility and availability of services with a history of excessive waiting times
- Under-representation of black and other minority ethnic clients in services

- Under-representation of crack cocaine and other stimulant drug users in services
- Under-representation of women in services.

1.7 As a result of the comprehensive needs assessment and review of the then current treatment model two areas of delivery were identified as requiring immediate action, the development of a primary care drug treatment clinic and a shared care scheme in the City. Actions have now been taken that significantly improve the situation in these two key areas of delivery.

1.8 The model being proposed is based upon the needs assessment and review, incorporates developments made to address primary and shared care and takes account of the latest publications on national standards and good practice in the provision of drug treatment. The model has been developed by the CSP Drug Strategy Team who have considered views and discussions held with current service providers, service users and other key interested parties. The model has been endorsed by the boards of the CSP and the PCT. The Government Agency tasked with supporting and monitoring drug treatment performance, the National Treatment Agency (NTA) has given its support to the model.

1.9 Having undertaken this work the CSP and the PCT now wish to go out to public consultation on the proposed drug treatment model as a whole. It is the wish of the CSP, the PCT and all those involved in delivering this work that there is an opportunity for the public, and anyone with an interest in the delivery of drug treatment in Derby City, to comment upon the proposed treatment model and to take on board views relevant to this work. The consultation is a real opportunity to influence and help shape drug treatment services for the foreseeable future.

1.10 This consultation exercise seeks your views on the proposed adult drug treatment model for Derby City

1.11 Views are sought on:

- The model as whole or
- Any particular aspect of the model

1.12 The consultation period runs from the 6th November 2006 to the 29th January 2007 and is in accordance with Home Office guidelines.

1.13 A response form has been provided (appendix B) to enable the collection of contributions to this consultation.

1.14 This consultation pack provides information on what the proposed drug treatment model is and gives some accompanying information relevant to considering this model. It should be noted that the adoption of a new service model may result in some changes in current service providers. Due to the legal terms of currently contracted service providers, notice has already been served on the termination of these contracts. New contracts are being drawn up and, again due to legal requirements, are to be offered in open tender competition. To minimise the time lag between the end of the consultation and the implementation of the proposed model, if agreed, this tender process will run alongside the public consultation. Consultees should be assured that if the proposed treatment model is not supported or is subject to major change as a result of the consultation, then the tender process will be reviewed to reflect these views.

1.15 Results of the consultation will be collated and reported back to both the CSP and PCT boards. The CSP and the PCT will jointly publish a report on the consultation when the process has been completed that will include

an update on the treatment reconfiguration model and any changes arising from the consultation.

1.16 All responses to the consultation should be returned by 4pm on the 29th January 2007 to:

Fiona England
Drug Treatment Consultation Response Officer
Derby Community Safety Partnership
3rd Floor
St Peter's House
Gower Street
Derby
DE1 1SB

1.17 The response form at Appendix B is provided to enable collation of responses and this can be sent to the Drug Treatment Consultation Response Officer at the address above or emailed to:

Fiona.england@derby.gov.uk

1.18 Further copies of the consultation pack are available as a download by following the consultation link at http://www.derbyCitypct.nhs.uk

1.19 Derby City Patient Advice and Liaison Service (PALS) are able to offer help, advice and support about local health service provision including drug treatment. PALS freephone number is 08000 323235.

2.0 The Four Tiers of Drug Treatment

2.1 The drug treatment model proposed for Derby City is based upon the nationally accepted standards, Models of Care (NTA 2002 updated 2006). These standards have been recently augmented by the Treatment Effectiveness Strategy (NTA 2005) consolidating the strong evidence base for the development and implementation of drug treatment provision.

2.2 Models of Care recognises a four tier approach to drug treatment provision. This consultation paper adopts these terms for the description of drug treatment provision under the proposed model.

2.3 Tier 1

- Generic service interventions offering drug related information and advice, screening and referral.

2.4 Tier 2

- Open Access non-care planned interventions
- Harm Reduction and Needle Exchange Services
- Support, through-care and aftercare services.

2.5 Tier 3

- Community based comprehensive assessment and co-ordinated care-planned treatment
- Specialist community prescribing
- Structured day programme
- Drug treatment in both Primary and Shared Care.

2.6 Tier 4

- Inpatient (residential) specialist drug detoxification and stabilisation interventions.

3.0 Derby City Profile

3.1 About Derby

3.2 Derby City is an urban area of approximately 30 square miles and is the UK's most central City located in the East Midlands region along with the cities of Nottingham and Leicester. With its central location, Derby has an excellent communications infrastructure, with easy access to all parts of the UK by car, bus and train and both inside and outside of the UK by plane from East Midlands Airport.

3.3 Derby has a population of over 220,000, 51% of whom are female and 84% are White British (ONS, Census 2001). The City has a larger than average Asian community with 8.4% of the population being Asian or Asian British whilst nationally the figure is 4.6%. Since the previous Census of 1991, the Pakistani population has increased from 2.5% to 4.0% and forms the largest minority ethnic group in the City. Derby is a multi-cultural City, which has seen the recent building of a Multi Faith Centre at Derby University. Derby also has a slightly higher population (40%) of younger people (0-29 years) than that of England and Wales (37.7), with an average age of 37.9 years compared with 38.6 years for England and Wales.

3.4 Need for Drug Treatment in Derby

3.5 Research estimates that there are approximately 2355 problematic drug users residing in Derby; of which around 1099 are not receiving structured treatment[1]. This means that at present under half of the users (42%) living in the area are outside the treatment system.

[1] Derby Needs Assessment 2005

3.6 The profile of individuals presenting for drug treatment in 2004/05 indicates that some groups are over and some under represented in the treatment population compared to the national picture. The evidence shows that there are more women and fewer men in treatment in Derby than there are nationally and that Derby has the second highest proportion of clients from ethnic minority groups in treatment in the region. Whilst this performance is better than average, when compared to a profile of the Derby population as a whole, women and clients of black and other minority ethnic group origin, notably Asian clients, are still under represented in services. There are also a higher proportion of opiate users in treatment in Derby than nationally and a lower proportion of stimulant and other drug users. Derby has the lowest proportion of stimulant users in treatment in the region accounting for just fewer than 7% of those presenting for treatment. This evidence, when considered in the context of Police intelligence on the nature and make-up of Derby's Class A drug market, suggests there could be a lot of crack cocaine and other stimulant users living in Derby that are not receiving the treatment they need.

3.7 Whilst "retention rates" (the amount of time drug users are in treatment for) are very good in Derby there is some indication that the drug treatment currently available does not meet all the diverse needs across the community. Factors that predict retention in Derby are being female; being aged 25 and over; being Asian or White; being an opiate user; having self referred and being in a prescribing modality. This is very similar to the national picture. The groups most likely to experience attrition from the treatment system however, are Males; those aged under 25; dual heritage clients; Black clients and non-opiate users.

3.8 Performance against Drug Treatment Targets

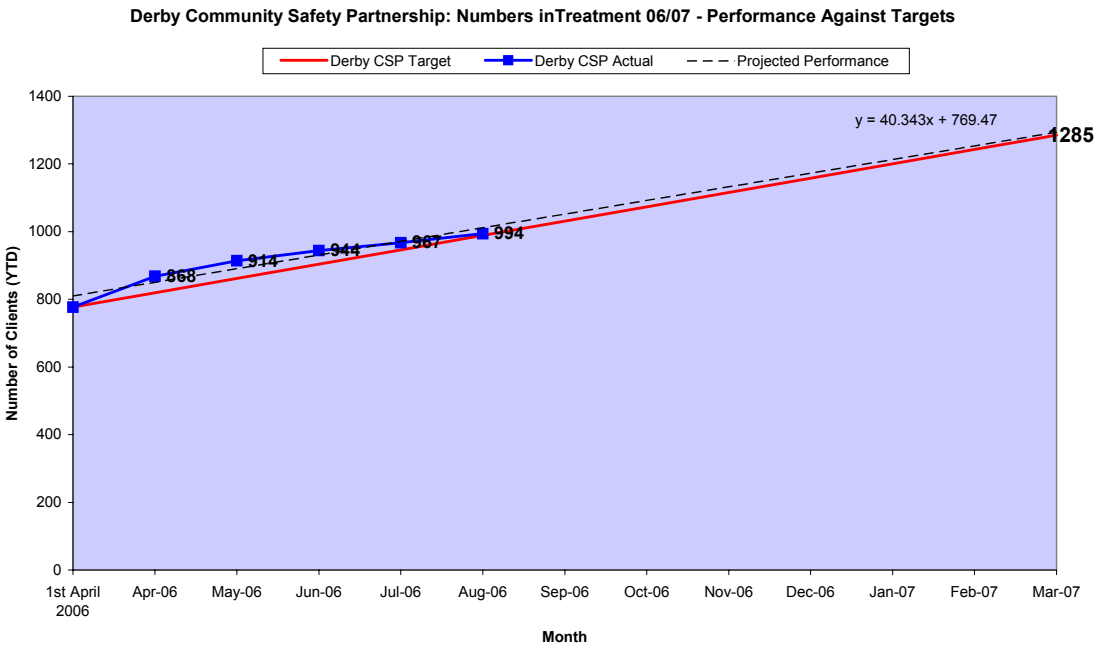
3.9 Derby is currently performing well against the national treatment targets with an overview assessment of Amber by the NTA (there are three colour coded levels of assessment Green – excellent, Amber – fair and Red – poor).

3.10 Numbers in treatment

3.11 During April – August 2006, there have been 994 individuals in tier 3 or tier 4 drug treatment.

3.12 This is a 17% increase on the same period last year. At this stage, based on performance so far, we would expect 1294 individuals to be treated by the end of the year; just exceeding the annual target of 1285.

Chart 1 – Numbers in Treatment 2006/07



3.13 Retention

3.14 In 2006 85% of individuals beginning drug treatment have been retained for a minimum of the recommended 12 weeks.

3.15 This exceeds the national target set in the Treatment Plan (73%) and the local stretch target of 84%.

3.16 Waiting times

3.17 Between July – September 2006 the average waiting time for specialist prescribing was 1 week 6 days, with 82% entering in under 3 weeks and no clients waiting more than 6 weeks for this intervention, exceeding the national target.

4.0 Background Information

4.1 The National Drug Strategy

4.2 Launched in 1998 the National Drug Strategy is a ten year strategy that has been accompanied by significant levels of investment and is focused upon the most dangerous drugs, the most damaged communities, problematic drug use and the most vulnerable young people.

4.3 The Strategy has four themes:

- Adult Drug Treatment
- Young People Substance Misuse
- Drugs and Crime
- Reducing Supply

4.4 Derby CSP is responsible for delivering the strategy in Derby City and works in partnership with the PCT, and other stakeholders, to deliver in accordance to these four themes. A team, led by a Drugs Strategy Manager based in the CSP partnership, leads on the delivery of the strategy in Derby.

4.5 The Government has a range of targets and performance related measurements in place that monitor the strategy delivery. Drug treatment is monitored by the National Treatment Agency (NTA) who have comprehensive and demanding performance monitoring arrangements in place that Derby CSP seek to meet.

4.6 The strategy runs until the end of March 2008. The Government is currently considering its approach to this issue after this planned end date for the current strategy.

4.7 Drug treatment delivery in Derby - service history

4.8 Overview – Tier 2 and 3 drug treatment

4.9 Derby City treatment services have grown over the last 10 to 15 years. Adult drug treatment provision is currently shared between two service providers. The Elms, a statutory health sector provider, run by Derbyshire Mental Health Trust and a non-statutory voluntary sector charity called Addaction. Essentially the treatment model in place over the last 5 years requires the Elms to meet clinically focussed "complex" needs cases and Addaction all other cases requiring a dedicated intervention.

4.9.1 Between these two services the numbers of adults in structured drug treatment for the year 2003/04 was 685.

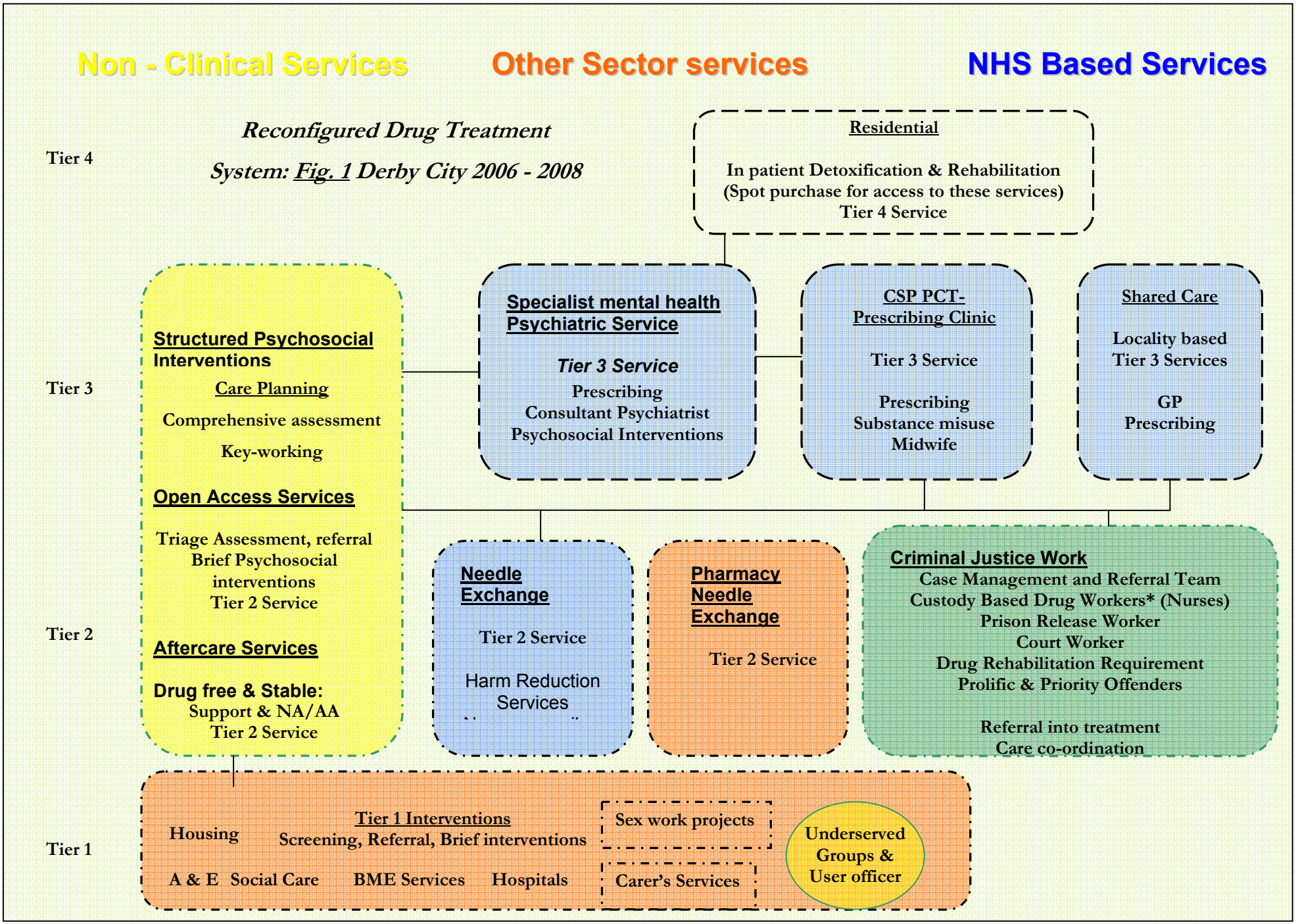
4.9.2 Last year, 2005/06, between these two services the numbers of adults in structured drug treatment for the year was 1,140.

4.9.3 The target set by the Government for Derby is for 1,540 individuals to be in structured adult drug treatment for the year ending 31st March 2008.

4.10 This growth reflects increased availability of services rather than increased demand for services. It also reflects increased levels of funding from the Government and ongoing investment by the Council, the PCT and by other partner organisations.

5.0 The proposed new Treatment Model

5.1 Figure 1, a proposed reconfigured drug treatment model for Derby City, is a schematic representation of the proposed model. This section of the consultation document seeks to provide more detail as to specific parts of the proposed model and readers may wish to continually refer to this schematic in relation to the information provided.


Non - Clinical Services
Other Sector services
NHS Based Services
Reconfigured Drug Treatment
System: Fig. 1 Derby City 2006 - 2008
Tier 4
Residential
In patient Detoxification & Rehabilitation
(Spot purchase for access to these services)
Tier 4 Service
Tier 3
Structured Psychosocial Interventions
Care Planning
Comprehensive assessment
Key-working
Specialist mental health Psychiatric Service
Tier 3 Service
Prescribing
Consultant Psychiatrist
Psychosocial Interventions
CSP PCT- Prescribing Clinic
Tier 3 Service
Prescribing
Substance misuse
Midwife
Shared Care
Locality based
Tier 3 Services
GP
Prescribing
Tier 2
Open Access Services
Triage Assessment, referral
Brief Psychosocial interventions
Tier 2 Service
Aftercare Services
Drug free & Stable:
Support & NA/AA
Tier 2 Service
Needle Exchange
Tier 2 Service
Harm Reduction Services
Pharmacy Needle Exchange
Tier 2 Service
Criminal Justice Work
Case Management and Referral Team
Custody Based Drug Workers* (Nurses)
Prison Release Worker
Court Worker
Drug Rehabilitation Requirement
Prolific & Priority Offenders
Referral into treatment
Care co-ordination
Tier 1
Tier 1 Interventions
Screening, Referral, Brief interventions
Housing
A & E
Social Care
BME Services
Hospitals
Sex work projects
Carer's Services
Underserved Groups & User officer

5.2 Services Already in place as part of the Proposed Treatment Model

5.3 The Bradshaw Primary Care Clinic and the development of Shared Care

5.4 The development of a Primary Care clinic and the Shared Care service were identified as requiring immediate action. The Bradshaw Primary Care Clinic opened on the 2nd October 2006. This clinic brings together a range of treatment services that contribute to the overall delivery namely Primary Care, Shared Care and Harm Reduction.

5.5 As highlighted by the comprehensive needs assessment Derby City has previously experienced difficulties in ensuring access to drug treatment that is quickly available and easily accessible. This difficulty has been most keenly felt in accessing GPs and the provision of clinical treatment interventions. The new Primary Care Clinic has been created to be the primary source of Tier 3 prescribing interventions in the City delivered by a lead General Practitioner with a special interest operating in parallel with other specialist GPs. The lead role at the Clinic is responsible for clinical governance; continuing professional development of the other GPs heads the Shared Care monitoring group and carries a clinical caseload in excess of 250 clients. This post is supported by a Shared Care Manager who is responsible for the strategic co-ordination and development of Shared Care within local GP surgeries addressing community prescribing needs of stabilised clients.

5.6 Harm Reduction Services

5.7 The National Service Framework *Models of Care* for the treatment of adult drug misusers (update 2006) places a renewed focus on integrating harm reduction to every intervention or treatment modality. Needle Exchange

Schemes (NES) should be available to reduce the spread of blood born infections and provide clean injecting materials and information. A dedicated needle exchange service with increased harm reduction focus and capacity to deliver brief interventions and vaccination programmes should be supported by and integrated with pharmacy based services, typically those involved in supervised consumption.

5.8 Co-location of a harm reduction service within the Bradshaw Clinic supports the integration of such interventions into all tiers of treatment. This is essential to reduce the spread of blood-borne infections and to minimise drug related deaths. That aside, a specialist needle exchange and harm minimisation service is pivotal to:

- Increasing the volume of clean injecting apparatus used
- Reducing the sharing of injecting equipment
- Increasing the number of immunisations against Hepatitis A and B
- Increasing the number of tests for Hepatitis C and HIV
- The remedial treatment of injection related wounds
- Engaging chaotic drug users into treatment with screening, triage assessment and referral
- Delivering harm reduction advice and information
- Supporting harm reduction initiatives throughout the tiers of treatment
- Delivering overdose prevention work
- Increasing the sexual health of a number of client groups
- Delivering the local harm reduction strategy and its associated action plans

5.9 Criminal Justice – The Drugs Intervention Programme

5.10 The current delivery model has a separate Criminal Justice Drugs Team delivering services as part of the Drugs Intervention Programme (DIP). Meeting the treatment needs of drug users who commit crime in order to sustain their problematic drug use is a priority area for the proposed treatment model. Under the new model, DIP is delivered within the generic service with the CSP taking on responsibility of case managing these clients. This approach has already proved very successful in Derby in the delivery of Priority and Prolific Offenders (PPO) programme and under the new model, the delivery of these two related strands will be merged. All treatment services under the new model are expected to prioritise this client group and ensure that all the can be done is being done to break the link between drug use and crime. In going out to tender for the new tier 2 and 3 drug treatment services, this prioritisation of criminal justice clients, particularly those who are PPOs or DIP clients, is being emphasised.

6.0 Service proposed to go out to tender as part of the Proposed Treatment Model

6.1 There are three areas of treatment service that are proposed to go out to tender:

- Non-Clinical Tier 2
- Non-Clinical Tier 3
- Specialist Clinical Tier 3

6.2 Non-clinical Tier 2

6.2.1 Non-clinical tier 2 drug treatment can be summarised as a service that brings together open access, information and advice and level 1 screening. The service consists of:

- Advice and information
- Open access non-structured brief interventions
- Level 1 (basic) screening
- Triage assessment
- Onward Referral

6.3 Non-clinical Tier 3

6.3.1 Non-clinical tier 3 drug treatment can be summarised as a service that brings together a single point of entry, key-working, care planning and psychosocial treatment interventions. The service consists of:

- Triage assessment
- Comprehensive assessment
- Care planning

- Key working
- Structure psychosocial interventions
- Onward referrals

6.4 Specialist Clinical Tier 3

6.4.1 Clinical tier 3 drug treatment can be summarised as a specialist mental health substance misuse service including psychiatric services. The service consists of:

- Comprehensive assessment and risk assessment
- Care planning
- Key working
- Structured Psychosocial interventions
- Links to the established Specialist Prescribing interventions
- Community psychiatric nurse interventions
- Onward referrals

7.0 **Benefits of the new model**

7.1 The development of Primary and Shared Care has already addressed what was seen as the biggest weakness of the previous treatment model. Over one third of all GP practices are now involved in drug treatment in the community and the development of the Bradshaw Primary Care Clinic is the biggest development in drug treatment provision Derby City has ever seen. The CSP and the PCT are confident the new treatment model will deliver against Government set targets but more importantly make a significant difference in meeting the needs for drug treatment in Derby City. Above and beyond this the CSP and the PCT believe the benefits of the new proposed model when compared to the model that previously existed are numerous and include:

- Increased capacity in treatment services
- Improved quality of range of services
- The meeting of National standards and a best practice evidence based approach
- Ready access to drug treatment
- Improvements to the integration of drug treatment as a holistic model
- Improved treatment outcomes
- More efficient and effective use of limited resources
- Clearer understanding of service provision and how to access it to users and referrers
- Improved working model for staff involved in delivery
- Increase confidence of service users, stakeholders and parents and carers in drug treatment provision
- Improved access to services of client groups that are currently under-represented in services
- Improved impact in reducing the harmful effects of drug use upon the individual, the family and the community.

8.0 **Consultation already undertaken**

8.1 The Comprehensive Needs Assessment carried out during the autumn of 2005 was a fully inclusive piece of research that included contributions from service users, providers and the family support groups. The conclusion of the research was agreed at a day long review of the evidence base held in December 2005 where the debate included representatives of all of these groups and other key stakeholders. There was universal agreement that the exercise was robust and thorough. The exercise has been praised by the National Treatment Agency as an excellent example of how such exercises should be done.

8.2 A sub-group of the CSP Board, the Drug Strategy Joint Commissioning Group (JCG) reviewed the comprehensive needs assessment and considered carefully all options available to make the improvements identified as necessary.

8.3 Presentations were made on the options to the JCG, the CSP Board, the PCT Board and to a range of other interested stakeholders seeking views and support. The CSP Board and the PCT Boards were the authorising bodies for sign off of the Treatment Reconfiguration Model and approved the planned approach for implementation. These groups, plus the JCG, continue to be the means of monitoring of the implementation of the plan and has authorised this consultation exercise.

8.4 Since the plan was first approved, the CSP have delivered presentations and engaged individuals in discussions on its implications with;

- Treatment Service Users
- Treatment Service Providers
- Parents, carers and family members of drug users

- Potential referrers to treatment services
- GPs
- Probation Board
- Housing Forum
- The National Treatment Agency
- Representatives of the Home Office

8.5 To support the launch of the Bradshaw Primary Care Clinic an open day was held where individuals involved in drug treatment delivery were invited to visit the clinic, meet the staff, tour the facility, discuss treatment delivery in the City with the staff and see first hand this new development in drug treatment provision in the City. Over 200 individuals visited the Bradshaw Clinic on this open day for stakeholders, far exceeding the expected level of interest.

8.6 The media has also played a role in promoting the new model and has played a part in ensuring the wider public are aware of the service development and are therefore informed to comment on the proposals.

9.0 Timescale for the new treatment model

Action	Timescale
Begin consultation	6th November 2006
Begin Tender process	20th November 2006
End Consultation	29th January 2007
Review Consultation	February 2007
Award new delivery contracts	March 2007
Begin new services	May/June 2007

10.0 Managing and Monitoring Service Delivery

10.1 The CSP Board have oversight of the delivery of the National Drug Strategy and they are updated every three months on progress against the reconfiguration plan and service delivery.

10.2 There are two sub-groups of the CSP Board that are each tasked with key roles in managing and monitoring service delivery;

10.3 The CSP Joint Commissioning Group oversees delivery of the annual Drug Treatment Plan. All drug treatment related spending, over view of performance and monitoring of compliance with national standards takes place within this forum. The JCG is a multi-agency forum with representation from the full range of key stakeholders in drug treatment delivery.

10.4 The second sub-group is the CSP Performance Monitoring Group. This group takes a more detailed look at performance of Drug Strategy delivery within Derby, monitors delivery of against agreed targets and seeks to consider how delivery of the drug strategy contributes to the overall delivery objectives of the Community Safety Partnership.

10.5 In addition to these groups drug treatment delivery is closely monitored by the NTA. All drug treatment data that evidences delivery against targets is centrally collated under the National Drug Treatment Monitoring System with the NTA providing monthly, quarterly and annual updates. Performance is systematically reviewed under a range of NTA forums and meetings and report into a Home Office central monitoring system.

11.0 References

Department Of Health (1999) *Drug Misuse and Dependence – Guidelines on Clinical Management*. London: DH

Drugscope (1999) Quality *in Drug and Alcohol Services Organisational Standards.* London: Drugscope

National Treatment Agency (2002) *Models of Care for Treatment of Adult Drug Misuse*. London: NTA

National Treatment Agency (2006) *Models of Care for Treatment of Adult Misusers: Update 2006*. London: NTA

RCGP (2005) *Role and Responsibilities of doctors in the provision of treatment for drug and alcohol misusers*. London: RCGP

Appendix

A - Glossary/Definitions of Terms

Structured Drug Treatment - treatment that has been developed as a result of a comprehensive assessment and that follows a care plan delivered under the supervision of a qualified key-worker

Community Prescribing – involves the provision of care planned specialised drug treatment, which includes the prescribing to treat drug misuse

Specialist Prescribing – is community prescribing for drug misuse in a community drug service setting, which normally comprises of a multi-disciplinary substance misuse team

Structured Psychosocial Interventions – are clearly defined, evidenced based psychosocial interventions delivered as part of a clients care plan

Structured Day Programmes – provides a range of interventions where a client must attend 3-5 days per week

Other Structured Interventions – describes a package of interventions set out in a client care plan which includes as a minimum a regular planned session with a key worker

Inpatient Drug Treatment – interventions usually involve short episodes of hospital based (or equivalent) drug/medical treatment

Residential Rehabilitation – interventions consist of a range of drug treatment delivery models or programmes to address drug misuse, including abstinence orientated drug interventions within the context of residential accommodation

Appendix B - Consultation Response Form

A Proposed New Adult Drug Treatment Model for Derby City

1. Do you support the proposed new adult drug treatment model
(PLEASE TICK ONE BOX ONLY)

Yes	☐	*Please skip straight to question 3.*
No	☐	
Don't Know	☐	

2. If no/ don't know, please indicate which of the following reasons most clearly represents your view. *(PLEASE TICK ALL THAT APPLY)*

I do not believe the current treatment model needs changing	☐
I do not believe this model is a significant improvement from the current treatment model	☐
I do not believe that this proposed model addresses the real problems in the current treatment model	☐
I do not believe that the proposed model will increase capacity in treatment services	☐
I do not believe that the proposed model will improve the quality of a range of service	☐
I do not believe the proposed model meets National standards or is based on best practice	☐
I do not believe the proposed model will provide ready access to drug treatment	☐
I do not believe the proposed model will improve the integration of drug treatment as a holistic model	☐
I do not believe the proposed model will improve treatment outcomes	☐
I do not believe the proposed model is a more efficient and effective use of limited resources	☐
I do not believe the proposed model will give users and referrers a clearer understanding of service provision and how to access it	☐

I do not believe the proposed model will improve working practices for staff involved in delivery	☐
I do not believe the proposed model will increase confidence in drug treatment provision	☐
I do not believe the proposed model will improve access for client groups that are currently under - represented	☐
I do not believe the proposed model will have an improved impact on reducing the harmful effects of drug use upon the individual, the family and the community	☐
I do not understand how the new model will work/ how it will improve drug treatment	☐
Other reason *(Please state this reason in the comments boxes overleaf)*	☐

3. **Do you have any other comments on the model as a whole?**
(PLEASE WRITE COMMENTS IN THE BOX BELOW)

4. **Do you have any other comments on a particular part of the model?** *(PLEASE WRITE COMMENTS IN THE BOX BELOW STATING CLEARLY WHICH PART OF THE MODEL YOU ARE COMMENTING UPON)*

PART OF THE MODEL COMMENTING ON:

COMMENTS:

Name:

Organisation:

Address:

Telephone:

Email:

Upon completion please return this form to:

Fiona England
Drug Treatment Consultation Response Officer
Derby Community Safety Partnership
3rd Floor
St. Peter's House
Gower Street
Derby City
DE1 1SB

Or electronically to Fiona.england@derby.gov.uk

Thank you for taking part in this consultation exercise.