

Southampton Treatment and Recovery System (STaRS)

Dealing with Disincentivised Service Users

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Dealing with Disincentivised Service Users

A major requirement for a service user in treatment is to attend appointments as instructed in order to be able to fully benefit from the interventions and modalities offered as part of the Recovery plan. It is important to ensure from the start of treatment that the service user understands the possible consequences of failing to consistently engage with key workers and attend for all appointments as requested.

Southampton Treatment and Recovery system has implemented a new way of working in order to ensure that potential service users are properly motivated and committed to completing a planned programme of activities that will focus on assisting recovery and re-integration.

But what do we do if the service user starts to miss appointments and drop out of planned activities, despite all the key workers efforts to re-engage them and return them to full participation in treatment?

This document aims to give key workers some guidance on the new system for dealing with disincentivised service users (to be read in conjunction with the document "Encouraging Engagement of service users in drug treatment" Sept 2010.)

Rules on Appointments:

It is generally accepted that however good a Recovery plan a key worker puts into place for a service user, or however skilled the key worker may be, all efforts will ultimately be unsuccessful if the service user fails to attend! It is therefore crucial that key workers ensure that service users are motivated to turn up to appointments and know that there will be consequences for them if they fail to do so.

However, whilst it is the intention of the Southampton Treatment and Recovery System that all service users should be treated in a fair and consistent way, we do not wish the system described below to be rigid or constraining. There will often be times when the key worker will wish to exercise a degree of professional discretion, because of factors known about the particular individual they are dealing with. This is to be encouraged when exercised appropriately. **However, if key workers choose to depart from the rules, they must ensure that decisions taken are defensible and are fully recorded on the case files. Team leaders and managers should be consulted in such cases and their agreement obtained and noted on the case record.**

Key workers should note that the majority of service users who drop out of treatment do so between initial assessment and the start of treatment or in the first few weeks after entry to treatment. For this reason, particular attention to undertaking thorough, good quality inductions and motivational

work should be paid in the early weeks of treatment. Research shows that a range of interventions can help to engage and retain clients in treatment.

These include:

- ~ the use of encouraging reminders for appointments;
- ~ interventions to boost motivation to engage with treatment;
- ~ a more structured induction phase to treatment;
- ~ accompanying service users to appointments;
- ~ and, the use of elements of assertive outreach to enhance engagement.

Once service users have been engaged and retained for an initial period of treatment, they are still at risk of dropping out, especially when they or their clinicians feel they are no longer benefiting from treatment. For many clients treatment is a long process that can take months or even years before maximum benefits accrue. During this time there may be set backs – service users may relapse or increase their levels of illicit drug use or fail to reach the goals they have set with their key workers in their treatment packages. Helping them develop strategies to deal with these challenges is an essential aspect of clinical care.

It must be made clear to service users at the start of treatment therefore that they are expected to attend appointments. If they are unable to do so, they will be expected to let their key worker know IN ADVANCE and that an alternative appointment will be made.

Treatment services wish to remain helpful and flexible around appointments, but will not allow service users to avoid undertaking necessary structured work that will help them to move towards eventual full recovery and re-integration back into society.

Letters of Concern.

1. First Missed appointment

A “front sheet” which records the number of letters of concern sent and the dates on which they were issued is useful to keep at the start of the case file as an aide memoir for staff.

When a service user fails to attend an appointment, it will be the responsibility of the key worker or care co-ordinator to contact them to try to establish the reason for the failure to attend. If there is a good, plausible reason why the appointment was failed, the key worker may wish to exercise their discretion in relation to issuing a letter of concern. In this case, the key worker will be expected to use either all or part of the Motivational checklist to explore the reasons for the missed appointment and establish a strategy so that future appointments are attended appropriately.

However, if there is no good reason for the missed appointment, the key worker should issue the service user with a **First Letter of Concern**. The First letter of concern should be issued in writing (templates are included at Appendix 1) with a copy to the service user and a copy to be retained on file.

Following the issue of a first letter and the completion of the Motivation checklist, the key worker will use the information gained to adjust the service users Recovery plan and programme of activities in a way that will maximise their ability to maintain their commitment to treatment.

The use of the International Treatment Effectiveness Programme (ITEP) will be helpful in mapping out what barriers there may be to change and to successfully completing treatment.

2. Second Missed Appointment:

Should the service user miss a further appointment without good reason then a **Letter of Significant Concern** will be issued. Again, a review of the Recovery plan will be necessary to identify barriers for the service user in attending appointments. Planned activities may be adjusted again, if appropriate, to maximise the chances for the service user to complete treatment successfully. For example, the service user may be referred for group work as learning as part of a group, with peers, is often helpful in reinforcing learning and breaking down resistance to change.

3. Third Missed Appointment:

If a third appointment is missed without good then the key worker will need to inform the service user that their case will be referred to the **Review Meeting** for consideration and that they will be expected to attend.

The date of the review meeting should be issued to the service user in writing (see template at Appendix 1). The service user should be given information about, what the Review meeting is, who is likely to attend (in general terms, not specific names) and what the possible consequences of appearing before the Review Meeting could be.

The service user should be informed that they are entitled to bring either an advocate or a friend with them to the review meeting in order to support them or to speak for them if they require this.

Non-attendance is defined as:

If a service user does not turn up for an appointment or if they turn up too late to make planned work feasible.

When an appointment has been missed or a service user turns up too late, a quick, formal consistent response is required to determine whether the absence is acceptable or not:

Within 2 working days action must be taken to determine the reason for non-attendance or late attendance, e.g. telephone or SMS text contact. This action must also be clearly entered in the case file.

Is it an acceptable absence or an unacceptable absence?

Having determined a reason for the service user's non-attendance or lateness, the key worker must then assess the acceptability or unacceptability of the missed appointment. In dealing with non-attendance the following principles should be borne in mind:

- Once an appointment has been made it is the service user's responsibility to organise her/his commitments to ensure that the appointment is kept. Therefore, in deciding whether to accept an absence the key worker should take into account whether the reason was within the service users control or not.
- If within the service users' control, notification of the absence should have been provided to the key worker prior to the appointment and, where that is not reasonably possible, as soon as possible after the absence.

If you are unsure whether or not to accept the reason given for an absence consult your line manager.

However, where a service user who is usually truthful provides an explanation that could be verified by a limited amount of investigation (i.e. where they say that public transport was late/did not arrive, or that they had to attend another emergency appointment), the key worker may take the option of investigating this explanation and applying discretion.

The following definitions are provided to aid the decision making process. In simple terms:

An acceptable absence is one for which the service user provides a reasonable explanation and where appropriate/possible, proof is provided which supports their explanation.

An unacceptable absence is:

- An absence where the explanation given is not reasonable
- An absence where no verification of the explanation is produced and cannot be investigated or confirmed.
- An absence where no explanation is given.
- An absence where advanced notification could reasonably have been given and was not.
- Turning up too late for programmed activity without a verified reason.

Guidelines for acceptable / unacceptable absences:

The guidelines below deal with the most frequently provided explanations for non-attendance.

1. Sickness / Injury

Medical appointments notified in advance with appointment cards shown for verification will be acceptable.

Self-certification will be accepted on **two occasions only** at the discretion of the key worker. Any further self-certificates can only be accepted with the line manager's agreement.

There may be occasions when further investigation into the nature or extent of an illness or injury may be required, as there may be occasions when the ailment itself does not necessarily prevent the service user from attending an appointment e.g. depression, drug or alcohol addiction, broken arm. This decision can only be made on a case-by-case basis.

Long-term sickness must be reviewed with the line manager on a 4 weekly basis and discussed with team colleagues/managers at the weekly clinicians meeting.

2. Employment/ Training/ Education

All absences due to employment, training or education may be acceptable but must be verified. This includes unscheduled employment such as overtime or casual work. Verification can take the form of an employer's letter, a wage slip depicting the actual date of work, time sheets or rota's. In the case of self-employed offenders, invoices, and worksheets or similar can be accepted.

Job interviews that can be verified are acceptable absences.

3. Religious / Cultural Obligations

Service users should be allowed to attend to their religious and cultural duties. These commitments should be discussed when writing the Recovery plan at the outset of treatment. (A calendar of religious festivals/ duties may help to provide details.)

Therefore, attendance at such events as e.g. Wedding, Christening, Bar Mitzvah etc. and special religious holidays can be deemed acceptable if verified e.g. by production of a wedding invitation.

4. Disability

Where a service user has a disability, effective, reasonable adjustments need to be made that will enable the service user to attend for treatment. If reasonable adjustments have not been discussed and lack of attendance can be attributed to any failings by the treatment service to have implemented reasonable adjustments, then this must be rectified before taking any further action. This is a particular concern where a service user is considered to have learning difficulties.

In such cases key workers must ensure that reasonable adjustments have been identified and implemented.

Where disabilities have been identified as an issue, key workers may wish to give consideration to home visits (where appropriate) and other measures to avoid those with a disability through long term health problems not having access to treatment.

5. Custody/ Court appearances

If a service user has been detained in custody or is required to attend court, these absences are acceptable, *provided they are verified by a copy of a summons, bail notice, letter from a solicitor or checked with the Custody Sergeant in the case of individuals detained in custody.*

Solicitor's appointments do NOT take priority over treatment appointments and, therefore will be deemed unacceptable.

6. Holidays

Absence for holidays may be granted with discretion following consultation with the line manager and if it is possible to make adequate arrangements for treatment to be continued safely while the service user is away. Verification must be provided e.g. tickets, booking invoice.

7. Child Care

Child care arrangements should be discussed with the key worker at the outset of treatment. If child care arrangements subsequently break down, the key worker will need to make a judgement about whether this can be deemed acceptable or unacceptable in relation to missed appointments. In these circumstances, as with the preceding guidance, key workers will need to take into consideration issues such as the service users' usual pattern of behaviour, how truthful the key worker judges them to be etc.

Absences due to maternity/ paternity issues may be deemed acceptable by the key worker and line manager (where verified).

8. Domestic Circumstances

These will be accepted in exceptional circumstances only. These usually fall into two categories; unforeseen and foreseen.

Unforeseen circumstances will include: Death of a partner or close relative, sickness of a child, sickness of a dependant, break down of child Recovery arrangements where this is outside of the service users' control or emergency accommodation issues. The decision regarding

their acceptability must be made by key worker in consultation with the line manager.

Foreseen circumstances may include educational graduations or, with prior negotiation and proof, e.g. tickets, invites etc

9. Finances

Non-attendance due to lack of finances is not acceptable. If finances are an issue arrangements should be pre-planned with the key worker and fares approved, if appropriate, by the line manager.

10. Transport/traffic

In the case of absence due to vehicle breakdown or transport difficulties this may be acceptable if verified - e.g. garage receipt, breakdown service receipt, phone call to train, bus operator. However, such proof may be difficult to obtain. If proof is not available it can only be deemed acceptable by a line manager.

11. Other appointments

Proven appointments with other agencies such as Job Centre, hospital etc may be acceptable, if verified. However, anything other than emergency appointments is unacceptable. The service user should arrange other routine commitments around pre-arranged treatment appointments, e.g. routine dentist, physiotherapist.

Lateness:

If a service user turns up too late to make planned work feasible this must be deemed an unacceptable absence unless proof of reason is exceptional and acceptable. The degree of lateness which is acceptable and the action taken may vary due to the nature of the appointment.

1-1 and group work appointments:

In respect of treatment appointments the length of acceptable lateness may vary slightly depending on the context or nature of the contact. However, a lateness of more than 15 minutes will be deemed unacceptable for any type of appointment. The key worker can exercise discretion as to whether the service user will be seen.

Examples of unacceptable absences:

The following reasons, which are frequently offered, will be deemed unacceptable (*except in circumstances where the key worker judges that the service user is otherwise making good progress and there is sufficient reason to agree that the missed appointment is acceptable, or unless the service user contacts the key worker in advance and it is considered that there is sufficient reason to agree to re-arrange the appointment*):

- Forgetting an appointment
- Oversleeping
- Mistakes over appointment time
- Reporting in several hours early for an appointment
- Problems with domestic appliances e.g. water, gas, electrical problems, delivery of furniture, washing machine or boiler breakdowns.
- Major sporting events
- Family celebrations e.g. birthday, parties, anniversaries, birth of friend or relative's baby.
- Problems with pets
- "Surprise" weekends away, outings etc.
- Illness of friends or family member's children - having to look after friends' family's children

Unacceptable Behaviour:

If a service user displays unacceptable behaviour e.g. by being abusive, disruptive, unco-operative or offensive to staff or other service users, he/she should be sent away from the treatment service and issued with a formal warning.

What constitutes failure to benefit from treatment? (*Towards Successful Treatment Completion – NTA 2009*)

Progress in treatment can be monitored through on-going key working, Recovery plan review and through more formal outcome monitoring using TOP (Treatment Outcomes Profile). Urine and oral swab testing can be helpful to confirm compliance with prescribed medication and on-going illicit drug use.

If a service user is not benefiting from treatment, in the first instance clinicians should explore the reasons why. Treatment optimisation is based on the principle of identifying unmet needs and developing a treatment or Recovery plan to address these. Optimising treatment usually means increasing the intensity of the intervention, usually by adding discrete interventions such as psychosocial interventions to address drug misuse or common psychiatric disorders, increasing the dose of substitute opioid medication (within evidence-based dose ranges) or providing practical help with benefits, housing and employment. The timing at which the intensity of treatment is optimised may be important. Placing high demands and expectations on some service users during the initial phase of treatment may have a negative impact on their engagement.

A number of different scenarios may constitute failure to benefit from treatment. It will be beneficial for key workers and clinicians to be aware of the behaviour of service users prior to starting drug misuse treatment in order to assess whether improvements, even if slow, are being made. A comprehensive assessment at the start of treatment, including a baseline TOP, will assist in this process. A good therapeutic relationship will enable continuing illicit drug use and other problems with progress to be discussed freely. If this relationship does not exist or if clinicians or services are perceived as rigid or having a punitive response to illicit use, clients may not disclose such important information and may not be able to elicit the help they require. It is assumed that the clinician's aim is to try to retain the client in effective treatment while addressing the need to balance safety and risk issues in the interests of the patient, staff and the wider community, as relevant. It is based on the assumption that continued retention in treatment is a very important element to be weighed in achieving optimum outcomes.

One of the main reasons for service users failing to benefit from treatment is because they are repeatedly late for or fail to attend appointments. Reasonable flexibility around appointment times and a constructive, client-focused approach to missed appointments is generally desirable, and this was flagged up in the Audit Commission's review of drug treatment services in 2002 (Audit Commission, 2002).

Suggestions for good practice in managing missed appointments or clients repeatedly arriving late:

Problem	Options
Involvement with multiple agencies	Coordinate appointments; liaise with other agencies; less frequent appointments; joint appointments
Mobility or physical health problems	Address health needs; organise transport; assist in application for assisted transport e.g. "freedom pass"; taxi card, etc
Mental health problems	Address mental health needs; joint appointments with community mental health team
Client is working	Offer evening or weekend appointments; if working variable shifts offer flexible appointment times; Find pharmacy with later opening times
Avoidance of other service users	Coordinate appointments; see client at another service base
Ambivalence about the value of treatment	Explore ambivalence; brief interventions to enhance motivation to engage; contingency management to improve attendance
Poor therapeutic alliance with Key worker or the service	Explore problems in clinical supervision; staff training to improve therapeutic skills; consider changing key worker; refer to other service provider
Multiple needs and conflicting priorities	Needs assessment; prioritise and address needs; flexibility around appointments; less frequent appointments; contingency management to improve attendance; coordinate appointments; joint appointments
Attends for prescription but not for Key working appointments	Consider linking key working appointments to prescription due dates; or arrange with client for prescription pick-up to be on the day of key working appointments; contingency management may assist in encouraging a period of improved attendance
Client ill or in hospital	Contact client to check on well-being; if admitted liaise with the hospital team where appropriate to support Recovery and to develop a discharge plan
Client may have died	Contact the GP, Coroner or Registrar of Deaths to confirm if client is deceased. In exceptional circumstances it may be appropriate to ask the police to do a welfare check if there are sufficient grounds to over-ride the duty of confidentiality
Client has moved away	Contact client by phone; write to last known address (subject to consent); liaise with other professionals involved in the client's Recovery (subject to consent)

Withdrawal from Treatment:

Withdrawal of pharmacological treatment can be followed in the short-term by potentially fatal overdose for the service user due to readjustments in the level of tolerance to opiates occurring alongside increased illicit drug use.

Any decisions about possible withdrawal of treatment, for example due to concerns about longer-term risks of prescribing to a client who is continuing to engage poorly with treatment, will need to take account of such potential risks.

There have been some reports (from other DAT areas) of the withholding of treatment, short of discharge, such as reducing doses of prescribed medication or temporarily withholding treatment when it would be feasible to continue. For example, some clients may have their prescribed medication withheld because they are late for appointments, have missed appointments, have taken illicit drugs on top of substitute opioid treatment or have not complied with particular elements of the treatment regimen. Some instances may be due to real practical difficulties in arranging receipt of a prescription in the short term but it appears that in other cases it may be an intention to try to mould behaviour. 5 per cent of clients in the Harm Reduction Client Survey (NTA, 2007) reported that their prescription had been stopped because of on-top illicit drug use and 2 per cent claimed they had been told they could no longer use the treatment service.

NTA advice in respect of this question of whether treatment should ever be withdrawn because of failure to progress in treatment or if the service user showed evidence of deterioration in treatment is as follows:

“Withholding treatment in such circumstances should normally be seen as a last resort and that before this situation arises other treatment strategies should be tried. The first step would be to review the client and their Recovery or treatment plan and identify any areas of unmet need. Thereafter, a new treatment plan should be developed which addresses the issues identified. Any decision to withdraw treatment should only be taken after a risk assessment has been undertaken and the consequences of stopping treatment have been considered and discussed with the service user. In the case of responding to violent and other untoward incidents, there will always be a difficult balance between protecting staff from violent incidents, responding to the rights of the client to treatment and preventing the risk of a serious adverse outcome, such a drug-related overdose death, that may occur if treatment is withdrawn or in some circumstances may occur if prescribed medication is continued. Clear policies, multidisciplinary team discussions, risk assessment and clinical leadership are important components of the clinical governance structures that would usually be expected to be in place to support such decision making processes. It is likely that the optimal management of risks and the development of optimal responses to challenging incidents will minimise the number of cases that may have to be considered for permanent or temporary withdrawal of treatment. “

Review Meeting:

Once all possible strategies for re-engagement have been explored with the client and have proved unsuccessful and the system of letters of concern has been exhausted, the key worker will need to place the case before a review meeting.

The review meeting may consist of staff attending the weekly clinical meeting. This could include team members from both HPFT New Road Centre and either Bridge or DIP. Ideally, the panel should include a senior clinician or Doctor if at all possible – but this is not essential and will not always be possible to arrange.

The service user will be invited to attend the meeting. A letter informing him/her of the date and time of the review meeting will be issued giving the service user at least 3 working days notice.

The key worker will attend to present the case to the review meeting and explain the reasons for convening the meeting.

The service user will be offered an opportunity to explain their case to the panel and to bring an advocate or a friend with them to speak on their behalf following which the service user, the advocate and the key worker will withdraw.

The review meeting will then consider the case.

Decisions/advice of the panel will be sent to the key worker and service user in writing no later than 3 working days after the review meeting has taken place.

Should the service user continue to miss appointments after the system of letters of concern has been applied and the review panel has considered the case, then a Review Panel, consisting of senior staff may be convened to consider the implications of the service users' behaviour.

Again, the service user will be invited to attend, and to bring an advocate or friend to speak on their behalf or to offer support.

Appendix One

Examples of Letters of Concern for **NON PRESCRIBED** service users

Name
Address

Date

Our Reference: Southampton Treatment and Recovery System

FIRST LETTER OF CONCERN – YOU HAVE MISSED YOUR APPOINTMENT

Dear.....

You did not keep your appointment on.....

When you entered treatment you agreed a care plan based on your needs.

You agreed that your recovery would best be helped if you engaged and maintained engagement with key working and group work.

You have now missed an appointment and I am concerned that your recovery is being affected.

We need to talk so that we can work out what is happening and address any issues.

Perhaps you have decided that drug treatment is not for you at this time.

If this is the case then I would like to discuss harm reduction with you before you leave treatment.

If you are unwilling to maintain meaningful engagement, we need to offer your space to another service user.

Conditions for continuing to receive treatment from Southampton Drug Services are that:

- You must attend all agreed appointments
- You must give a good reason as to why you did not attend
- If you fail to attend three appointments and your reasons are not accepted by your key worker/care co-ordinator, you WILL be asked to attend a review meeting where your case will be discussed. This could result in serious consequences for your ongoing treatment.

If you feel that you have a good reason for having missed your appointment, you must contact your key worker/ care co-ordinator to explain and provide evidence.

If a reasonable explanation and evidence are not provided this appointment will be classed as an unacceptable missed appointment and this letter of concern will be entered onto your case file.

If you do not understand what this means, contact your key worker/care co-ordinator and arrange to see them.

Your next treatment appointment date is:

Date:

Place:

Time:

Yours Sincerely

Name

Address

Date

Our Reference: Southampton Treatment and Recovery System

LETTER OF SIGNIFICANT CONCERN – YOU HAVE MISSED YOUR SECOND APPOINTMENT

Dear.....

You did not keep your appointment on.....This was your SECOND missed appointment following your first missed appointment on.....

When you entered treatment you agreed a care plan based on your needs.

You agreed that recovery would best be helped if you engaged and maintained engagement with key working and group work.

You have now missed an appointment and I am concerned that your recovery is being affected.

We need to talk so that we can work out what is happening and address any issues.

Perhaps you have decided that drug treatment is not for you at this time.

If this is the case then I would like to discuss harm reduction with you before you leave treatment.

If you are unwilling to maintain meaningful engagement, we need to offer your space to another service user.

Conditions for continuing to receive treatment from Southampton Drug Services are that:

- You must attend all agreed appointments
- You must give a good reason as to why you did not attend
- If you fail to attend three appointments and your reasons are not accepted by your key worker/care co-ordinator, you WILL be asked to attend a review meeting where your case will be discussed. This could result in serious consequences for your ongoing treatment.

If you feel that you have a good reason for having missed your appointment, you must contact your key worker/ care co-ordinator to explain and provide evidence.

If a reasonable explanation and evidence is not provided this appointment will be classed as your **second unacceptable missed appointment** and this letter of significant concern will be entered onto your case file.

If you do not understand what this means, contact your key worker/care co-ordinator and arrange to see them.

Your next treatment appointment date is:

Date:

Place:

Time:

Yours Sincerely

Name
Address

Date

Our Reference: Southampton Treatment and Recovery System

FINAL LETTER OF CONCERN – YOU HAVE MISSED YOUR THIRD APPOINTMENT

Dear.....

You did not keep your appointment on.....This was your **THIRD** missed appointment following your first missed appointment on.....and
.....

You are currently receiving treatment from Southampton Treatment and Recovery System.

You said at assessment that you wanted to be drug free.

You agreed a Recovery plan based on your needs. It was agreed that recovery would best be helped if you were able to engage and maintain engagement with key working and group work.

You have now missed an appointment and I am significantly concerned that your recovery is being affected.

We need to talk so that we can work out what is happening and address any issues. Perhaps you have decided that drug treatment is not for you. If this is the case then I would like to discuss harm reduction with you before you leave treatment.

If you are unable to maintain meaningful engagement, we need to offer your space to another service user.

In addition, conditions for continuing to receive treatment from Southampton Drug Services are that:

- You must attend all appointments given to you
- You must give a good reason as to why you did not attend
- If you fail to attend three appointments and your reasons are not accepted by your key worker/Recovery co-ordinator, you WILL be asked to attend a review meeting where your case will be reviewed. This could result in consequences for your ongoing treatment.

If you feel that you have a good reason for having missed your appointment, you must contact your key worker/ Recovery co-ordinator to explain and provide evidence.

If a reasonable explanation and evidence is not provided, this appointment will be classed as your **third unacceptable missed appointment** and this letter of concern will be entered onto your case file. In addition a **case review meeting** will be convened and you will be notified of the date in writing. You have the right to invite either an advocate or a friend to accompany you to the review meeting, to support you or if you wish to speak on your behalf.

If you do not understand what this means, contact your key worker/Recovery co-ordinator and arrange to see them.

Your next treatment appointment date is:

Date:

Place:

Time:

Yours Sincerely

Appendix 2

Examples of Letters of Concern for **PRESCRIBED** service users:

Name Address
Date
Our Reference: Southampton Treatment and Recovery System
FIRST LETTER OF CONCERN – YOU HAVE MISSED YOUR APPOINTMENT
Dear.....
You did not keep your appointment on.....
When you entered treatment you agreed a care plan based on your needs.
You agreed that recovery would best be helped if you engaged and maintained engagement with key working and group work.
Furthermore you stated that you understood that we would not be able to safely prescribe for you if you stopped engaging in key working.
You have now missed an appointment and I am concerned that your recovery is being affected.
We need to talk so that we can work out what is happening and address any issues. Perhaps you have decided that drug treatment is not for you at this time. If this is the case then I would like to discuss harm reduction with you before you leave treatment.
If you are unwilling to maintain meaningful engagement, we need to offer your space to another service user.
Conditions for continuing to receive treatment from Southampton Drug Services are that:
<ul style="list-style-type: none">• You must attend all agreed appointments• You must give a good reason as to why you did not attend• If you fail to attend three appointments and your reasons are not accepted by your key worker/care co-ordinator, you <u>WILL</u> be asked to attend a review meeting where your case will be discussed. This could result in serious consequences for your ongoing treatment.
If you feel that you have a good reason for having missed your appointment, you must contact your key worker/ care co-ordinator to explain and provide evidence.
If a reasonable explanation and evidence are not provided this appointment will be classed as an unacceptable missed appointment and this letter of concern will be entered onto your case file.
If you do not understand what this means, contact your key worker/care co-ordinator and arrange to see them.
Your next treatment appointment date is:
Date:
Place:
Time:
Yours Sincerely

Name
Address

Date

Our Reference: Southampton Treatment and Recovery System

LETTER OF SIGNIFICANT CONCERN – YOU HAVE MISSED YOUR SECOND APPOINTMENT

Dear.....

You did not keep your appointment on.....This was your SECOND missed appointment following your first missed appointment on.....

When you entered treatment you agreed a care plan based on your needs.

You agreed that recovery would best be helped if you engaged and maintained engagement with key working and group work.

Furthermore you stated that you understood that we would not be able to safely prescribe for you if you stopped engaging in key working.

You have now missed an appointment and I am concerned that your recovery is being affected.

We need to talk so that we can work out what is happening and address any issues.

Perhaps you have decided that drug treatment is not for you at this time.

If this is the case then I would like to discuss harm reduction with you before you leave treatment.

If you are unwilling to maintain meaningful engagement, we need to offer your space to another service user.

In addition, conditions for continuing to receive treatment from Southampton Drug Services are that:

- You must attend all agreed appointments
- You must give a good reason as to why you did not attend
- If you fail to attend three appointments and your reasons are not accepted by your key worker/care co-ordinator, you WILL be asked to attend a review meeting where your case will be discussed this could result in serious consequences for your ongoing treatment.

If you feel that you have a good reason for having missed your appointment, you must contact your key worker/ care co-ordinator to explain and provide evidence.

If a reasonable explanation and evidence is not provided this appointment will be classed as your **second unacceptable missed appointment** and a copy of this letter of significant concern will be entered onto your case file.

If you do not understand what this means, contact your key worker/care co-ordinator and arrange to see them.

Your next treatment appointment date is:

Date:

Place:

Time:

Yours Sincerely

Name
Address

Date

Our Reference: Southampton Treatment and Recovery System

FINAL LETTER OF CONCERN – YOU HAVE MISSED YOUR THIRD APPOINTMENT

Dear.....

You did not keep your appointment on.....This was your **THIRD** missed appointment following your first missed appointment on.....and
.....

You are currently receiving treatment from Southampton Treatment and Recovery System.

You said at assessment that you wanted to be drug free.

You agreed a care plan based on your needs. It was agreed that prescribing alone would not facilitate your recovery and that recovery would best be helped if you were able to engage and maintain engagement with key working and group work. Furthermore you agreed that you understood that we may not be able to safely prescribe for you if you stopped engaging in key working.

You have now missed an appointment and I am significantly concerned that your recovery is being affected.

We need to talk so that we can work out what is happening and address any issues. Perhaps you have decided that drug treatment is not for you. If this is the case then I would like to discuss harm reduction with you before you leave treatment.

If you are unable to maintain meaningful engagement, we need to offer your space to another service user.

In addition, conditions for continuing to receive treatment from Southampton Drug Services are that:

- You must attend all appointments given to you
- You must give a good reason as to why you did not attend
- If you fail to attend three appointments and your reasons are not accepted by your key worker/care co-ordinator, you WILL be asked to attend a review meeting where your case will be reviewed. This could result in consequences for your ongoing treatment.

If you feel that you have a good reason for having missed your appointment, you must contact your key worker/ care co-ordinator to explain and provide evidence by (insert date 5 working days from the date of this letter).

If a reasonable explanation and evidence is not provided by (above date) this appointment will be classed as your **third unacceptable missed appointment** and this letter of concern will be entered onto your case file. In addition a **case review meeting** will be convened and you will be notified of the date in writing. You have the right to invite either an advocate or a friend to accompany you to the review meeting, to support you or if you wish to speak on your behalf.

If you do not understand what this means, contact your key worker/care co-ordinator and arrange to see them.

Your next treatment appointment date is:

Date:

Place:

Time:

Yours Sincerely

Name
Address

Date

Dear.....

Our Reference: Case review meeting

I am writing to notify you of the case review meeting which has been arranged to review your care plan and treatment record to date, and to consider the reasons for your failure to attend appointments on three occasions.

Should you wish to, contact me today to discuss your treatment plan and how we can work together to help you complete your treatment.

You should also consider contacting an advocate who will be able to advise you on your position and the possible consequences of failing to attend appointments.

REMEMBER

If you do not attend the review meeting, it will go ahead without you and decisions concerning your care plan and treatment may be taken without you being there.

It is in your interest to attend your appointments and comply with your treatment. The review meeting will have information about how well you have attended appointments between now and review meeting. This could affect the outcome at the review meeting.

It is very important that you attend the review meeting on:

Date:

Place:

Time:

Yours Sincerely