[home address]

10 November 2023

**Private and Confidential**

[Insert the name of your GP here]

[Insert your GP’s surgery and address here]

Dear Doctor

**Purpose of this letter is to seek a Right To Choose (RTC) referral for adult ADHD**

I understand that under NHS England Right To Choose legislation, I now have the right to choose from where I receive my treatment for any of my mental health issues, just as had been previously legislated for physical health issues. This change in the law is set out in NHS Gateway Publication number 07661, “Choice in Mental Health Care”, published in February 2018, revised in 2021 and available here:

https://www.england.nhs.uk/wp-content/uploads/2018/02/choice-in-mental-health-care-v5.pdf

**About Right To Choose**

The criteria for referral are that I

*"... must be offered, in respect of a first outpatient appointment with a team led by a named consultant or a named healthcare professional, a choice of any clinically appropriate health service provider with whom any relevant body has a commissioning contract for the service required as a result of the referral, and a choice of a team led by a named consultant or a named healthcare professional."*

The legal rights to choice of mental health provider and team apply when a patient is seeking an elective referral for a first outpatient appointment, subsequent treatment and is referred by a GP. The referral must be clinically appropriate, and the service provider must have a commissioning contract with any Clinical Commissioning Group (CCG) or NHS England for the required service.

**About me and why I seek this referral**

Having researched the subject and undertaken a self-assessment, using an accredited online rating scale, (results attached) I believe that I may have the neurodevelopmental condition, Attention Deficit (Hyperactivity) Disorder.

I confirm that I am not exempt from RTC as stated in NHS guidance as none of the exclusion criteria apply to me, I am not:

* already receiving mental health care following an elective referral for the same condition; or
* referred to a service that is commissioned by a local authority, for example, a drug and alcohol service (unless commissioned under a Section 75 Agreement); or
* accessing urgent or emergency (that is, crisis) care; or
* accessing services delivered through a primary care contract; or
* in high secure psychiatric services; or
* detained under the Mental Health Act 1983; or • detained in a secure setting. This includes people in or on temporary release from prisons, courts, secure children’s homes, certain secure training centres, immigration removal centres or young offender institutions; or
* serving as a member of the armed forces (family members in England have the same rights as other residents of England).

**My elected choice of provider**

I would like to use my Right to Choose to be referred to ADHD 360 Limited, who fulfil the NHS criteria - they have a commissioned contract with Salford CCG for ADHD adult assessment and treatment. The contract details are:

* Contract title: ADHD 360
* Ref: 2122/01G/G6870140/ADHD360
* NHS Standard Contract (short version)

ADHD 360’s Adult ADHD service is led by Lisa Mangle RGN (1989), RSCN (1989), Diploma in BSc psychology (Sheffield Hallam University) (2000), NMP (Sheffield Hallam University) (2006), Consultant Nurse and Independent Prescriber, to whom the referral should be addressed. Accordingly, she is a relevant Healthcare Professional under the terms of the relevant NHS Guidance.

The address for written referrals is:

PO Box 22

Horncastle

Lincolnshire

LN9 9BB

United Kingdom.

Alternatively, the referral can be sent as an attachment to [enquiries@adhd-360.com](mailto:enquiries@adhd-360.com)

Regards

[your name and signature]

**Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist**

*Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months****.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Very often** |
| 1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? |  |  |  | x |  |
| 1. How often do you have difficulty getting things in order when you have to do a task that requires organisation? |  |  |  | x |  |
| 1. How often do you have problems remembering appointments or obligations? |  |  |  |  | x |
| 1. When you have a task that requires a lot of thought, how often do you avoid or delay getting started |  |  |  | x |  |
| 1. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? |  |  |  |  | x |
| 1. How often do you feel overly active and compelled to do things, like you were driven by a motor? |  |  |  | x |  |
| 1. How often do you make careless mistakes when you have to work on a boring or difficult project? |  |  |  | x |  |
| 1. How often do you have difficulty keeping your attention when you are doing boring or repetitive work? |  |  |  |  | x |
| 1. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? |  |  |  |  | x |
| 1. How often do you misplace or have difficulty finding things at home or at work? |  |  |  |  | x |
| 1. How often are you distracted by activity or noise around you? |  |  |  |  | x |
| 1. How often do you leave your seat in meetings or other situations in which you are expected to remain seated? |  |  | x |  |  |
| 1. How often do you feel restless or fidgety? |  |  |  |  | x |
| 1. How often do you have difficulty unwinding and relaxing when you have time to yourself? |  |  | x |  |  |
| 1. How often do you find yourself talking too much when you are in social situations? |  |  |  | x |  |
| 1. When you’re in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves? |  |  |  | x |  |
| 1. How often do you have difficulty waiting your turn in situations when turn taking is required? |  |  | x |  |  |
| 1. How often do you interrupt others when they are busy? |  |  | x |  |  |