<<Your full address (MP’s can only deal with issues

raised by people in their constituency)>>

The Rt Honorable <insert MP name) House of Parliament

London

Subject – A direct request for you to support the ADHD population in bringing about significant change in the national treatment crisis

Thank you for taking the time to read my letter.

I am asking for your direct help to assist in what is rapidly becoming a national mental health crisis, yet one that absolutely is reversable before the effects become too great. As you read on, my letter should hopefully draw attention to three matters:

1. The NHS commissioning scenario that is consuming vast amounts of precious public sector funds
2. The NHS Trusts inefficiencies that are exasperating an already inhumane position for people with ADHD by closing their doors to this patient group completely
3. The current political football being cited by GP’s to completely stop assisting patients with care in the community setting once the patient is stable and optimized on their medication for their ADHD.

Firstly, I need to bust some myths about this ‘disorder’. ADHD is not about naughty boys in school.

ADHD is pervasive, destructive, does not respect gender and is completely age agnostic. Common outcomes for people with untreated ADHD include:

* + Substance abuse to self-medicate in the absence of appropriate medicine
	+ Extremely low self-esteem to the point of suicidal ideation
	+ An approximate 13-year lower life span due to inappropriate lifestyle decisions
	+ A 4 times more likely to have a car crash, with 7 times more likely for that to be classed as

‘serious’

The actual listing of poor social outcomes is extremely long and reinforced with significant peer reviewed academic research, including the most impactful headline for Government ears, whilst 5% of the population of the UK have ADHD, 25% of the prison population have the disorder. That disparity alone is costing the UK taxpayer billions of pounds annually, all of which can be diverted into more meaningful outcomes.

To return the three bullet points above.

1. The absence of a national NHS commissioning model for many health issues is especially exacerbated in the case of ADHD. 40+ ICB’s are currently engaging in their own uniquely designed commissioning models, with poorly managed procurement processes that are either deliberately ignoring the scale of the issue in the way they are seeking service delivery, or deliberately de-scaling service design to avoid funding an appropriate service. Examples include recently:
	1. Procuring only a service that assesses the patient but makes no provision to treat the patient whatsoever for their illness, leaving them aware of ‘what’s wrong’ but incapable of getting appropriate support (Alder Hey Hospital, Lancashire ICB)
	2. Commissioning a service that can only be delivered face to face, deliberately ignoring the science that supports this community being assessed and diagnosed (and treated) through a remote clinical facility (Shropshire, Norfolk ICB)
	3. Using ‘a’ and ‘b’ above to reduce if not remove the capability nationally through cartel type activity, for the patient to choose their clinic under the legislative patient choice framework, thus reducing or removing the ICB requirement to fund treatment.
2. Trusts are generally so inefficient that they are overwhelmed by demand for services from the ADHD community. The response to this appears not to be to improve efficiency but to close the doors, put their hands up in an apparent effort to seek sympathy, and refuse to accept referrals. The most recent example is Leeds, where the Trust has completely closed its service, there are many more. Some have not been as transparent as Leeds however, and by fair means or foul are refusing to treat their ADHD community.
3. GPs are currently lobbying to cease engagement in shared care for ADHD. Shared care is an NHS governed process whereby the specialist assesses and diagnoses the disorder, in this example ADHD, and treats the patient until they are in symptom and impairment remission, and then engages the GP to prescribe for the patient whilst the specialist retains overall responsibility for the patient and that condition. This is widely accepted as functional and appropriate and it allows a patient to be assessed either privately or through their choice of provider, and then returned to the transactional element of the NHS, for prescribing under guidance in Primary Care. The process is accommodated in the NHS Constitution and is now being used as a political football by GPs across England. This must be stopped as once permitted, perhaps permitted by ‘no action’ it will be hard to overturn.

As my elected Member of Parliament, I call upon you to please approach the Health Secretary, regardless of political persuasion or mandate, to reverse these three issues for the sake of 5% of your constituents, including me.

You may hear there is an NHS ADHD Task Force. There is, and at present they are refusing to accept evidence from the private sector that has brought innovation, new and higher standards of care to the sector and is handling more patient footfall, through patient choice, thus for the NHS, than the whole of the NHS put together. You may hear of new procurement processes, there are some, but there is no regulation of procurement standards, and the paucity of a patient centered approach is damaging to the nation. The added ridiculous position of 40+ separately organized procurement processes is an embarrassment.

Whilst many would accept that local accountability has its place, the Government is abrogating its responsibility by permitting this to carry on unchecked, not delegating its authority. In effect the NHS is not ‘National’ it is parochial, and this element alone needs to be questioned.

For total transparency, this letter has been drawn up with the assistance of Dr Phillip Anderton, a Fellow of the Royal Society of Medicine. Dr Anderton is the CEO of Europe’s largest ADHD clinic, and he is championing change. His organisation ADHD 360 are solely responsible for 1,570+ assessments and treatment activities for ADHD a month, more activity than the whole NHS collectively.

I would ask for the following:

* 1. The issue is raised in Parliament formally as a question for the Health Secretary.
	2. You lobby hard for a block to GPs activities that are destructive.
	3. You make contact with the newly formed APPG on ADHD to have a constituent based voice at the table.
	4. You do not allow you or your team to be cast aside with political platitudes and insist on these important matters being raised.

I look forward to your response.

<<Full name>>