

Lifestyle Interventions in West Berkshire



A collation of information about West Berkshire's Tier 1 and 2 lifestyle interventions and services to aid patient signposting and referral



Overview of Interventions and locations:

Intervention:	Location:
Physical Activity:	
Walking for Health	Locations across West Berkshire
Green Bags	Thatcham, Northcroft Leisure Centre, Mobile Libraries, Speen, Stockcross, Victoria Park, Council Offices Calcot (Sainsbury's), Beech Hill Parish Council
Sport in Mind	Northcroft Leisure Centre, Theale Green Leisure Centre
Bikeability	Kennet Leisure Centre, Northcroft Leisure Centre, Pangbourne Primary, Theale Green, Cotswold Sports Centre
Macmillan Wellbeing Programme	Northcroft Leisure Centre, Newbury (Tuesday morning)
Newbury and Thatcham Green Gym	Thatcham Nature Discovery Centre, Snelsmore Common Country Park.
West Berkshire Activity for Health (Exercise on referral) Scheme	A variety of locations please see the leaflet attached Johnny.Stokes@legacyleisure.org.uk
Healthy Eating / Physical Activity combined:	
Eat 4 health	A variety of locations across west Berkshire please contact: info@eat-4-health.co.uk
Weight Management:	
Barometer	Locations in Newbury, Berkshire - Stephanie Irfan stephanie.irfan@nhs.net
Smoking Cessation:	
Smokefree Life Berkshire (Solutions for Health)	Various locations including GPs, pharmacies, shopping centres and online
NHS Choices – Smokefree	www.nhs.uk/smokefree
Drugs and Alcohol Services:	
Swanswell West Berkshire	1 Station Road, Newbury RG14 7LP and sundry GP practices
Mental Health	
Post Natal Depression Counselling Support Group	Homestart, 4/8 The Broadway, Northbrook Street, Newbury, Berkshire. RG14 1BA www.home-startwb.org.uk/
Moving Forward	Northcroft Leisure Centre
Village Agents	Located in Lambourn, Hungerford, Kintbury, Shaw-cum-Donnington, Compton, Chieveley, Greenham, Thatcham and Bucklebury.
Pulling Together	Based at the Newbury Community Resource Centre www.cfpnewbury.org/pullingtogether.php
Books on Prescription	West Berkshire Libraries
At Home Library Service	Various
Friends in Need	West Berkshire
Time to Talk	Broadway House, Newbury and in 4 schools; Kennet, Theale Green, The Downs and Willink.

Programme name:	Brief description (include duration)	Target group(s) or eligibility criteria.	Referral route	Where are sessions available? (Address)	When? (Dates and times)	Key contact (Name, telephone / email)
Physical Activity						
Walking for Health	Regular led health walks ranging from 30 – 90 minutes	For all abilities	Self / GP / Health Professional	See timetable	Daily	Physical Activity Coordinator Tel: 01635 519679 walking@westberks.gov.uk
Run England	Free running groups with qualified run leaders	Beginners age 12 and above, adults	Self/ GP/ Health Professionals	See timetable www.westberks.gov.uk/runengland	Daily	Physical Activity Coordinator Tel: 01635 519679 walking@westberks.gov.uk
Green Bags	Sports equipment available for hire. Bags contain kwik cricket, rugby, football, hockey, tennis and badminton equipment.	Families	Self / GP / Health Professional	Free sports equipment available to hire - Thatcham Town Council Northcroft Leisure Centre Mobile Libraries Speen Victoria Park Calcot Beech Hill Parish Council	Daily as required	Physical Activity Coordinator Tel: 01635 519679 zcampbell@westberks.gov.uk
Activity for Health	Activity for Health – Exercise on referral programme across West Berkshire at Parkwood Leisure Centres Please see below for further specialist activity for health sessions New Hearts -Cardiac Rehabilitation exercise classes Steady Steps - Falls Prevention exercise classes	Adults	GP/Health Professional	A variety of sessions available across the week in a variety of locations Please contact the Co-ordinator for details		Activity For Health Co-ordinator Johnny Stokes Johnny.Stokes@legacyleisure.org.uk
Sport in Mind	Sport and physical activity sessions including football, walks, badminton, table Tennis	For mental wellbeing		Table Tennis Northcroft Leisure Centre Badminton Theale Green Leisure Centre Football Northcroft Leisure Centre Health Walk Northcroft Leisure Centre	Wednesday 2 - 3pm Monday 5 - 6pm Tuesday 3 - 4pm Thursday 12-12.45pm	Neil Harris info@sportinmind.org Tel: 07969 579 947
Bikeability	Free cycle training	For adults and young people		Apply for bikeability training		Contact the Cycle Training Team Tel: 01635 503263

Programme name:	Brief description (include duration)	Target group(s) or eligibility criteria.	Referral route	Where are sessions available? (Address)	When? (Dates and times)	Key contact (Name, telephone / email)
Macmillan Wellbeing Programme	Education and exercise classes at for people diagnosed with cancer.	For those recovering from cancer	Hospital Consultant or GP	Northcroft Leisure Centre, Northcroft Lane, Newbury, Berkshire	Tuesdays 9.30 -12.30	Contact- Kevin Johnson Macmillan Well-Being Programme Physical Activity Lead Cancer Services Berkshire kevinjohnson1@nhs.net Tel: 07966 295 873
Thatcham and Newbury Green Gym	Conservation volunteering with a focus on improving peoples physical activity levels and general wellbeing. Increasing social contentedness.	For adults	Self/GP/Health professional	Thatcham Nature Discovery Centre Snelsmore Common Country Park, Wantage Rd, Newbury, Berkshire Earl Stone Common, Burghfield, RG20 9HP (meeting at Clere School) Kennet and Avon Canal, Thatcham Train Station, RG19 4PP	Mondays 9:30am – 12:00pm TBC.	Oonagh French Senior Community Project Officer The Conservation Volunteers Tel: 0118 956 8959 o.french@tcv.org.uk www.tcv.org.uk/southeast/volunteer-south-east/green-gym/newbury-thatcham-green-gym
Weight Management						
Eat 4 Health	Ten week course Participants attend a weekly class which includes healthy eating/weight loss advice and a physical activity session	For adults	Self/GP/ Health professional	A variety of locations and times Please speak to the co-ordinator for details		Eat 4 Health team Tel: 0118 449 2036 info@eat-4-health.co.uk or write to: Eat 4 Health, Solutions 4 Health, Unit1, Thames Court, 2 Richfield Avenue, RG1 8EQ
Barometer	Tier 2 plus specialist weight management intervention programme. The Barometer programme requires patients to commit to a 12 month intervention programme. This consists of five group education sessions and four individual review appointments. The five group sessions are held fortnightly for the initial 10 weeks of starting the programme. The four individual review appointments are held at 3, 6, 9 & 12 months after starting the programme. Each cohort has a maximum of 12 patients.	For Newbury and District CCG patients. Those with a BMI>30 and the existence of co-morbidities (or those with BMI of >35 with no co-morbidities) can be offered a more specialist service in Primary Care that is based on a tier 3 model, called Barometer	GP	Lead Practice in West Berkshire is: Northcroft Surgery, Northcroft Lane, Newbury. Venue for Group Sessions is: St John's Church Hall, St John's Church, St John's Road, Newbury. Venue for Individual Review Appointments is: Northcroft Surgery, Northcroft Lane, Newbury.	Please contact Stephanie Irfan for further details	For information please contact stephanie.irfan@nhs.net

Programme name:	Brief description (include duration)	Target group(s) or eligibility criteria.	Referral route	Where are sessions available? (Address)	When? (Dates and times)	Key contact (Name, telephone / email)
Weight Off Your Mind	A weight loss programme run by NHS dietitians. The programme consists of 6 sessions running over 3 months plus a final masterclass. Sessions are held every 2 weeks and include information, methods and behaviour change skills to help with successful weight loss	Adults	GP and other Health Professionals	A variety of locations are available, please contact Nutrition and Dietetic Dept, 0118 918 5860 for further information		Referrals should be directed to the Health Hub, Phone 0300 365 1234 Email: bks-tr.healthhub@nhs.net Fax : 0300 365 0400
Smoking Cessation						
Smokefree Life Berkshire	Program aimed at offering individual support, advice and nicotine replacement therapy to help support smokers to permanently quit.	Berkshire residences who are current smokers.	Self/GP/Health Professional	Information available online or, please contact for details. Advisors and support is available in many different GP, Community and Pharmacy locations across Berkshire.	Please see contact in next column for details	Advisors available on Tel: 0800 622 6360 or text QUIT to 66777 www.smokefreelifeberkshire.com/Default.aspx
Sexual Health						
Trust House	Rape and sexual abuse support centre Berkshire	All ages	Self/GP/Other Professional	54 London Street, Reading and outreach	Monday 10.30am-2pm and 5-7.30pm Tues 10am-2pm Wed 1-5pm Thurs 1-5pm Fri 10.30am-2pm	support@trushousereading.org 0118 958 4033
Thames Valley Positive Support (TVPS)	TVPS offers a range of emotional and practical support of people affected by HIV in Berkshire.	Anyone affected by HIV	Self referral, GP, sexual health clinic or other support staff	Centres in Slough and Reading	Monday to Friday 8:30am-4:40pm	Victoria Miller Client Support Manager v.miller@tvps.org.uk 01628 603400 or 0118 9353730
Time to Test - Managed by TVPS	Free, rapid HIV testing across Berkshire.	Anyone over 18	Self referral	Various venues across Berkshire	Various times both in and outside of standard working hours	e-mail test@tvps.org or call 01628 603400 www.timetotest.org.uk
RUclear Berkshire Under 25 tests for Chlamydia and Gonorrhoea	Individuals that reside in Berkshire aged 15 to 24 yrs	Anyone over 18	Self-help to free Chlamydia and Gonorrhoea test kits	Link to list of sites		RUclear 01183228568 cso@royalberkshire.nhs.uk

Programme name:	Brief description (include duration)	Target group(s) or eligibility criteria.	Referral route	Where are sessions available? (Address)	When? (Dates and times)	Key contact (Name, telephone / email)
Drugs and Alcohol						
The Edge (Young Peoples Service)	<p>Full range of support for substance misuse issues</p> <p>Signposting to other services</p> <p>Complimentary Therapies</p> <p>Groups and 1-1 working</p> <p>Specialist Opiate Substitute Prescribing support</p> <p>Parent and Carers Support</p> <p>Schools interventions</p> <p>Sexual Health Advice</p> <p>Child Sexual Exploitation Support Group</p>	Under 18s, but provide transition support for 18 – 24 year olds with Swanswell	Self, GPs, other professionals	Waterside Centre Waldegrave Place Northbrook Street Newbury Berks RG14 1DS	<p>Mon: 9-5 Tues: 9-5.30 Wed: 9-5 Thurs: 9-5 Fri: 9-4.30</p> <p>Out of hours can be arranged</p>	Tel: 01635 582002
Swanswell West Berkshire (Adults)	<p>Any adult resident (inclusive of those who are part if the Criminal Justice System)</p> <p>Full range of support for substance misuse issues</p> <p>Signposting to other services</p> <p>Complimentary Therapies</p> <p>Groups and 1-1 working</p> <p>Specialist Opiate Substitute Prescribing</p> <p>Shared Care with GPs</p> <p>Parent and Carers Support</p> <p>Education Programme</p> <p>Fixed Site Specialist Needle Exchange Programme</p> <p>BBV testing</p> <p>Service User involvement support</p>	Over 18	Self, GPs, other professionals	1 Station Road Newbury West Berkshire RG14 7LP	<p>Mon: 9-7 Tues: 9-5 Wed:9-5 Thurs: 9-5 Fri: 9-5</p> <p>GP Practice provision by appointment</p>	<p>wberksadmin@swanswell.org</p> <p>0300 003 7025</p>

Programme name:	Brief description (include duration)	Target group(s) or eligibility criteria.	Referral route	Where are sessions available? (Address)	When? (Dates and times)	Key contact (Name, telephone / email)
Mental Health						
Post Natal Depression Support Group	Group based counseling support for West Berks residents with Post Natal Depression	All women experiencing depression in post natal period/children under 5	GPs, Health Visitors, Children Centre Staff, Self referral, other HCP	Contact Homestart for details. Home visits also available	Contact Homestart for details	Homestart, 4/8 The Broadway Northbrook Street NEWBURY Berkshire RG14 1BA Tel: 01635 760310 office@home-startwb.org.uk
Moving Forward	Weekly session at Northcroft Leisure Centre at the gym. Group is specifically for people with mental health conditions including depression, anxiety and stress. Support from a counsellor is provided once per month.	Anyone experience a mental health problem	GP or Health care professional via the Activity for Health scheme	Northcroft Leisure Centre, Newbury Thursday 1.30pm 2.30pm	Contact Activity for Health Co-ordinator for details	Activity for Health Co-ordinator, Tel: 01635 31199 or email a4hwestberkshire@parkwood-leisure.co.uk
Village Agents	Volunteer village agents can help residents with housing, pensions, benefits etc. They help to put older/socially isolated residents in direct contact with community, voluntary and statutory agencies.	Anyone who is older and/or socially isolated		Located in Lambourn, Hungerford, Kintbury, Shaw-cum-Donnington, Compton, Chieveley, Greenham, Thatcham and Bucklebury.		Gill Comley, Village Agent Project Coordinator, Tel: 07775 366 812 or email: gillian@vcwb.org.uk www.volunteerwestberks.org.uk/village_agents.htm
Pulling Together	Provides opportunities for people with mental health problems to engage in volunteering activities across a range of activities	Anyone experience a mental health problem	GP, CMHT or Health care professional	Located at the Community Furniture Project, Unit F, Hambridge Road Industrial Estate, Bone Lane, Newbury, Berkshire RG14 5SS	Contact Vanessa Miles for details	Vanessa Miles, vanessa.miles@cfpnewbury.org
Books on Prescription	Self-help reading for adults based on cognitive behavioural therapy for a range of common mental health conditions including anxiety, depression, phobias and some eating disorders	Anyone experience a mental health problem	GPs, Self referral,	Via local library or information online: www.booksonprescription.org.uk/ or http://readingagency.org.uk/adults/quick-guides/reading-well/		
At Home Library Service	Volunteers from the At Home Library Service can help people who find it difficult to visit their local library, possibly because of age, disability or other circumstances. It could also be available for carers who might not be able to get to the library		Self referral, family, friends		Contact Newbury Library for details	At Home Library Service, Newbury Library, The Wharf, Newbury, Berkshire, RG14 5AU, Tel: 01635 519827 or newburylibrary@westberks.gov.uk
Friends in Need	An online and offline friends in need community network for people affected by depression. This peer support will help to maintain recovery and wellbeing by developing strong local support networks.	Men and women with depression	GPs, Self referral, other HCP	West Berkshire	Contact Friends in Need co-ordinator for details	www.friendsinneed.co.uk Ansa Kahn Friends in Need Co-ordinator (West Berkshire) ansa@depressionalliance.org 07908 265181

Programme name:	Brief description (include duration)	Target group(s) or eligibility criteria.	Referral route	Where are sessions available? (Address)	When? (Dates and times)	Key contact (Name, telephone / email)
Time To Talk	Time to Talk West Berkshire is a free, confidential counselling service for young people aged 11-25 in West Berkshire.	Young people aged 11-25 in West Berkshire.	Self referral	Broadway House, Newbury and in 4 schools; Kennet, Theale Green, The Downs and Willink.		Time to Talk office on Tel: 01635 581421 or book an appointment by entering your details on the Time to Talk website: www.14-21timetotalk.btik.com/

Activity for Health Programme Exercise Referral Form

Please complete all sections



in partnership with your Doctor and Local Leisure Centre

Patient Details

Surname _____ Date of Birth _____
Forename _____ Tel.No _____
Address _____
Reason for referral _____

Baseline Measures

Resting Heart Rate _____ Heart Rate Regular/irregular _____
BP Systolic is _____ BP Diastolic is _____

Clinical Diagnosis and/or current problems

1. _____
2. _____
3. _____
4. _____

Medication Prescribed

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Possible effects of current medication and/or diagnosis on patient's safe/comfortable conduct of exercise

Prohibited activity if there are any activities that you DO NOT wish the client to take part in please indicate

Cardiovascular gym Weights gym Yoga
 Swimming Exercise class
 Aquafit Walking Programme

Susceptible to

Arrhythmia Dizziness/falls Hypotension
 Skin irritation Hypoglycaemia Asthma
 Angina Infection Osteoporosis
 Joint pain Abnormal muscle tone Urinary frequency
 Impaired alertness Impaired cognition

Stage of health behaviour change (tick activity status)

Precontemplation (not considering exercise)
 Contemplation (considering exercise)
 Preparation (beginning)
 Maintenance
 Relapse
 Unknown

Referred by _____

Signature _____

Surgery Address _____

Date _____

GP/Practice Nurse/Consultant/Health Visitor
(please delete as appropriate)

IMPORTANT: PLEASE TAKE THIS TO YOUR FIRST APPOINTMENT.

About the Activity for Health scheme

Activity for health is a partnership between West Berkshire Council, Parkwood Community Leisure, NHS Berkshire, GP practices and health care professionals. It is offered to people who are sedentary or who have a medical condition that would benefit from an increased level of physical activity. It offers you the opportunity to participate in regular physical activity:

- under the guidance of qualified exercise professionals
- at your local leisure centre
- at a reduced rate

You can take part in a range of activities including swimming, exercise classes specifically for Activity for Health customers and workouts within a fitness suite which are available at all Parkwood Community Leisure - Leisure Centres. (The venue of the initial consultation may vary due to availability and demand of the instructors).

What can physical activity do for me?

Physical activity has many benefits, the obvious one being that it makes you feel healthier and happier.

Physical activity may also improve:

- strength and muscle tone
- weight loss
- strength of heart contractions
- energy
- maximal oxygen intake
- self esteem
- ability to sleep
- control of diabetes
- signs of ageing

Physical activity may help to lower:

- blood pressure
- physiological stress
- psychological stress
- resting heart rate
- risk of heart attack
- risk of osteoporosis



What's the next step?

STEP 1

Contact your GP or health care professional, who will be able to advise you if you are eligible for the scheme. They will complete a referral form for you.

STEP 2

You will be asked to make an appointment at one of Parkwood Community Leisure - Leisure Centres for an informal consultation with a fully qualified Activity for Health specialist instructor*. At this session you will be advised on which form of physical activity would be most suitable/beneficial.

STEP 3

You will then participate in a 12 week exercise for health programme, which will be tailored and monitored by an activity for health specialist instructor to ensure safety and enjoyment. You may be asked on occasions to comment on the scheme - this is purely for our evaluation purposes.

STEP 4

On completion of your 12 week programme you will then be invited to discuss your options in order to continue with your new healthier lifestyle.

*Initial consultation venue may vary due to availability of instructor.

For more information contact your local leisure centre

Northcroft Leisure Centre, Newbury	Tel: 01635 31199
Kennet Leisure Centre, Thatcham	Tel: 01635 871112
Jubilee Centre, Kintbury	Tel: 01488 658076
Lambourn Sports Centre	Tel: 01488 73690
Hungerford Leisure Centre	Tel: 01488 683303
Downlands Sports Centre, Compton	Tel: 01635 578866
Cotswold Sports Centre, Tilehurst	Tel: 0118 941 4690
Willink Leisure Centre, Burghfield	Tel: 0118 983 4845
Theale Leisure Centre	Tel: 0118 932 3725





Eat 4 Health- Weight Management Service Referral Form

Please send completed form to: Eat 4 Health Team, Solutions 4 Health, Thames Court, 2 Richfield Ave, Reading, RG1 8EQ - Tel: 0118 449 2036 or 0800 772 0630

Referral date Title Mr | Mrs | Miss | Ms Full Name

Client's contact details Gender Male Female Date of Birth

Address Postal code:..... NHS Number

Tel (home):..... Mobile: Email:

Baselines Measures Heart Rate (Resting) Heart Rate (Regular) Blood Pressure

Health and Medical Information

If you have ticked any boxes please provide further information on their clinical diagnosis and current problems

Arrhythmia <input type="checkbox"/>	Abnormal muscle tone <input type="checkbox"/>	Sleep apnoea <input type="checkbox"/>	Previous bariatric surgery <input type="checkbox"/>
Skin irritation <input type="checkbox"/>	Impaired cognition <input type="checkbox"/>	Osteoarthritis <input type="checkbox"/>	Food Allergy <input type="checkbox"/>
Angina <input type="checkbox"/>	Hypotension <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Diagnosed mental health condition: <input type="checkbox"/>
Joint Pain <input type="checkbox"/>	Asthma <input type="checkbox"/>	Previous Stroke/TIA <input type="checkbox"/>	(Please specify).....
Impaired alertness <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>	Severe Lower Limb Joint Disease <input type="checkbox"/>	Other: <input type="checkbox"/>
Dizziness/Falls <input type="checkbox"/>	Urinary frequency <input type="checkbox"/>	Polycystic Ovarian Syndrome (PCOS) <input type="checkbox"/>	(Please specify).....
Hypoglycaemia <input type="checkbox"/>	Raised cholesterol/triglycerides <input type="checkbox"/>	Type 1 Diabetes <input type="checkbox"/>	Pregnant <input type="checkbox"/>
Infection <input type="checkbox"/>	Established cardiovascular disease <input type="checkbox"/>	Type 2 Diabetes <input type="checkbox"/>	Disability <input type="checkbox"/>

Further information:.....

Medication

1..... 3..... 5.....

2..... 4..... 6.....

Possible effects of current medication and/or diagnosis on patient's safe/comfortable conduct of exercise:.....

Prohibited Activity (please indicate any activities that you DO NOT wish the client to take part in)

Cardiovascular gym <input type="checkbox"/>	Aquafit <input type="checkbox"/>	Exercise class <input type="checkbox"/>	Yoga <input type="checkbox"/>
Swimming <input type="checkbox"/>	Weights gym <input type="checkbox"/>	Walking programme <input type="checkbox"/>	

Measurements: Height: Weight: Suitable for Exercise Yes No

BMI Waist circumference: Considering Bariatric Surgery? Yes No

GP contact details

Name

Address

Postal code:..... Tel:.....

Referrer Details

Name

Job title

Signature

Work address

Tel:.....

Referral reason: Lose weight Improve fitness

Other:

Please confirm that the service user is motivated and has agreed to this referral

PATIENT INFORMED CONSENT This scheme has been fully explained to me. I wish to decrease my current weight by participating in the scheme. I give my consent for any relevant clinical information about my health and participation on this scheme to be used for evaluation and monitoring purposes. I consent to my information being stored on a database for audit purposes (in accordance with the Data Protection Act 1977)

Name (PRINT).....

Signature

Date:.....

OFFICE USE ONLY

Date referral received: Date of first appt offered

Date of first contact attempted:..... First date declined

Date of first contact made (if different) Date of first appt



Swanswell is a national charity that believes in a society free from problem alcohol and drug use; that everyone deserves the chance to change and be happy. We provide community-based alcohol, drug and support services.

This form is to be **completed** when you or someone you know requires supports from Swanswell.

Referrals from other organisations
Swanswell will require a copy of the:

- current in-date risk assessment
- current in-date care plan
- consent to share information document

Source of referral	<input type="checkbox"/> Self <input type="checkbox"/> Organisation <input type="checkbox"/> Family/Carer <input type="checkbox"/> Doctor <input type="checkbox"/> Other, please specify:		
Date of referral		Referral taken by	
Referrer name		Referrer contact number	
Referrer address		Referrer email address	

Details about the person seeking a service from Swanswell

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other, please specify:		
Name		Date of birth	
Address			
Postcode			
Phone number		Mobile number	
Email address			
Preferred contact method	<input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email		
Any special requirements for accessing Swanswell services?			
Permission to share information?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please specify with whom:		

First language			
Interpreter required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
GP's name and address			
Other agencies involved			
Referral reason			
Alcohol/drug use in the last three months	Name of alcohol/drug	Amount	Frequency
	<i>e.g. wine e.g. heroin</i>	<i>1 x 70cl bottle 2 x £10 bags</i>	<i>Daily (every evening)</i>
Physical/mental health issues or concerns			
Prescribed medications	Name	Dose	Frequency

Children

Do you/they have children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you/they have contact with children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you/they have any support in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you/they need any support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safeguarding concerns, is there any social care and health involvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'yes' to any of the above, please specify:		

Risks

Detail any risks to self/others/from others or about intravenous use/sharing equipment. If you're not aware of any risks, please state this.

Person consented to this referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please send completed referrals form by email/post/fax to:
Swanswell
1 Station Road
Newbury, West Berkshire RG14 7LP

If you have any questions, please contact us on:
Tel 0300 003 7025
Fax 0871 895 4168
Email: wberksref@swanswell.org.cjism.net

Confidentiality and information sharing

- We, your treatment service, ask you for information so that you can receive proper care and treatment
- We keep your information, together with details of your care, because it may be needed if we see you again
- You have the right to apply for access to any records kept about your health
- Any information provided to one clinical team within **Public Health England (PHE)** will be available to other teams within Public Health England in order to provide continuity of care
- Your information will be used for research and monitoring purposes
- Information may be used by clinicians within Public Health England as part of a clinical audit or service evaluation process. This will involve combining information from all clients attending the service, and it will not be possible to identify individual clients
- Sometimes this treatment service may need to share certain information (for example on the outcome of your treatment) with other treatment services involved in your care, and as part of your treatment
- **The sharing of sensitive personal information is strictly controlled by law.** Anyone who receives information from us is also under a legal duty to only use the information for the purposes you have agreed to and to keep the information strictly confidential
- We share some information about you with the National Drug Treatment Monitoring Service (NDTMS). This is the database used to collect information on drug and alcohol treatment provision. It is managed nationally by Public Health England, the body responsible for collecting drug and alcohol data and for overseeing drug misuse treatment in England
- If you are involved in the Criminal Justice System we may also share information with the Drug Interventions Programme

The National Drug Treatment Monitoring Service (NDTMS)

- The NDTMS system involves collecting information about the type of treatment you receive from a treatment agency. Sometimes you may be seen by more than one agency. Consequently, to avoid duplication of reporting, NDTMS may share information about you between the agencies from whom you may have received treatment
- Your full name and address are NOT passed on to the NDTMS although some details are sent to minimise the risk of you being counted twice; for example your initials, date of birth, gender, postcode (partial unless there is local consent), ethnicity and local authority of residence
- Some information from NDTMS is cross referenced with data from other government departments and reports are sent back by Public Health England to them, so that they can monitor the effectiveness of the national drug and alcohol strategies. However, by the time Public Health England reports from the NDTMS to other government departments it is always in the form of total numbers of people and there is nothing in the information that could be used to identify you
- Public Health England does not pass any identifiable information held on the NDTMS to the police or criminal justice agencies
- Your information is held on the NDTMS for at least 8 years
- Data from NDTMS is not placed on any register of addicts – no central register exists
- Your information is very useful for helping to plan and develop services that can best meet your needs. In order to produce information that measures this, NDTMS data is matched with other government departments' data. All data matching is undertaken by Public Health England, and at no point is your personal information shared with other government bodies
- If you do not want information about you to be passed on to Public Health England, you have a right to say this
- If you wish to know more about the NDTMS (including why information is needed for the NDTMS, how information is handled within NDTMS and/ or the type of information collected for NDTMS and the time it is retained) please ask your key worker

Before information is requested from or passed on to another agency or person, your worker will talk to you about what **needs** to be shared. You are being asked to sign the following agreement to exchange specific information with other professionals involved in your care.

DECLARATION I have had the benefits of sharing information discussed with me. I understand that sharing of information between agencies identified is intended to support me in making the changes I have agreed to. I give permission for my worker to receive information and share information about my care.

Client's Signature..... **Date**

I have explained the Public Health England Confidentiality Policy to the client, including conditions for breach. I have given the client advice and information.

Assessor's Signature **Date**

Swanswell West Berkshire 15-16 opening times 2014-15

Monday	Tuesday	Wednesday	Thursday	Friday
9.00am – 7.00pm G.P. – Prescribing a.m. Change Group 1 – 3 Workers Group 6 - 7 Key work daily	9.00am – 5.00pm Recovery Group 10-12 Mindfulness 12 – 12.45 Change Group 1 – 3 Key work daily	9.00am – 5.00pm G.P. – Prescribing a.m. (Team meeting alt Weds) Reduction Group 2 – 3.30 Key work daily	9.00am – 5.00pm IT 10 – 11 IT 12 - 1 Change Group 1 – 3 Key work daily	9.00am – 5.00pm G.P. – Prescribing a.m. Recovery Group 10 – 12 Acupuncture 12 – 1 Motivation Group 1 - 3 Key work daily

Needle exchange open every day

Monday	Tuesday	Wednesday	Thursday	Friday
	10am - 12pm Drop in		9.30am - 12pm Drop in	2 - 4pm Drop in



Client Referral Form Trust House Reading (External)

Please complete this form and return it to Trust House Reading by email: support@trushoureading.org

Please indicate support service required:

- Adult counselling (18 yrs+)
- Children or Young Persons counselling (13-18 yrs)
- Play therapy for children (4-13)
- ISVA (18 yrs+)

We can offer women only space. If you need women only service/ space please tick

Referral Agency Contact Name	
Referral Agency Contact Email Address	
Referral Agency Contact Telephone Number	
Referral Agency ID number (e.g. badge no.)	
Referral Agency Name (organisation)	
Crime Number	
Log Number	
Date of Crime	
Date Crime reported to Police	
Police Area	
How did you/person being referred hear about THR?	

Client Information

First Name	
Family Name	
Client Address	



Postcode	
Home Tel No	
Mobile Tel No	
Can THR leave a voicemail/ text message?	
Email Address	
What is the preferred contact method?	
Age and DOB	
Gender	
Ethnic Origin	
Are there any safeguarding issues concerning the client or their dependants? (please give details)	
Does the client have any mental health issues, learning, sensory, or physical disabilities? (please give details)	
Purpose of Referral (please give details and if known include brief details of offence/assault including dates or age when offences took place)	



Details of offence/assault		
Type of Offence as defined by Sexual Offences Act 2003 (Please X appropriate box)	Rape	
	Assault By Penetration	
	Other Sexual Assault	
Location of Offence (Please X appropriate box)	Perpetrators Home	
	Clients Home	
	Entertainment Venue	
	Outdoors	
	Public Buildings	
	Transportation	
	Clients Workplace	
Were Prescribed Drugs taken (voluntarily) prior to the assault (Yes/No)		
Was Alcohol Consumed (voluntarily) prior to the assault (Yes/No)		
Were Recreational Drugs taken (voluntarily) prior to the assault (Yes/No)		
Suspected Drug Assisted Sexual Offence (Yes/No)		

Perpetrator information		
Perpetrators Relationship to Victim (Please X appropriate box)	Partner	
	Ex-Partner	
	Relative	
	Acquaintance	
	Prostitution related	
	Stranger	
	More than one of the above	



Perpetrator Age Range (Please X appropriate box)		
	Under 16	
	16-20	
	21-30	
	31-40	
	41-50	
	51-60	
	61-70	
	Above 70	
Number of perpetrators		
END		