

Before I start going through the details of my story, I would like to remind you of the following. This Trust, Sussex Partnership, has published the following:

A “**Values and Behaviours Framework**”

(http://www.sussexpartnership.nhs.uk/sites/default/files/media/values_and_behaviours_framework.pdf) in which you state: “our vision” includes **People First, Everyone Counts**

In that same document you state:

*“**The values of the NHS Constitution are at the heart of what we do at Sussex Partnership.** This description of how we want others to experience us at Sussex Partnership is directly linked to the NHS Constitution Values (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>)”*

You further state:

“We want others to experience us as:

- Listening and taking action
- Making bold decisions in the interest of patients
- Being open and honest”

“We want to avoid others experiencing us as:

- Being inflexible
- Making decisions based on outdated clinical evidence
- Not considering the needs of all
- Gaining little insight into a patient’s condition and its impact on all aspects of their life
- Failing to put patients first”

Then, in your “**Clinical Strategy for 2017-2020**”

(https://www.sussexpartnership.nhs.uk/sites/default/files/documents/clinical_strategy_final_for_web.pdf) you state:

*“**Providing consistently high quality services means: working together in partnership with each other, the people who use our services and other organisations***

*Our clinical strategy describes the key service changes we will be making both within Sussex Partnership NHS Foundation Trust and in partnership with others through our local sustainability and transformation plans (STPs). It will require us to: **focus on mental health promotion and prevention***

*I will be treated with care and compassion I will have support that **addresses all of my needs, including the psychological and social components of my difficulties where appropriate”***

I also note that in your one page “**Long Term Plan snapshot**” document

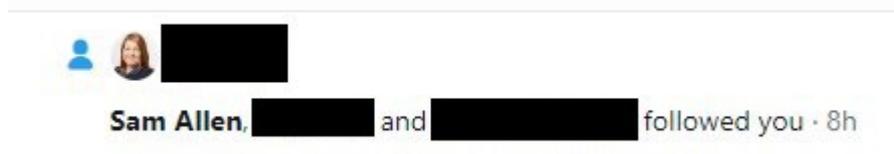
(http://www.sussexpartnership.nhs.uk/sites/default/files/documents/the_nhs_long_term_plan.pdf)

the document starts with a section on **autism**, the 4th bullet-point of which, says you will “**improve overall support**” for people with autism. As there is a lot for me to read out, please allow me to read through it all and any discussion or comments can be at the end. I will hand out copies of some things to you before I finish reading.

QUESTIONS

(relevant to informing provision of current & future services, which includes myself)

1. When I Tweeted on your page, you messaged me offering to review my case and you followed me on Twitter, why did you then unfollow and mute me, after you started reviewing my case?



2. What specific actions did you undertake in your review? What did "reviewing the case file" involve? Because your conclusion literally doesn't make sense in view of the facts.
3. Why did you not ask me for the evidence I offered before concluding your review, as you promised you would, in your email of 27.12.18? (show email item 9)
4. Did you even read my email of 10th December because I told you that **neither** assessment by NBC complied with any clinical standard (*no clinical tests for autism or any other condition, no interviews with anyone who knew me, no childhood history and no autism-related questions*)? They were therefore **non-compliant and clinically unacceptable** rendering the opinions of them completely open to challenge by default. My private diagnosis with other clinical corroboration, more than provided such a successful challenge.
5. You concluded the assessments at NBC were acceptable purely **on the basis of the clinicians' alleged expertise** and have **not** looked into the processes of the assessments, which were provably substandard. Therefore I do not understand your letter dated 28.1.19 stating that: "*I have seen nothing that would suggest that the assessments were not carried out appropriately by the clinicians*". For a mental health trust's CEO to state that it is "appropriate" to conduct autism assessments without obtaining childhood history, interviewing relatives or using clinical tools, is shocking.
6. On 6.1.19 I emailed you a copy of Critchley's assessment report and pointed out multiple factual inaccuracies and false claims in it. Did you read this email and take it into account during your review? Not only were SPFTs assessments substandard but their reports are completely inaccurate.
7. Did you look into the information I emailed you on 9.1.19 that Dr Medford and Hugo Critchley's interests/backgrounds are coincidentally mainly around conditions other than ASD, anxiety, TIC disorders and Tourettes? How coincidental that Critchley put two of those labels in my assessment report yet I have neither of those things! I checked with the Royal College of Psychiatrists and psychiatrists don't all have autism training because they can do optional modules. Being allowed as a psychiatrist to assess and diagnose something doesn't mean you have the expertise or training. Critchley's letter of 13.9.12 (show letter item 10) evidences his lack of knowledge of how to assess and diagnose autism, as he stated that clinical tools are mostly used for research! **This is really worrying.**
8. Are SPFTs clinicians so all-powerful that you are scared to challenge them? What power do they hold over the Trust? Clearly they do, because I have full evidence that Hugo Critchley's opinion was the sole reason SPFT shut down the ASD reassessment, refused to accept my

private diagnosis, tried hard to discredit me to PHSO and coerced and harmed me, by using medication in an attempt to mollify me. I have the email ([show item 5 again](#)) proving that NBC are saving face and ignoring their oath to 'first do no harm' and you are actively condoning and colluding in this if you fail to act appropriately in this matter.

9. Do you realise that the NHS rules **do not allow** SPFT to ignore a private diagnosis? So SPFT is breaching NHS rules: <http://www.nhs.uk/chq/Pages/2572.aspx?CategoryID=96&SubCategoryID=226>
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_096576.pdf
"Private consultations
*If you've had a private consultation for tests **and diagnosis**, you can still **have treatment on the NHS**. Your position on the NHS waiting list should be **the same** as if your original consultation was on the NHS."*
10. **Nowhere** in the laws covering autism does it state that diagnoses have to be NHS ones, (*all clinicians are trained the same way for their type*) and are you aware therefore, in failing to recognise my diagnosis and offer me an autism care pathway SPFT is breaching all of the following laws: **Autism Act 2009** <https://www.legislation.gov.uk/ukpga/2009/15/contents>, **Autism Strategy 2010** https://webarchive.nationalarchives.gov.uk/20130104203954tf_/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369, **"Think Autism"** (*Government update to the Autism Strategy*): <https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>, **Statutory guidance** arising from the Autism Strategy: <https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance>, **Equality Act 2010, Human Rights Act 1998** duties?
11. Are you aware of **NHS NICE Guidance CG142** regarding diagnosing and supporting adults with autism www.nice.org.uk/guidance/cg142/evidence/full-guideline-pdf-186587677 (*although it's 'guidance' SPFT **must comply with** it as stated here:* <https://www.nice.org.uk/news/feature/court-judgement-what-it-means-for-commissioners-and-providers-and-using-nice-guidance-and-standards>)?
12. I have a sibling with diagnosed schizophrenia which is proven to confer a 300% risk of ASD on me, would you like me to provide you research evidence on this?
13. Do you believe it is in the best interests of the patient to ignore their condition? The NHS Constitution (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>) states: **"staff are expected to act in the best interests of the patient at all times"**. There are multiple other requirements of the Constitution SPFT has breached and continues to breach.
14. Are you aware that SPFT has further, been breaching my Human Rights by your ongoing refusal since early 2013 when I was diagnosed, to comply with NICE CG142: 1.2.18 which states: **"Offer all adults who have received a diagnosis of autism (irrespective of whether they need or have refused further care and support) a follow-up appointment to discuss the implications of the diagnosis, any concerns they have about the diagnosis, and any future care and support they may require."** SPFT have not just *failed* to do this, but actively refused. And again, NICE does not state that the diagnosis must be an NHS one. A diagnosis is a diagnosis.

15. Are you aware that autistic people can have a crisis all of a sudden, or their needs can appear minimal until something environmental causes those needs to increase? My autistic traits come more to the fore when I am under stress and I can go into an autistic shutdown. I went into one when I received your shut-down letter and lost functional skills for many days. The NICE quality standard (<https://www.nice.org.uk/guidance/qs51/chapter/Quality-statement-3-Personalised-plan>) states:

Rationale

The needs of people with autism are varied, with some people needing complex levels of support from a range of professionals and some people not wanting or needing any ongoing support. A personalised plan that is informed by the full diagnostic assessment and the individual needs of the person with autism, and recognises their strengths, should ensure that the support provided is coordinated and focused on the person's needs and the best possible outcomes for them. The personalised plan will need to be updated and reviewed as the person's needs and circumstances change. It will also need to take into account, inform and be consistent with any other plans or care packages they may have, including Education, Health and Care plans for children and Community Care Assessments for adults.

16. Are you aware that autistic adults are at a much higher risk of suicide (<https://onlinelibrary.wiley.com/doi/full/10.1002/aur.2076>) than the typical population, only 16% are in full-time employment (<https://www.autism.org.uk/get-involved/tmi/employment.aspx>) and are much more socially isolated (<https://www.autism.org.uk/get-involved/media-centre/news/2018-04-25-hidden-crisis-autism-and-loneliness.aspx>) than the typical population? Or that they have worse health and are dying younger? To therefore ignore and not deal with your failings towards any autistic adult in any way, is horrendously unacceptable. Because of my autism I am a vulnerable adult and if something triggered my mental wellbeing to decline SPFT would have to support me as an autistic adult, which means recognising and understanding my neurology. There is research evidence for instance, that CBT must be adjusted for autistics. If you refuse to accept my autism, you would provide me the wrong treatment! And if something happened to me as a result of your failure to offer me an autism care pathway, it would be on your hands and a huge paper trail of evidence proves this. Are you aware of this research on autistic females that talks of serious consequences to health for undiagnosed autistic females? (*although I am diagnosed, you are behaving as if I am not!*). See <https://link.springer.com/article/10.1007/s10803-016-2872-8>

Compared to males, females are at substantially elevated risk of their ASC going undiagnosed: their difficulties are frequently mislabelled or missed entirely (Lai and Baron-Cohen 2015). This is shown by the observation that in non-referred samples there are between two and three males for each female with ASC (e.g., Constantino et al. 2010; Kim et al. 2011; Zwaigenbaum et al. 2012); whereas in clinical samples ascertained from ASC services, the male-to-female ratio is usually four-to-one or higher (e.g., Fombonne 2009). Thus, many females who, if skilfully assessed, would meet full diagnostic criteria for ASC, never receive a diagnosis and the help that, potentially, comes with it. Even when females with ASC are identified, they receive their diagnosis (and associated support) later than equivalent males (Giarelli et al. 2010). Furthermore, compared to males, females require more severe autistic symptoms (Russell et al. 2010) and greater cognitive and behavioural problems (Dworzynski et al. 2012) to meet ASC criteria, and teachers underreport autistic traits in their female pupils (Posserud et al. 2006). This gender bias has serious consequences for the health and wellbeing of girls and women with ASC, and has been identified by the autism community as a key problem to be addressed by research (Pellicano et al. 2014). <https://link.springer.com/article/10.1007/s10803-016-2872-8>

17. What do you have to say about the disgusting way multiple members of your staff have

spoken about me among one another, like nasty playground bullies in total breach of Data Protection law and codes of conduct and ethics? Do you not see how their dishonest and malicious attitudes towards me for raising a justified complaint (*and unbelievably using my ASD traits to bad mouth me*) **further** evidence the cover-up? These people are all still your staff! (*show email 11, as e.g.*).

18. And what about your nurse coercing me onto "*inappropriate medication*" as someone who was **not** mentally unwell, which meets the Government definition (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/500137/Examples_of_harm_in_relation_to_adults.pdf) of harm to a vulnerable adult **as well as** breaching NHS NICE CG142 - 1.4.22?

1.4.22 Do not use antidepressant medication for the routine management of core symptoms of autism in adults.

<https://www.nice.org.uk/guidance/CG142/chapter/1-Guidance#interventions-for-autism>

19. What about SPFTs clinical staff using PALS to lie to me and PALS willingly doing so? Your involved staff colluded to lie to me and used Claire King in PALS to tell me I was mistaken about having been offered the reassessment in Worthing (*show emails item 3*). I also have a bunch of other emails with me I can show you proving that they colluded to lie and more about the horrible lies being told about me between them all.
20. What about your staff deliberately lying to PHSO? Totally misleading them about me having mental ill-health, about having offered me appropriate care, about the offering to me of an ASD reassessment and even about my parenting of which you knew nothing whatsoever! All in an attempt to discredit me (*show item 7*).
21. Are you not cognisant that by your ongoing unlawful refusal to offer me support via an **autism care pathway***, you are putting me under stress and it is a known fact that autistics are more prone to having their health and wellbeing affected by stress: <https://network.autism.org.uk/good-practice/evidence-base/reflections-stress-and-autism> which is a **further failing** towards me outside of failing to diagnose my Asperger's **almost a decade ago** and refusing to accept my private diagnosis along with all the other failings you have committed towards me.
22. You may not be aware, that it was **myself** that suspected our children were autistic and initiated referrals for ASD assessments as a result of which, they were both independently diagnosed. Likewise, when I requested assessment for motor difficulties for one of them, which I knew had a specific cause, a diagnosis was made. There have been other clinical confirmations of things I suspected for both of them. Why do you think I would be correct about suspecting autism (*and more*) in my children, but not for myself? As 3 independent professionals, all trained in ASD and two clinicians confirmed my autism, this also proves I was right.
23. Are you aware that autism is 83% heritable, which means passed on from parent to child? <https://jamanetwork.com/journals/jama/fullarticle/2654804>
24. Does it not matter to SPFT that my physical health has been severely impacted by your behaviour? Your website says you help patients with their physical health as well, but you have done the opposite to me.

25. Why is there never anything about autism in your membership newsletters or any other SPFT literature or web pages? Although autism is not a mental illness, the diagnosis and support of it comes under mental health services. It's as if you are ignoring autistic people. Is that why you disregard your legal duties towards autistics?
26. Brighton & Hove council's Present document ([https://present.brighton-hove.gov.uk/Data/Adult%20Social%20Care%20&%20Health%20Sub-Committee/20041101/Agenda/\\$Item%2033%20People%20with%20Asperger%20Syndrome%20Appendix%201.doc.pdf](https://present.brighton-hove.gov.uk/Data/Adult%20Social%20Care%20&%20Health%20Sub-Committee/20041101/Agenda/$Item%2033%20People%20with%20Asperger%20Syndrome%20Appendix%201.doc.pdf)) states *“Those with AS can often 'pass' within the community due to their strenuous efforts to make relationships. It is when these fail that people with AS tend to come to the attention of services and are often misdiagnosed as having primary mental health problems which can lead to distress and deterioration alongside inappropriate medication and use of mental health services.”*
27. I have with me, a clinical report about me being diagnosed with sensory processing disorder, the symptoms which, Critchley wrongly labelled as “anxiety” despite not having tested me for supposed anxiety. **Would you like to see this report?**
28. I also have with me my childhood EEG report which shows abnormal results, along with research showing these results correlate with those of autistic children. **Would you like to see this report and the research?**
29. I also have with me a report from Professor Rodney Grahame a worldwide renowned consultant rheumatologist, who diagnosed my Ehlers Danlos syndrome (*a hypermobility disorder*) along with 2 separate research articles co-authored by Hugo Critchley on the comorbidity of autism with hypermobility disorders and in one of them he has cited the work of Professor Grahame! **Would you like to see this report and research?**
30. I also have with me a sample of one of the research participation I have been involved in which shows my scores, all of which are connected to and correlate with autism. **Would you like to see this report?** I also have a copy of the most basic clinical BMJ standard for diagnosing ASD that was in place in 2009 – would you like to see this and how your staff did not even comply with this? PLUS I have a letter SPFT sent in reply to my ex-GP refusing to support me with Asperger's, as he had requested if you would like to see that.
31. Do you realise that it's absolutely pointless and dishonest, to have policies, visions or any other public statements such as those I listed at the start of this speech, if you do not actually apply them to the people they are for? If you are excluding individuals who they are supposed be applied to?
32. Finally, do you realise that unequivocal, irrefutable medical evidence of a condition cannot be ignored? Do you understand that a **quantitative EEG is undeniable medical proof that I am autistic?** (*show report item 16 - and see relevant excerpts below*)

Quote #1 from my quantitative EEG report

The areas around the central area may relate to a series of behavioural, cognitive and arousal functions (or dysfunctions), including (1) gross and fine motor control, (2) balance, (3) coordination, (4) attention, (5) concentration and (6) arousal (regulation of energy levels in the brain). Deregulations here in terms of excess slowwave activity may thus affect a range of processes.

The parietal region where we observe excess beta activity is highly involved in spatial attention, that is disengaging, moving and reengaging spatial attention. It can affect numerical processing (maths) as well as the ability to track objects in space as well as understanding our own bodily location in the environment.

Quote #2 from my quantitative EEG report

A typical feature of central nervous system hypoarousal is an elevated theta/beta ratio notably over the frontal cortices, which has been related to delayed cortical maturation processes. There is some evidence of this over the frontocentral region.

Quote #3 from my quantitative EEG report

There is excess communication between the right frontal region and right posterior temporal area in the lower frequency bands.

The right posterior temporal area plays an important role in recognition of facial expression, visual working memory and auditory source memory. Dysregulated activity in coordination with the right frontal region can impact upon the ability to decode facial expressions of emotion and understanding of significant non-verbal social cues, i.e. other people's emotions conveyed non-verbally.

There is too little communication between the left temporal area and frontal, central and parietal regions. The temporal areas are involved in primary auditory and language comprehension. They are also highly involved in memory processes as well as playing a part in perception and expression of emotions, as they are close to the limbic system. The left temporal lobe is involved in auditory sequencing, such as the tracking and indexing

Quote #4 from my quantitative EEG report

As seen above, there is generally slowed signal transmission between various regions of the frontal lobe to the left temporal area. Given that the communication is reduced between different frontal and left temporal regions (coherence) and the actual communication taking place is slower than normal speed, cognitive processing will be affected as it will be difficult to process information in a speedy and effective fashion, e.g. decoding spoken language. This can increase the time it takes to complete various tasks as the information gather has to be checked several times in order to ensure that the information has been understood correctly. This may both lead to inattentiveness as well as to impulsive acts given that information is not processed in sufficient depth.