

Welcome to Digital solutions to aid Adult ADHD Pathways: Innovation Exchange

We ask that you turn off microphones to reduce background noise.
Please note this session will be recorded and will be shared on our
website.

We will start promptly at 10am



Introduction & Housekeeping

Michael Ellis, Senior Innovation Lead Health Innovation East
Midlands



An innovation ‘docking station’

- HIEM is one of **15 Health Innovation Networks (HINs)** – commissioned to bring together the NHS, industry, academia and the third sector to help drive health innovation across the NHS, at pace and scale.
- We tackle national problems, with local understanding.
- And local problems, with national expertise.
- Each health innovation network is fully-embedded in their local health and research ecosystem.
- This drives economic prosperity and growth in all parts of the country, and ensures that everyone benefits from innovation.



Introduction to the session

- 🕒 Today's session will last 90 minutes
- Each innovator will have 5 minutes to present
- We'll record the session to share with colleagues who could not make it today
- Please could you keep your microphone off so we can limit background noise for participants
- Everyone should have received a digital event pack with more information on the innovators and a copy of the agenda for today's session
- AI note-taking tools may be used by delegates during this event



What is an Innovation Exchange?

- We engage with our local health and care partners to establish common challenges, based on the region's health priorities.
- We work with key local stakeholders to define clear challenge statements that describe the needs to be addressed.
- We source a range of innovations that directly address these challenge statements and present these in a showcase event, with a local health and care audience.



Innovators presenting today

Deployment Ready

beseen™ (Psyomics)

Brain in Hand

ChatHealth

Dr Julian

Patient Engaged Digital
ADHD Pathway (EBO.ai)

QBCheck

Tend VR

ThinkDivergent

Zendra Navigator

Early Evidence Generation

Claudia (Neuro)

Dubbii



HIEM's Neurodiversity Portfolio Overview

Tracey Jackman – Head of Innovation Programme Delivery



Overview



Workstream 1: Digital Tools

Aim: Transforming ADHD Care through digital solutions

- Finding, testing and implementing digital innovations
- Digital for Neurodiversity Hubs
- Innovation Exchange
- Undertaking systematic review of current digital tools
- Web-based Resource Development

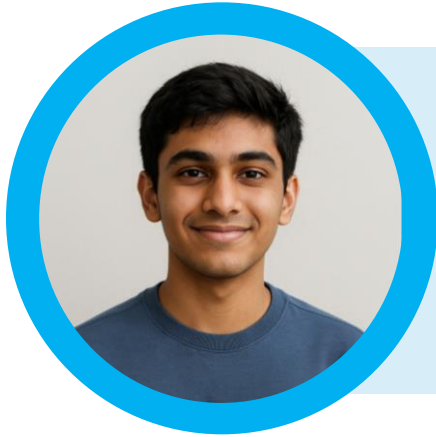
Workstream 2: Future State Pathway

Aim: Test and implement a new pathway for adult ADHD

- Introduction of 5 key pathway components
- Implementation and testing of the model

In Development

Why does it matter?



Sam | 17 | Derbyshire | British Pakistani | Student

Sam is a **creative, tech-skilled teenager** with **ADHD** who shines when he's immersed in music, coding and hands-on problem-solving. Friendly, curious and motivated to stay on track, he's also managing challenges like **forgetfulness, morning overwhelm**, community stigma and the pressure of translating information for his family. As he moves from CAMHS to adult services, **he needs clearer guidance, communication and simple, visual tools that help him stay organised and confident during this transition.**



Alex | 46 | Derby | Mum of two | Full time marketing professional

Alex is a **warm, creative and capable working mum** juggling a demanding job, two teenagers and **the hidden challenges of undiagnosed ADHD**. She's resilient, empathetic and full of ideas, but often **overwhelmed by the mental load** she carries, especially as **perimenopause intensifies memory and focus difficulties**. She needs **clearer pathways, calmer digital processes and supportive communication** that recognises her strengths while helping her navigate the complexity of work, home and her own health.

ADHD in the UK – Current Pain Points



Long Waiting Times

People often face **months or years** waiting for ADHD assessments and follow-up care, with demand growing faster than service capacity.



Inconsistent Access Across Regions

Support varies significantly by area, creating a **postcode lottery** in diagnosis, treatment and ongoing management.



Gaps in Transition Between Services

Young people moving from CAMHS to adult services frequently experience **disruption or loss of continuity**, leaving many without support.



Fragmented Pathways & Complex Processes

Navigation through referrals, assessments and digital systems is often **confusing, unclear or overwhelming**, especially for those with executive-functioning challenges.



Rising Complaints & Patient Frustration

People report feeling **unheard or dismissed**, with mounting concerns around delays, communication and access to medication.



Inequity Between NHS and Private Care

Long waits are pushing more people into **private assessments**, creating a two-tier system where support depends on ability to pay.



Innovation Exchange: Digital Focus on Adult ADHD



1. Digital solutions that **support the process of ADHD assessments in adults**; reducing waiting times and maximising clinical efficiency.



2. Digital solutions that support adults within the ADHD assessment process to **'wait well'**.



3. Digital solutions that support adults **to self-manage challenges** they experience as a person with ADHD.



4. Digital solutions that support **health data capture and flow** across multiple organisations and systems.



Innovator Presentations

Deployment Ready



Deployment Ready

Innovations in this category have met all required regulatory approvals and have either evidenced their impacts and return on investment in existing healthcare deployments or are ready for real-world evidence generation.

Technologies in this category are eligible to be considered as part of the Innovation Fund.



psyomics

Helping people get the mental health support they need, sooner.

The Neurodevelopmental Module (all age - ADHD, ASD & Dual Ax)

Development partner: Midlands Partnership University NHS FT

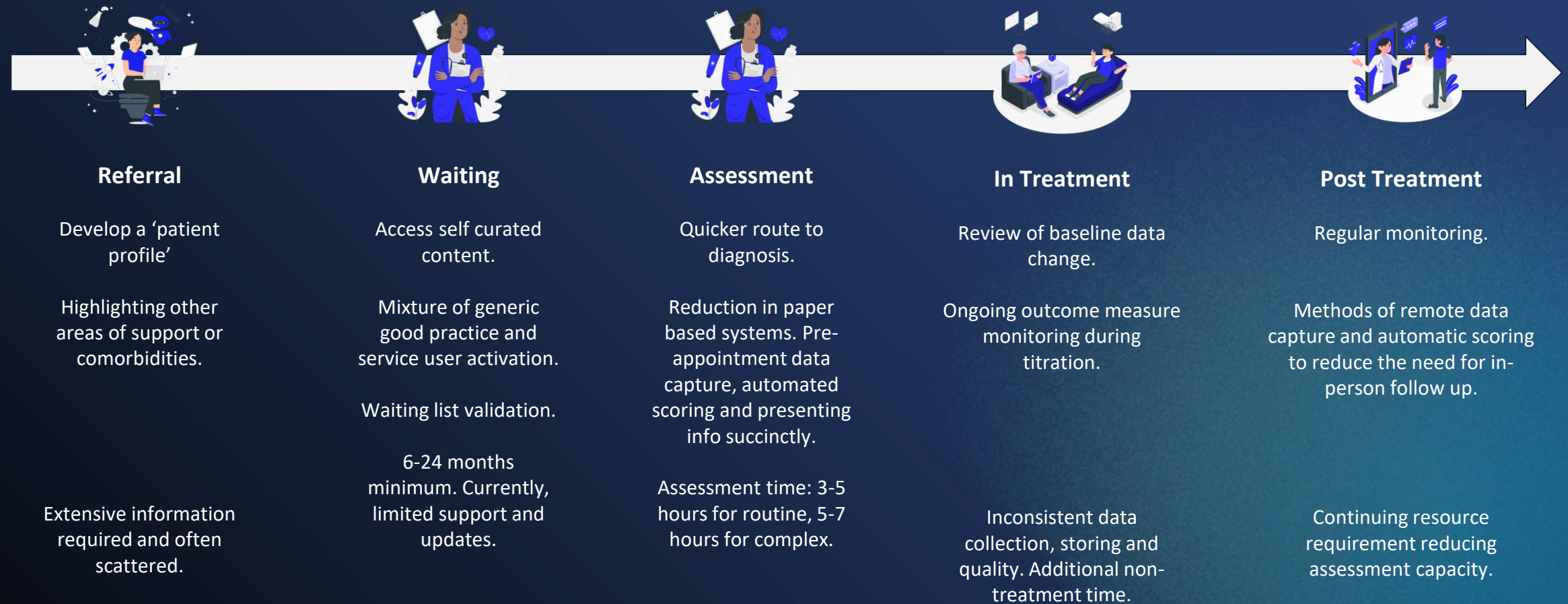
NHS go-live - 5th Jan 2025



Awarded NIA 2025
Only NHS Mental Health solution

The Psyomics Approach - 5 key elements

Based on meeting with 10+ NHS ND services



Governance

Aligned to the current Psyomics Platform

User Experience

Chaptered, download free web portal.
Aimed at accessibility and engagement.

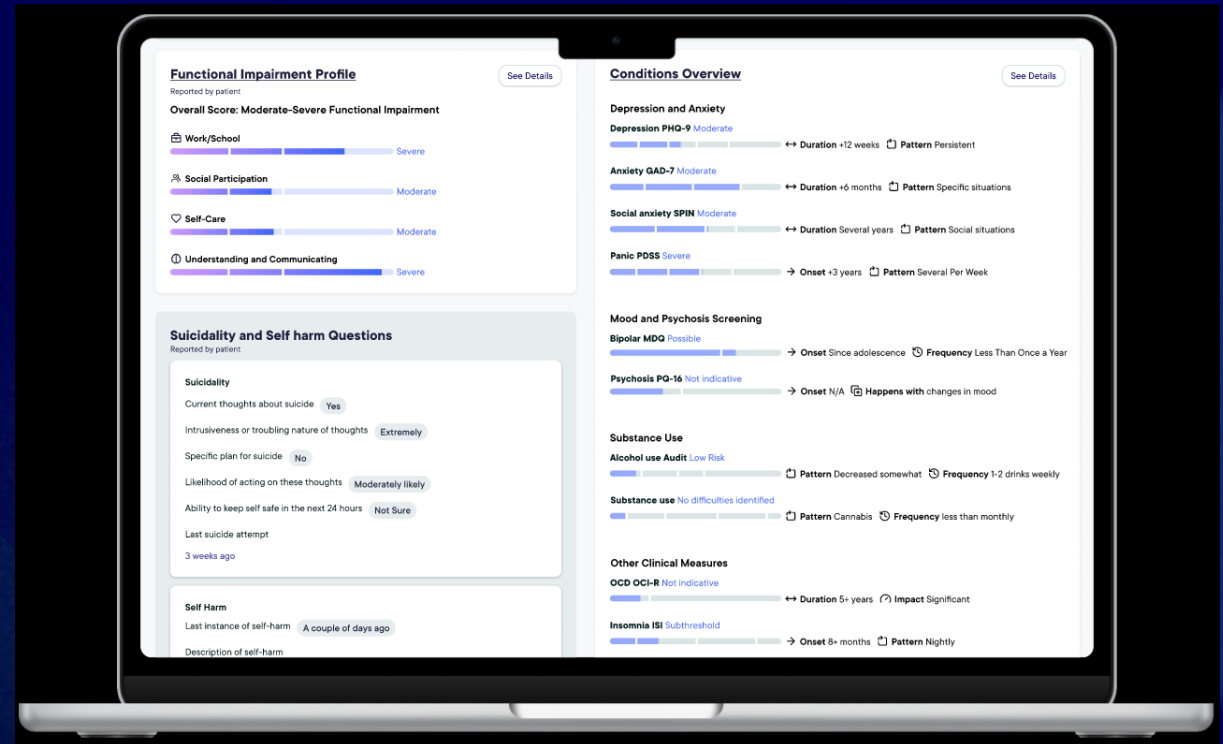
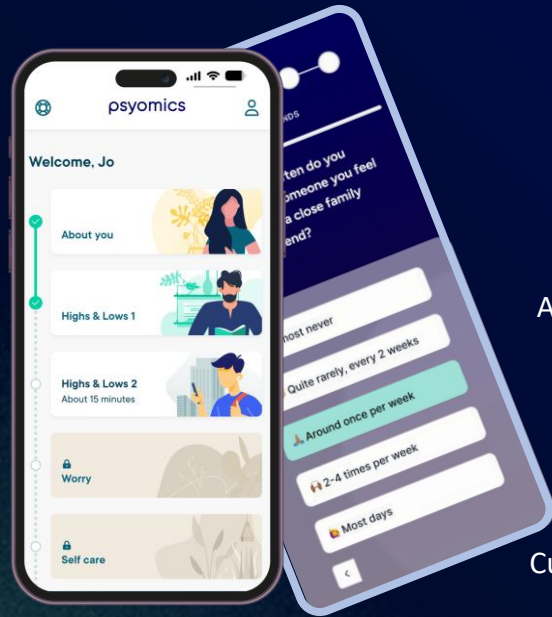
Ability to reflect on answers and complete
in your own time.

Clinical Experience

Report based information.

Curated to match the clinical reasoning and
formulation process.

Ability to be standalone or work as a
consistent front door across multiple entry
points or pathways.



NHS Data Standards

Aligned with the current platform, this module is expected not to be a medical device and to meet all required DCB and CE standards.

Information will be accessed through the Trust EPR via an integration. PDF and interactive versions of the report available (without additional login).

Three informants: CYP/Self, Parent/Other, School

1. SDQ (Strengths & Difficulties Questionnaire)
2. RCADS-47 (Revised Children's Anxiety and Depression Scale)
3. SCQ (Social Communication Questionnaire)
4. SNAP-IV 26 (ADHD symptoms)
5. AQ10/AQ50 (Autism traits)
6. ASRS (ADHD symptoms)
7. PHQ-9
8. GAD-7
9. OCI-R
10. WHODAS 2.0 (Disability Assessment)
11. Other TBC (e.g., EQ, CAST, RAADS-R)

Full Report

ACE-SR

Export PDF

Current Report Completed 24/09/25 | 3 of 4

Neurodiversity Pre-Assessment (ADHD) - Adult 26

Medical History

Family History

Educational History

Occupational Employment History

Treatment Support History

Medical History

Sleep

Sensory

Current Treatment Strategies

Reported by Patient

Are you currently taking any medications (prescribed or over-the-counter) that you feel might help with your ADHD-related concerns?

Yes

Please provide brief details about your current medications

"Atomoxetine"

How helpful are your current medications overall?

1 - Not helpful at all

Are you currently receiving any therapy, counselling, or professional support?

Yes

What type of therapy or professional support are you receiving?

CBT (Cognitive Behavioral Therapy)

How often do you typically have therapy or professional support sessions?

Weekly

How helpful is your therapy or professional support overall?

5 - Extremely helpful

Which self-management strategies are you currently using? (Optional)

Alternative approaches (supplements, diet modifications, etc.)

Support from family/friends

Stress management

How helpful are your self-management strategies overall?

4 - Very helpful

Current Priorities

Reported by Patient

What is your FIRST priority area where ADHD-related concerns impact you most right now?

Work/Employment

What is your SECOND priority area where ADHD-related concerns impact you most right now?

Education/School

How would you rate your current support system overall?

2 - Minimal support

Do you have any urgent concerns that have developed since your last check-in?

No

Please briefly describe your urgent concerns

Not asked

Reflection Support

Reported by Patient

What's going well for you at the moment? (Optional)

"Lately I've noticed a steadier sense of balance in my daily life. I've been making space for regular exercise and small creative hobbies, which gives me a healthy break from work and helps me reset mentally. My relationships—both at home and at work—feel stronger and more supportive than they have in the past; I'm communicating more openly and finding that friends and colleagues respond with the same honesty. Professionally, I'm feeling engaged and challenged in a positive way, and I'm proud of"

What adaptations, strategies, or approaches have you found helpful? (Optional)

"One of the most helpful strategies has been setting clearer boundaries between work and personal time. I use a simple routine—like a short walk or stretching session—to mark the end of my workday so I can mentally transition. I've also started journaling in the evenings, which helps me process any lingering thoughts and reduces overthinking before bed. Mindfulness techniques such as deep breathing and short guided meditations have been surprisingly effective when I feel tension building up. On a"

What areas are you finding most challenging right now? (Optional)

"Despite the progress, I still struggle with moments of self-doubt and the tendency to overcommit. There are times when I feel stretched thin, especially if multiple responsibilities overlap, and that can make it harder to stay grounded. I sometimes notice that I take on other people's worries, which adds extra emotional weight. Sleep can also be inconsistent if I don't stick to my bedtime routine, and that affects my energy the next day. While I'm working on these areas, I know they require ongoing"

Measures Overview

Based on standardised measures. Threshold boundaries displayed by dividers inside bar.

6 / 6

PHQ2 PHQ2 Total

21 / 28

ISI Insomnia

6 / 6

GAD2 GAD2 Total

How likely are you to act on these thoughts?

Somewhat likely

In the next 24 hours, do you feel able to keep yourself safe?

No

Have you ever tried to end your own life? If so, when was the last attempt? Please give your best guess. (Optional)

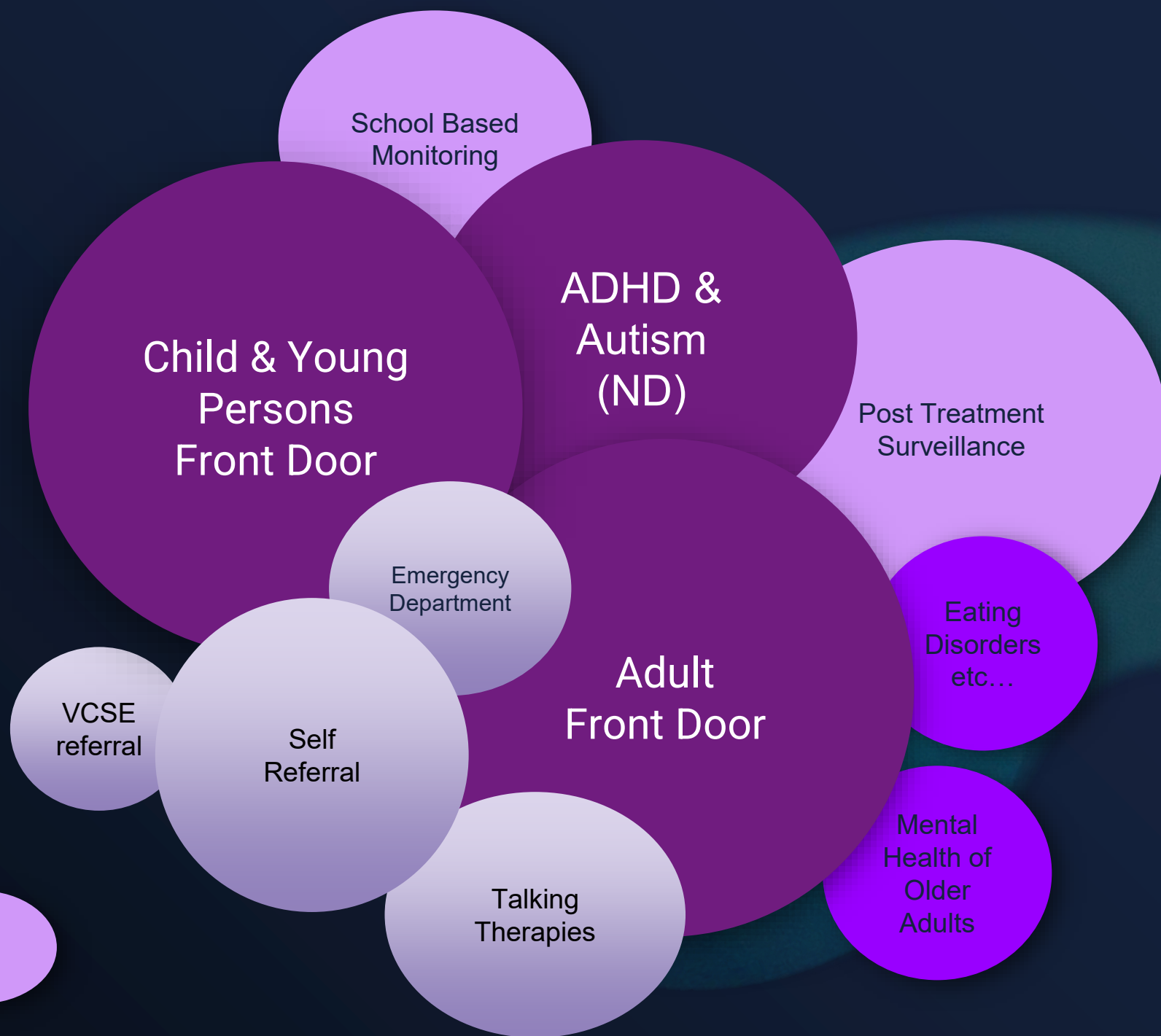
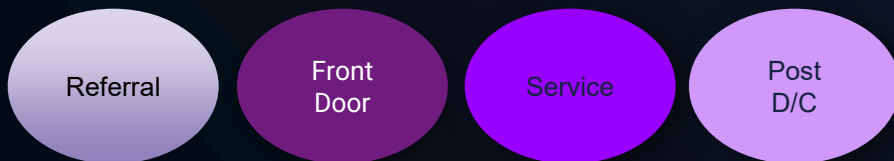
"Long time ago"

The Growing Ecosystem

Every **front door**
Every **service**

Patient information
whenever and **wherever** you
need it in the patient
journey.

Key:



For further discussion

Ross Farmer

Business Development Director

Email: ross.farmer@psyomics.com

Tel: 07952 665254

Supporting Neurodiversity & Anxiety with Brain in Hand

Tracey Jasper - Sen Bus Dev



A need to drive change



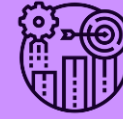
Many adverse health outcomes could be avoided with early support



Accessing timely support is a challenge for many neuro-divergent people



Any solution needs to demonstrate robust evidence for larger scale adoption



Co-design Strategies

- Draw out what works and what gets in the way
- Create simple, realistic support tools

Who is Brain in Hand for?



Autistic



ADHD



Anxiety-based
mental health



No need for a
clinical diagnosis



Aged 14 years +



Executive function challenge



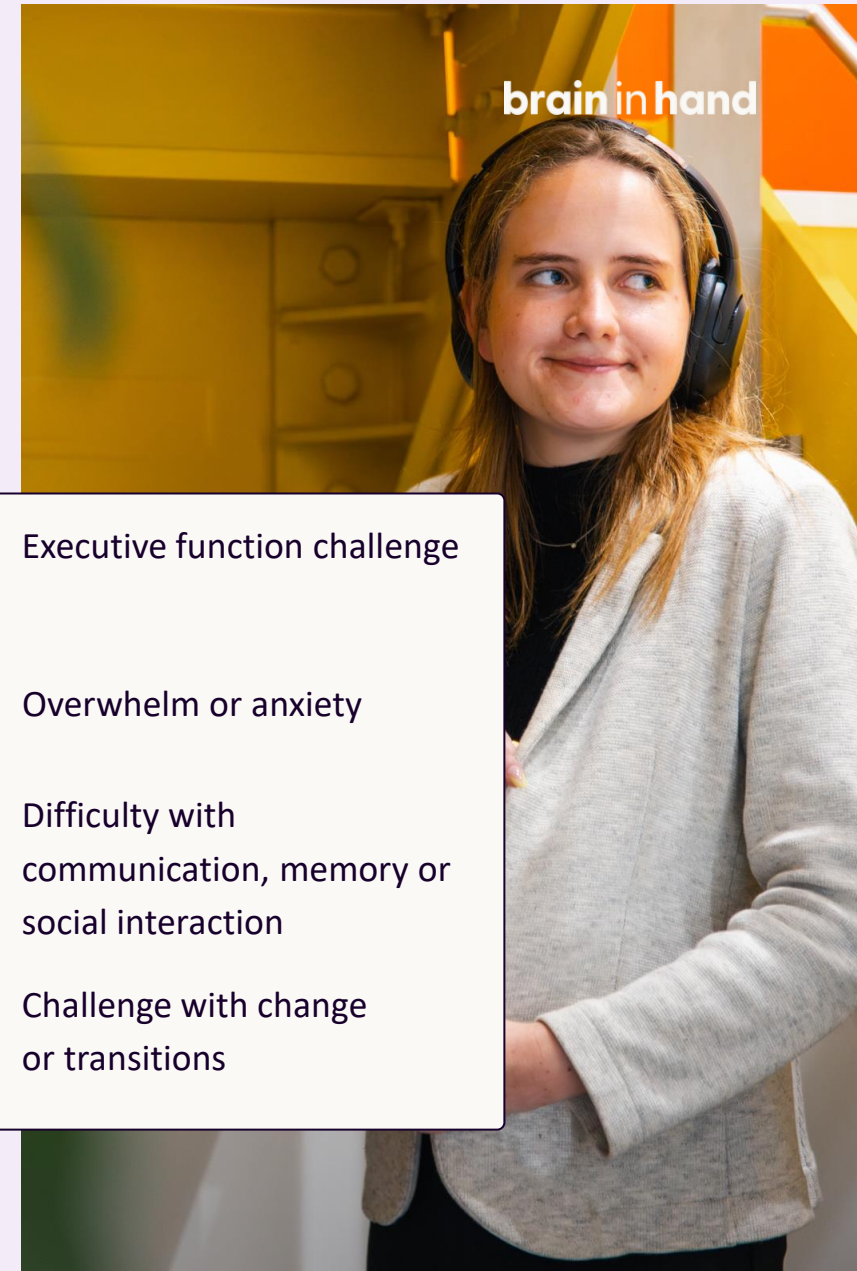
Overwhelm or anxiety



Difficulty with
communication, memory or
social interaction



Challenge with change
or transitions



Proven results

$P < 0.001$

Significantly
decreased anxiety
with
Brain in Hand

72%

Achieve more
with
Brain in Hand

79%

Struggle to cope
without
Brain in Hand

61%

Greater independence,
selfcare and life skills with
Brain in Hand

Comissioned by



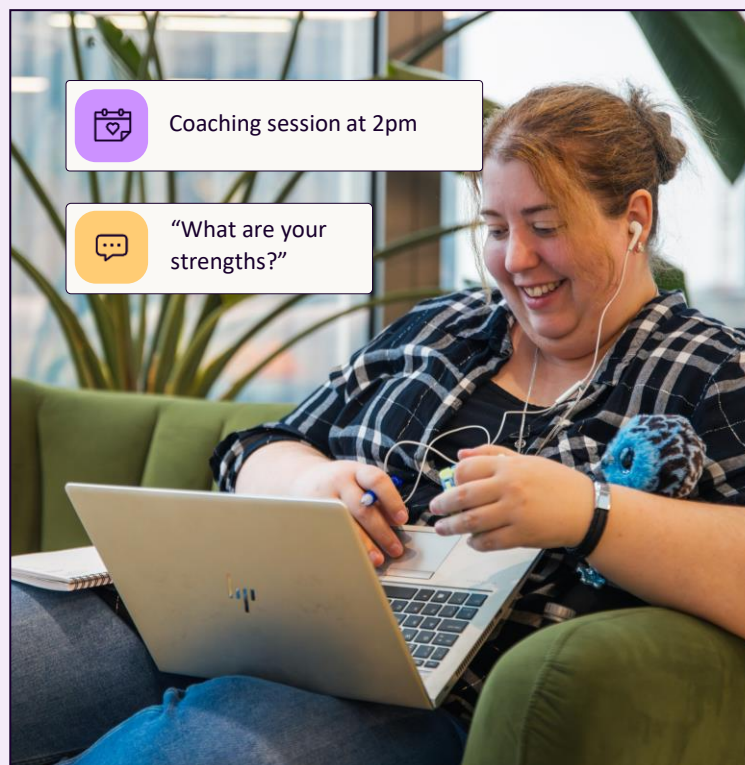
Approved by



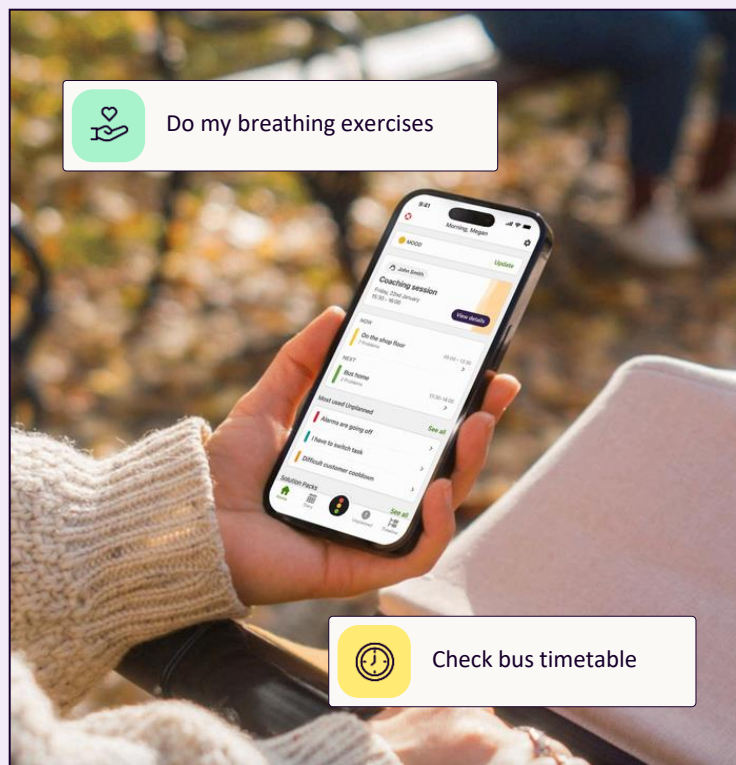
Department
for Education

What is Brain in Hand?

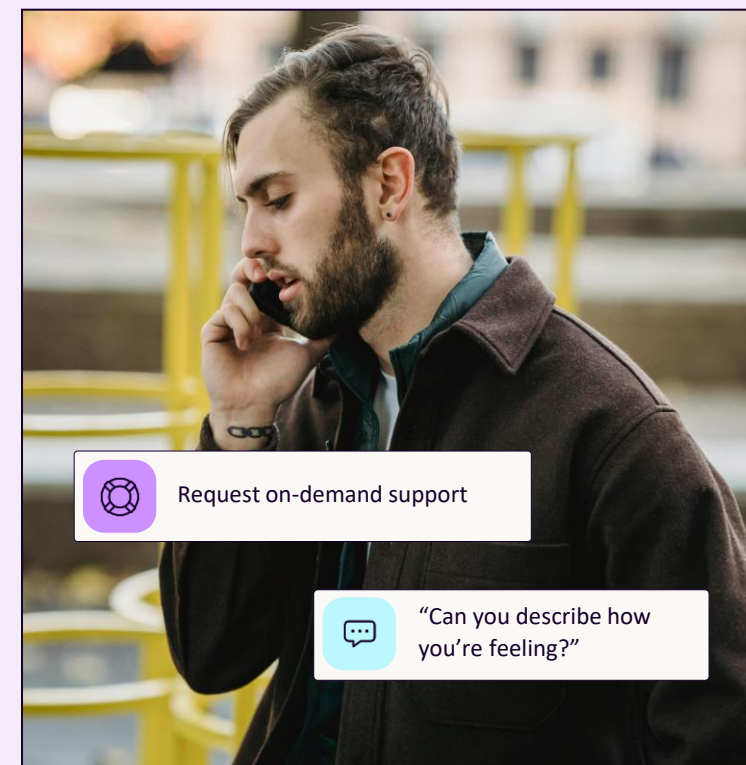
Personal
1:1 coaching



Coaching app with
personalised strategies



24/7 phone and text support
on-demand



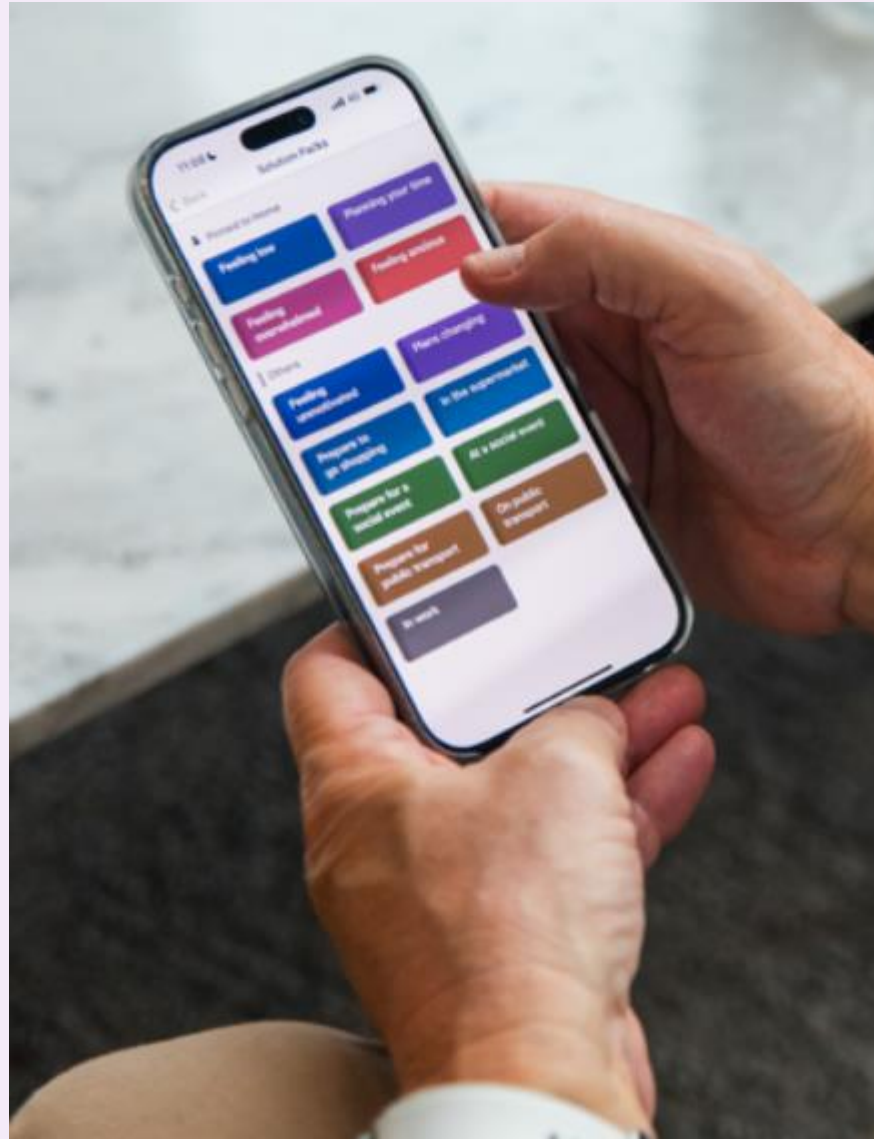
How Brain in Hand Works



Walk through our app

New improved self monitoring

Solution Packs



Client Success

Dedicated support from a Client Success Manager for you as our client to include:

- ✓ Onboarding and implementation. Ensuring understanding of your strategy, goals, cohorts of need, areas of concern etc.

- ✓ Continuation plans and evaluations and ongoing support.

- ✓ Referral guidance. In blended or smaller projects. Raising awareness within the organisation.

- ✓ Managing marketing strategy to meet the need of the population for self-referring population health models.

- ✓ Monthly updates and reports on the contract that will monitor, objective success, uptake of service, end user satisfaction/goal achievement and data management, ensuring maximum ROI.

Thank you for listening.

Email traceyjasper@braininhand.co.uk





ChatHealth

NHS Digital Solutions for
Neurodiversity services

The issues to address

- Lengthy assessment and treatment waiting times
- Low engagement and rapport
- Frustration
- Low staff moral and job satisfaction
- Poorer health outcomes
- Decreased confidence in service

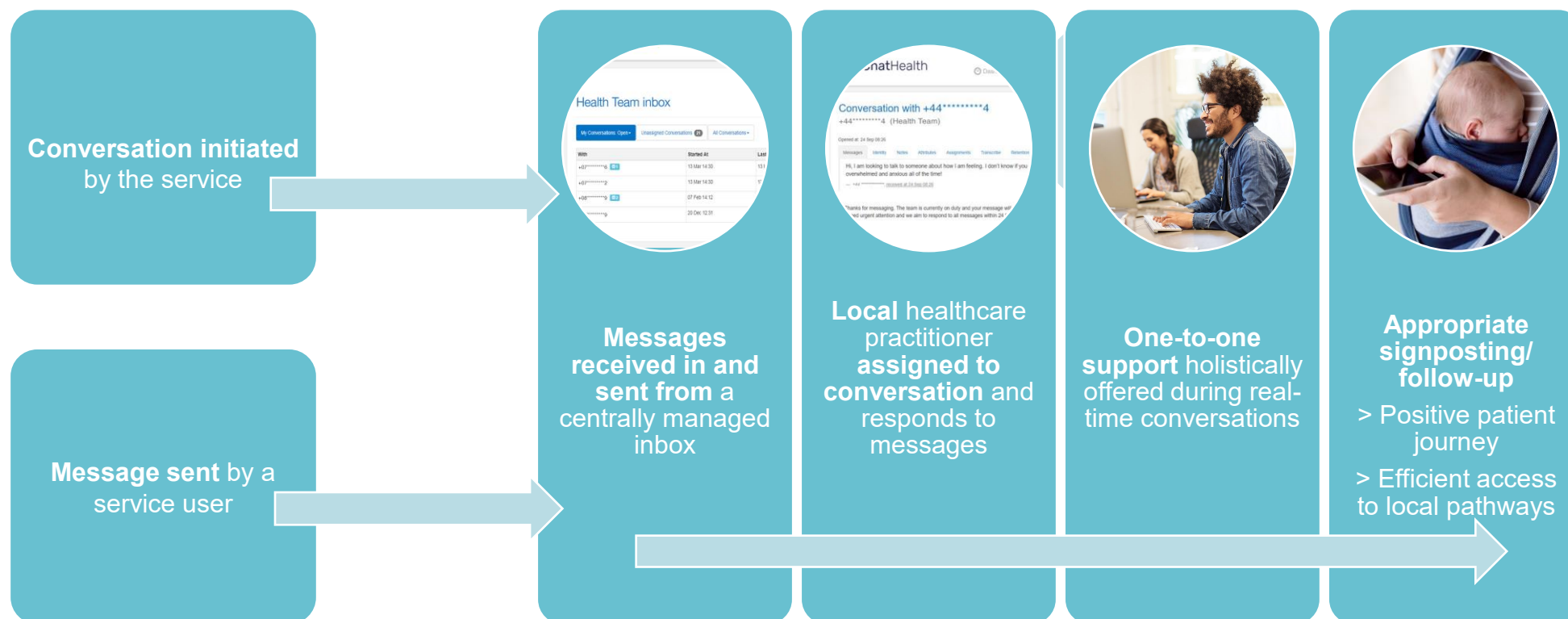


ChatHealth - Confidential health & advice tool

- * Co-designed with young people and families
- * Enables people to communicate with health professionals via safe and secure messaging
- * First ChatHealth neurodiversity service launched in 2021



Safe and secure messaging



Service user feedback



Next steps

Contact our Client Relationship Manager, Julie Jones, to arrange a demo and discuss how you can set up ChatHealth messaging in your service.

Email: lpt.teamdhts@nhs.net

Website: chathealth.nhs.uk

Impact Report: impacts.dhtsnhs.uk





ADHD Pre-screening & Digital Support Platform

Dr Julian Nesbitt
Julian@dr-Julian.com

Dr Julian Platform

Dr-Julian is a regulated modular proprietary digital platform that powers end-to-end mental healthcare

Already deployed nationally across the NHS in Talking therapies, workforce wellbeing and charities.

Also used for population level self help tools and resource libraries

Interoperable, secure and customisable for different clinical pathways



Claimed profile

Dr Julian

Reviews 364 •  4.9 

Mental Health Service

DR JULIAN

Home

My dashboard

Appointments

Assessments

Messages

Profile

Book an Appointment

Take Assessments

ANXIETY

Anxiety assessment

This assessment is used by healthcare professionals, such as your GP, to assess if you are suffering from Anxiety assessment and its severity.

DEPRESSION

Depression assessment

This assessment is used by healthcare professionals, such as your GP, to assess if you are suffering from Depression assessment and its severity.

Frequently Asked Questions

How to Contact us?

What if none of the therapy time slots work for me?

56 Appointments Remaining

Upcoming Appointments

No upcoming appointments

Upcoming Assessments

No upcoming assessments

Recent Appointments

Louise Teal
Fri, 25 Sep 2020 09:00 AM
Cancelled

Dr Suzanne Kamani
Sat, 22 Feb 2020 08:00 AM
Cancelled

Shahista Laher
Thu, 20 Feb 2020 08:00 PM
Cancelled

Dr Claire Clifford

Recent Assessments

Anxiety assessment
03 Jul 2024
Severe Anxiety

Anxiety assessment
02 Jul 2024
Severe Anxiety

Anxiety assessment
28 Jun 2024
Severe Anxiety

Anxiety assessment
28 Jun 2024
Severe Anxiety

DR JULIAN

Dr Julian - Admin Dashboard

STAGING

Simon Williams

Patients

Therapists

Appointments

Schedules

Overall Supervision Overview

Forms

Resource Library Manager

Patients Betty Boo

Episode 1

Patient info

Appointments

Health History

Questionnaires

Tenancy

Recovery Charts

Messages

Resource Library

Search questionnaire

Download Data

Assign Questionnaire

DATE	NAME	SCORE	RESULT	ACTIONS
19/04/2023 08:57	Depression assessment	8	Your score has indicated you have mild depression. However if you would like to talk to a therapist about general life issues then please feel free to book an appointment.	
19/04/2023 08:57	WSAS assessment	9	Work and Social Adjustment Scale assessment is completed.	
19/04/2023 08:57	IAPT Phobia Scales assessment		IAPT Phobia Scales assessment is completed.	
19/04/2023 08:57	PTSD Checklist for DSM-5 assessment	15	PTSD Checklist for DSM-5 assessment is completed.	

DR JULIAN

Home

My dashboard

Appointments

Assessments

Messages

Profile

Book an Appointment

Welcome back Julian, what would you like to do?

Resource Manager

Book an Appointment

Favourite	Link	Name
		De-Clutter your Mind
		This freely available guide helps you understand what Health Anxiety is, what keeps it going and introduces information about how to start to manage the problem using Cognitive Behaviour Therapy (CBT).
		This YouTube animation will help you practice Progressive Muscle Relaxation (PMR) an evidence-based way to cope with stress, anxiety and a range of other problems.

Regulated by



The Problem – ADHD Services Are Overwhelmed

- ADHD waiting lists are spiralling
- Many people on these lists **Do Not Need** medication
- Right to choose models incentivise over-medicalisation
- Result: Wasted resources, long waits, rising cost, poor experience



ADHD Pre-Screening & Digital Support Platform

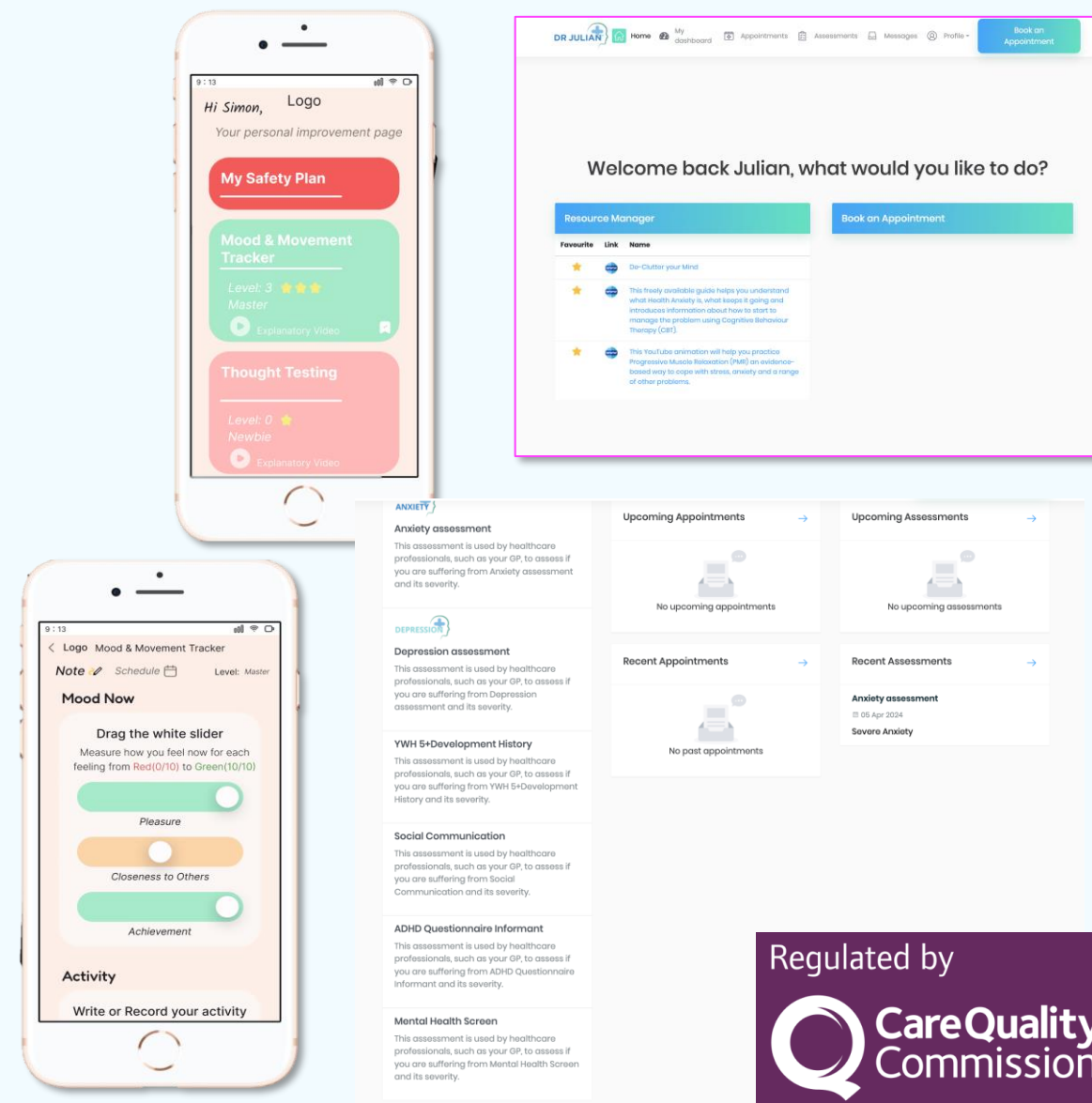
£150 pre-screen consultation with a **qualified ADHD practitioner**

Triage to the right pathway: Education, therapy or full assessment.

Lifelong access to personalised dashboard & ADHD self-help tools

Full CQC ADHD assessment and treatment pathway only if clinically appropriate utilising our digital platform in a more efficient patient centric way

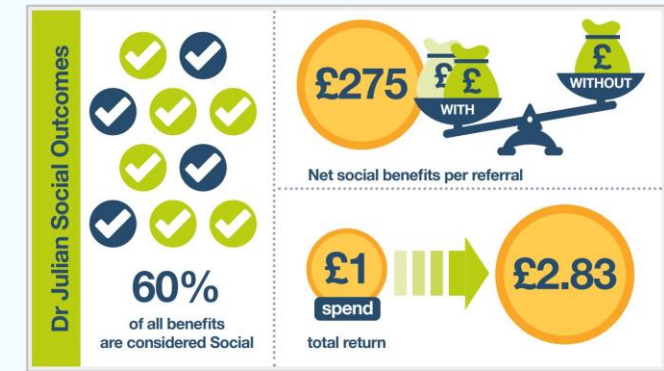
Reduces Waiting lists by supporting early access and filtering inappropriate referrals



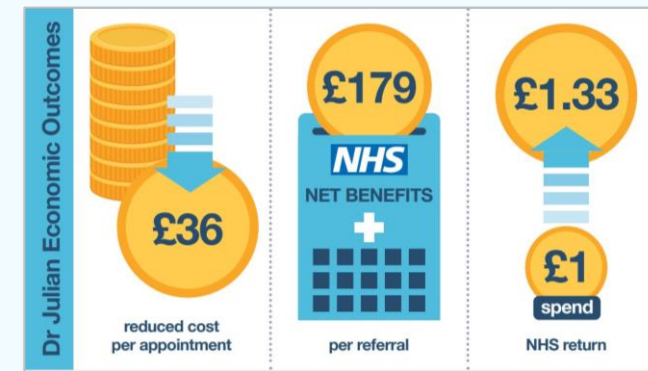
Why this matters to the NHS



- Reduces NHS waiting lists and inappropriate referrals
- Supports people early — even before diagnosis
- Prevents over-medicalisation of neurodivergent traits
- Full assessment pathway available *only if clinically needed*
- Personalised, scalable, and locally configurable
- Built on a proven, CQC-registered platform



Dr Julian Nesbitt
julian@dr-julian.com





The Patient Engaged Digital ADHD Pathway

The Problem

**Under-recognized.
Under- diagnosed.
Under treated.**

- Increasing demand
- Low staff capacity
- Little understanding
- Stigmatised



549 k
people are
waiting

How we're tackling it

As a healthcare technology company specialising in **Conversational AI-powered patient engagement**, EBO

recognises that ADHD is:

- not the remit of health alone
- must not rely or need to wait for a diagnosis.
- ADHD services need to be digitised

in alignment with the 10 Year Health Plan for England



Optimisation & Validation



Clinically Safe & tailored towards the ADHD care pathway



Combines **Conversational AI, behavioural science** and **deep NHS system intergration**



Proactively engages patients at scale



Safely validates thousands of patients efficiently and equitably



- Ensures clinical appropriateness
- Reduces wait times
- Improves patient access
- Frees up valuable staff time
- improves data accuracy
- Enhances patient experience

NHS

It seems that you are still on our ADHD waiting list. Do you still need this appointment?



Yes, I've been waiting for over a year.



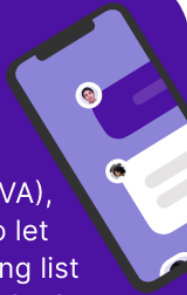
Meet Dina



Validation

01

The EBO Virtual Assistant (VA), sends a message to Dina to let her know she's on the waiting list and guides her to confirm whether she still requires her treatment and why.



02

The VA presents Dina's information in a dashboard to show staff the validation progress and can record the outcome directly into the EPR.

03

The RTT coordinator reviews the validation statuses of the waiting list. They can see which patients:

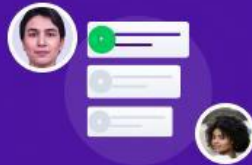
- have been sent on for clinical review prior to being removed from the list
- have been removed
- have not yet responded.

They can see that Dina still needs an assessment.



Optimisation

04



Six months later, the VA contacts Dina to let her know that she is near the top of the list for assessment. The VA also provides Waiting Well information and signposting to clinically trusted resources.

05



The VA also asks Dina to complete a triage questionnaire. The VA guides her through the questions in a conversational manner, in the style and language that Dina prefers. The questionnaire is then surfaced to the clinical team for the review.

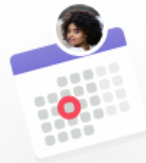
06



Using the information from the questionnaire Dina has completed, the clinically team are able to accurately and safely assess Dina's place on the waiting list. Some of Dina's answers have raised a concern. The clinical team are able to reach out.

Streamline of appointment

07



When Dina reaches the top of the list she is sent a trigger SMS inviting her to make an appointment through the automated booking process. Once this appointment is confirmed, the VA sends the appropriate Pre-appointment questionnaires. Dina always has the opportunity to request a call back at every contact.



08

Dina is sent an SMS reminder of her appointments. She can also see her previously filled out questionnaires and any associated letters through the VA. The clinical team can send any appropriate assessment documents for her appointment. Dina can also ask the VA questions related to attending her appointment (eg: parking, chaperone etc.)



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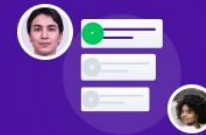
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Benefits

EBO's solution directly supports the aims and recommendations of the independent Attention deficit hyperactivity disorder (ADHD) Taskforce:



Reducing waiting lists

Streamlined validation ensures resources target patients most in need.



Reducing DNAs

Proactive reminders and confirmations reduce missed appointments.



Tackling access inequality

Multi-language, literacy-sensitive AI engagement includes all patients.



Increase elective activity

Removing inactive patients and freeing clinical time accelerates workflows.

Dynamic outreach and bespoke patient conversations

Integrates with NHS clinical systems, the NHS app and EPRs

Reads waiting lists and updates patient reports automatically

Multilingual conversation and text-to-speech capability

Dynamic outreach and bespoke patient conversations



Making an Impact

Proven Results
Across NHS
Trusts

60%

Response rates within days. This outperforms SMS and call centre models.

£643K

Annual saving per 10,000 patients validated quarterly.

5–15%

Reduction in waiting list size through automated identification of patients who no longer require care.

Rapid deployment

within weeks.
Minimal IT overhead.

Validated ROI

Demonstrated financial savings and elective recovery support across NHS Trusts.

Business Area	Yearly Savings (10,000 patients)
Postage & Paper	£14K
Staff Time Released	£341K
Appointments Released	£288K
Total:	£643K

EBO is trusted by



Thank you



Sharon Price

Clinical Pre-sales Manager

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Human Conversation
Automated

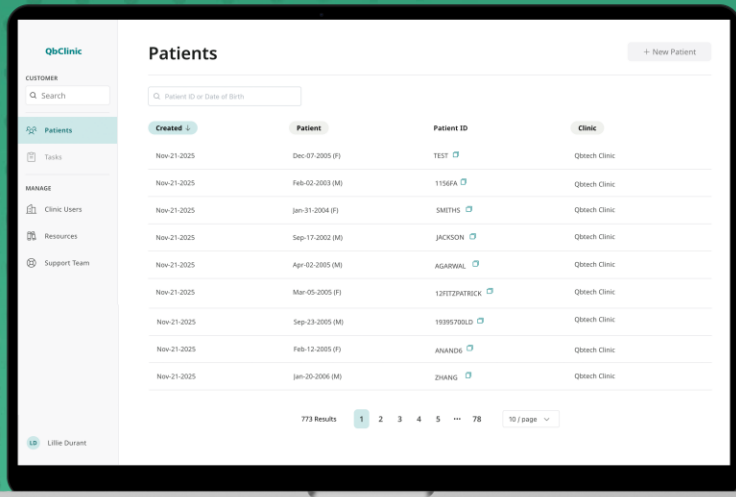
Break



Qbtech: Digital solutions to ADHD waitlist management and pre-assessment

Jess Brunet (RMN, NMP)

Clinical Team Manager (UK), Qbtech LTD



Created	Patient	Patient ID	Clinic
Nov-21-2025	Dec-07-2005 (F)	TEST	Qbtech Clinic
Nov-21-2025	Feb-02-2003 (M)	1156FA	Qbtech Clinic
Nov-21-2025	Jan-31-2004 (F)	SMITHS	Qbtech Clinic
Nov-21-2025	Sep-17-2002 (M)	JACKSON	Qbtech Clinic
Nov-21-2025	Apr-02-2005 (M)	AGARRAL	Qbtech Clinic
Nov-21-2025	Mar-05-2005 (F)	120T2PATRICK	Qbtech Clinic
Nov-21-2025	Sep-23-2005 (M)	19395705LD	Qbtech Clinic
Nov-21-2025	Feb-12-2005 (F)	ANANDS	Qbtech Clinic
Nov-21-2025	Jan-20-2006 (M)	ZHANG	Qbtech Clinic

773 Results 1 2 3 4 5 ... 78 10 / page

Public
CONFIDENTIAL



The current core challenges in NHS ADHD pathways:

Waiting lists and access:

- NHS waiting lists for ADHD assessments are at 4+ years in children's services and 8+ years in adult services
- Access inequalities
- In adult services; 32% of referrals received are screened out with women being 16% more likely to be screened out
- For adults, a positive screen on a rating scale does not correlate to diagnostic rate. Robust qualitative and quantitative data is required at the point of referral

Complex assessment process and high demand:

- ADHD as a diagnosis is heterogenous, highly heritable and highly co-morbid
- As a result, assessment and treatment can be complex
- Demand for ADHD services out- strips capacity
- Significant variation in processes and documentation between ADHD services

Limited digitisation and high admin load

- Clinicians face resource concerns both around clinical availability, capacity and admin time
- Many services do not have up to date digital tools to aid their clinical process
- Scoring rating scales and gathering pre-assessment data can be a manual data collation process adding to the time taken within the assessment process
- Pre-assessment information can be returned incomplete or inaccurate



The impact of the problem

To our patients:

- The emotional toll and impact of inequalities and unmet potential or realisation of strengths
- The “ADHD tax” - a combination of income inequality, un/underemployment and lack of access to education – alongside impulsive spending, vulnerability to fraud and other challenges

To the economy:

- Currently the estimated cost to the UK economy of not treating ADHD is around £17 billion (e.g. fewer tax contributions, in receipt of more state benefits, more likely to be not in education, employment or training (NEET) or long-term unemployed, and higher costs for health, social care and criminal justice).
- The Independent ADHD NHS Taskforce recommends an ‘invest to save’ approach



QbCheck and QbRegister: Digital Solutions for NHS ADHD Waitlist Management and streamlined pre-assessment

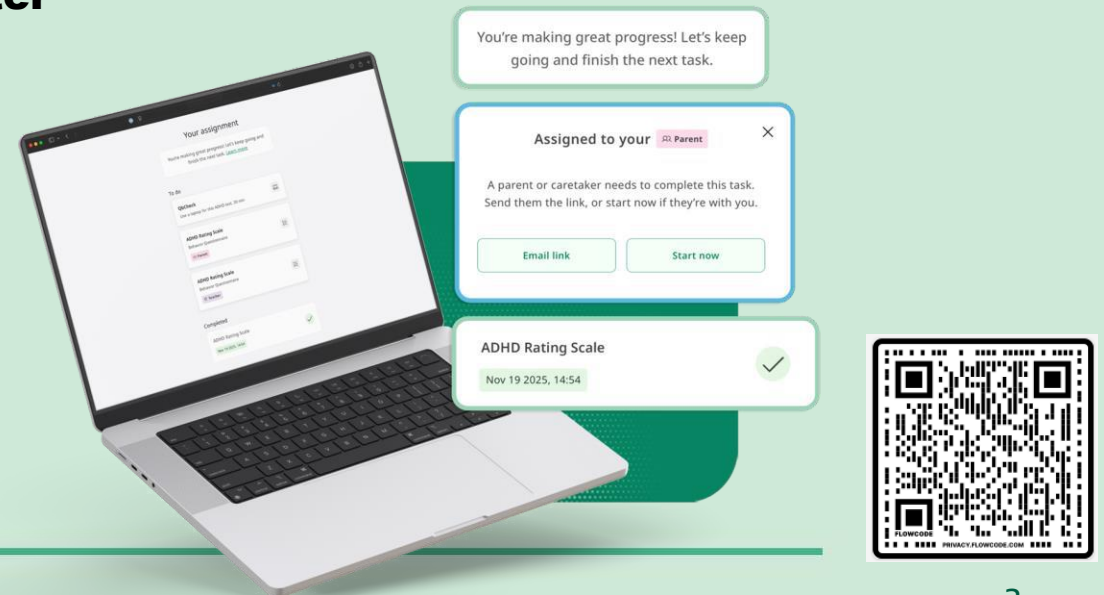
-**QbCheck** provides an objective measure of the core ADHD symptoms (hyperactivity, impulsivity and inattention) comparing your patients symptoms to an age and sex-matched norm group and an ADHD clinical group

-It can be utilised in clinic or remotely

-**QbClinic** (Clinician portal) and **QbPath** (patient portal) is a platform hosting QbCheck and from Spring/Summer 2026, our new pre-assessment tool, **QbRegister**

-**QbRegister** is due to include digital versions of:

- ASRS
- GAD-7
- PHQ-9
- Digitised Developmental History Questionnaire
- With more validated scales being added over time



QbCheck Sample Report

QbCheck

Standard report (12-60 years)

Patient ID	Custom ID	Date of Birth / Sex	Weight / Height
2e60075e		May-10-1985 (39y8m) / Female	
Test No	Test Date and Time	Medication / Hours (patient reported)	
1	Jan-15-2025 - 19:00	No	

Objective Result

36

Total Symptom Score

The test taker had a QbCheck Total Symptom Score of 36. A score between 10 and 50 represents a **elevated** likelihood of having ADHD-like symptoms.



Total Symptom Level

Population Distribution: 80% 13% 7%

The test taker's Total Symptom Score equals a **elevated** Total Symptom Level. About 13% of the general population display a similar level of ADHD-like symptoms.

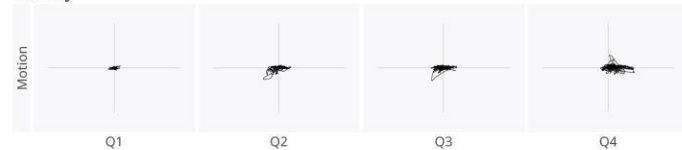
Objective Measures

The objective measures add valuable information to your interpretation and are expressed in Q-scores and percentiles. The Q-Scores allow for comparison with the performance of an age and sex adjusted norm group. The percentile expresses (in percent) the probability of a normative person to score lower than the test person.

		-3	0	3	Q-Score	Percentile (%)
Activity	MicroEventX				2.8	99
Impulsivity	Commission errors				-0.1	46
Inattention	Omission errors				0.1	54
	Reaction time				2.2	99
	Reaction time variation				1.3	90

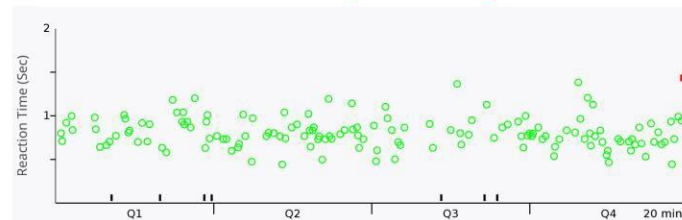
Detailed result

Activity



Attention & Impulse Control

○ Correct response ■ Commissions | Omissions



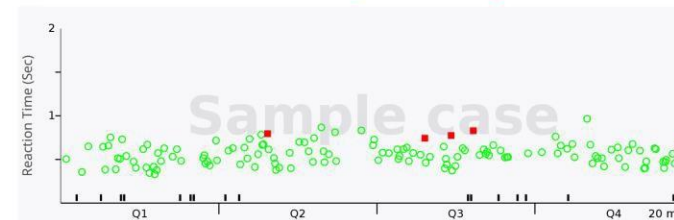
Sample case

Activity



Attention & Impulse Control

○ Correct response ■ Commissions | Omissions



QbCheck is intended to provide qualified professionals with measurements of hyperactivity, impulsivity, and inattention to aid in the assessment of ADHD and in the evaluation of treatment interventions in patients with ADHD. QbCheck is not intended as a standalone diagnostic test but as an aid in the clinical diagnosis and treatment process together with other clinically relevant information.

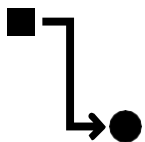
```
[[01]07350103930012(10)Core1.13.1(11)241218]
[[01]07350103930012(10)QbCheck2.1.0(11)241218]
[59a29de5-755a-4355-a27f-c18b1b92d6c3]
```



How Qbtech can support your clinical pathway



If accessed within primary care, **QbRegister** via **QbClinic** can support in gathering subjective and objective measures to aid referrals to ADHD pathways

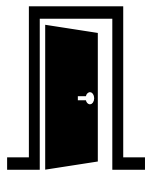


Referral



QbCheck objective measure can be completed remotely to enhance information around ADHD symptoms whilst your patient is on the waiting list.

In future, add in **QbRegister** and send out digital validated rating scales, complete with reminders and auto-scoring your subjective and objective data is collated in a single pdf ready for your assessment



Triage



QbCheck can be used in clinic complete with Behavioral Observation Form to provide a second setting for information gathering. Remote functionality improves access for patients unable to get to clinic.

QbRegister has a traffic light system to indicate completeness of pre-assessment information so you can make the most of your clinic appointment



Assessment



QbCheck can enhance clinical confidence, adding a medical device to help unpick complex presentations through unbiased objective data.

QbRegister provides a summarised report of subjective rating scales from different sources and the developmental history to improve efficiency of data review and consistent scoring accuracy



Diagnostic outcome and feedback



QbCheck can be used to objectively monitor treatment response including titration and tapering of medication.

QbRegister is a digitised way to gather subjective information post diagnosis to help monitor your patients' outcomes over time.



Intervention





References

ADHD UK's report into NHS Waiting Times (2023): <https://adhduk.co.uk/nhs-adhd-assessments-waiting-lists-report/>

Report of the independent ADHD Taskforce: Part 1 (2025)

Report of the independent ADHD Taskforce: Part 2 (2025)

<https://www.england.nhs.uk/publication/report-of-the-independent-adhd-taskforce/>





TEND VR

Transforming mental health through
scalable immersive therapies

“I have ADHD and I’ve always wanted to be mindful, to be able to meditate but nothing I’ve ever tried has worked. Tend is different, Tend worked for me. It had a calming effect that took me out of my day-to-day life to see something, be somewhere else, without having to use imaginary visualisation techniques.”

The Challenge: Most Adults struggling with ADHD receive **no** evidence-based support

The Crisis:

- 1.5 million adults with ADHD in England, most undiagnosed or waiting years for support
- 50% experience clinically significant anxiety; 53% suffer from depression
- 4-8 year diagnostic waits create a "treatment vacuum" where mental health deteriorates
- 70% have psychiatric comorbidity making standard services ineffective
- Standard therapies fail: High dropout rates (30-40%) from conventional CBT/MBCT due to ADHD attention deficits, working memory limitations, poor habit formation

The Gap

Service users with ADHD struggle to engage with traditional talking therapies or imagination-based mindfulness. Standard NHS mental health services are still adapting to deal with ADHD-specific barriers.



The Cost of Inaction: Why This Matters Now

Human Cost	Economic Cost	System Cost
Deteriorating mental health during wait periods	£17 billion annual cost to individuals and government	Unprecedented waiting lists continue to escalate
Escalating clinical risk	£12,011–£17,348 per case for treatment-resistant depression in ADHD	High dropout from interventions not adapted for ADHD
Functional decline: unemployment, relationship breakdown	Lost productivity from unemployment & dysfunctionality	Wasted clinician capacity on low-impact therapies
Entry into criminal justice system and substance misuse	Preventable crisis service utilisation	Repeated crisis presentations
Loss of hope and progression into treatment-resistant depression	Wasted clinician time delivering ineffective treatments	Unsustainable pressure on crisis services
Preventable negative outcomes	£17k / person	Unsustainable systems burden

VR ADAPTED MINDFULNESS BASED INTERVENTION (VR-MBI)

Class I Medical Device
ready for rapid scaling



Response: Deployment-Ready Solution

Overview:

- 8 x 40-minutes guided VR sessions (no use of imagination required—external attention anchoring)
- Delivered via consumer-grade Meta Quest headsets
- Minimal clinician oversight (screening, phone reviews)
- Companion mobile app for regular practice and engagement
- Integrated outcome tracking (PHQ-9, GAD-7, WSAS)
- World-first Mindfulness-Based Intervention adapted for Virtual Reality

Addresses ADHD Barriers

- External attention scaffolding (structured immersion)
 - No imagination-based meditation (works for ADHD)
 - Clear session boundaries (supports executive function)
 - Reduced cognitive load vs. traditional therapy
 - "It really helped me stay focused"
- User feedback

Evidence of Effectiveness

- 50.7% anxiety reduction (GAD-7)
- 43–61% depression reduction (PHQ-9)
- 34–65% functional improvement (WSAS)
- 83% completion rate (vs. 60–70% typical therapy)
- Large effect sizes: $d=0.81-1.45$
- 175+ participants tested

Why Commissioners Should Act Now: Value Proposition

<u>Economic Value</u>	<u>Access & Equity</u>
2–5× cheaper than traditional face-to-face therapy	Deployable in underserved communities)
One headset can serve 200 patients/year	Eliminates geographic barriers to care
Up to £17k saved for every person we help avoid progressing into treatment-resistant depression	Reduces stigma (private, home-based format/ accessible locations)
Minimal ongoing clinician costs (phone check-ins only)	Supports women with ADHD (elevated emotion dysregulation needs)
Rapid ROI through reduced crisis presentations	Core20PLUS5 aligned
Impact: more treatment for less money	Impact: Health equity at scale
<u>Rapid Integration</u>	<u>Strategic Alignment</u>
Already integrated with NHS pathways	✓ ADHD Taskforce (2025): "Digitized interim support needed during waits"
EPR-compatible (outcome data exportable to CDSS)	✓ NHS 10-Year Health Plan: "ADHD services must be digitized"
Standardized outcome tracking (PHQ-9, GAD-7, WSAS)	✓ World Psychiatry (2025): "Fills critical evidence gap for ADHD digital interventions"
Fits existing stepped-care pathways seamlessly. Minimal disruption to current workflows, with expert implementation support.	✓ Category 1 Ready: Implementation & testing can begin immediately
Impact: Deploy without service redesign	Impact: Delivers on national priorities

ThinkDivergent.ai

The Neurodevelopmental Operating System:
Adult ADHD Assessment Module

Neuro-inclusive ND Pathway Management Software.

Improves quality, develops skill mix, improves patient and clinician experience.

Saves over 4 clinical hours per patient, doubling productivity and **halving the waiting list**.

Transforming lives in clinical practice today, going live at South London and Maudsley in January.



**We exist to create a world that
works for people who
Think Different.**

For people like us

Neurodiverse team. Driven by lived experience.
Clinical, commercial & technical expertise.



Tom King

Co-founder & Chief Executive Officer

Tom is an experienced entrepreneur and **ADHDer**. His diagnosis transformed his life, relationships and business, igniting his passion to help others on their journey.



Dr Jasmine Murphy

Co-founder & Chief Clinical Officer

Jasmine is an **ADHDer**, is published in Nature on neurodiversity and has led population-scale health equity reforms as an award winning former NHS Consultant in Public Health.



Sai Ulluri

Co-founder & Chief Technology Officer

Sai is talented Data Scientist with expertise across Product, AI and game development, he has built our Platform from the ground up.



Dr Faith Ndebele

Consultant Psychiatrist

Faith has a special interest in **ADHD and Autism**. She was a pioneer of telepsychiatry in the NHS and is the Chair of the Digital Psychiatry Special Interest Group at RCPsych.

ND pathways have collapsed

Demand shock has exposed fragmented services, admin chaos, workforce collapse and siloed systems.



1 in 5 are left to suffer

Lost potential. Wasted talent.
Billions in avoidable costs.

Risks grow when ADHD
is not addressed:

3x

Addiction
Physical Abuse
Type 2 Diabetes

4x

STD
Obesity
Anxiety Disorder

5x

Suicide
Eating Disorder
Mood Disorder

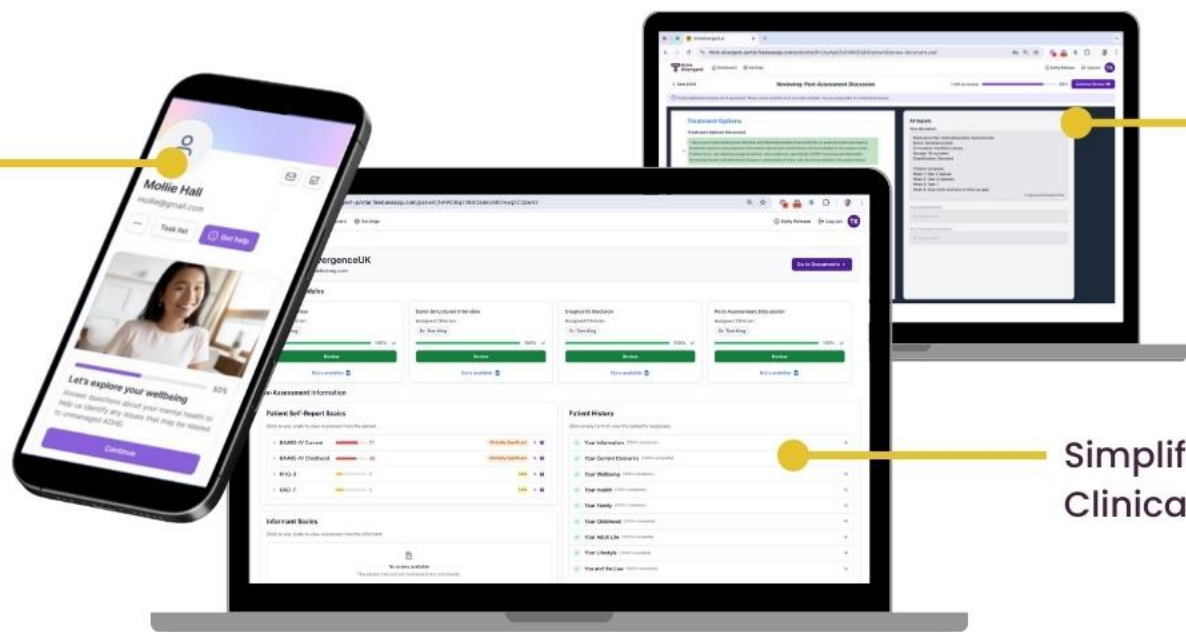
>6x

Incarceration
Unemployment
Trauma & Victimisation

We've built the tech

A Neurodevelopmental OS that makes the pathway scalable,
affordable and clinically sound

Neuro-inclusive
patient portal



AI-Powered
Reports

Simplified & Standardised
Clinical Workflows

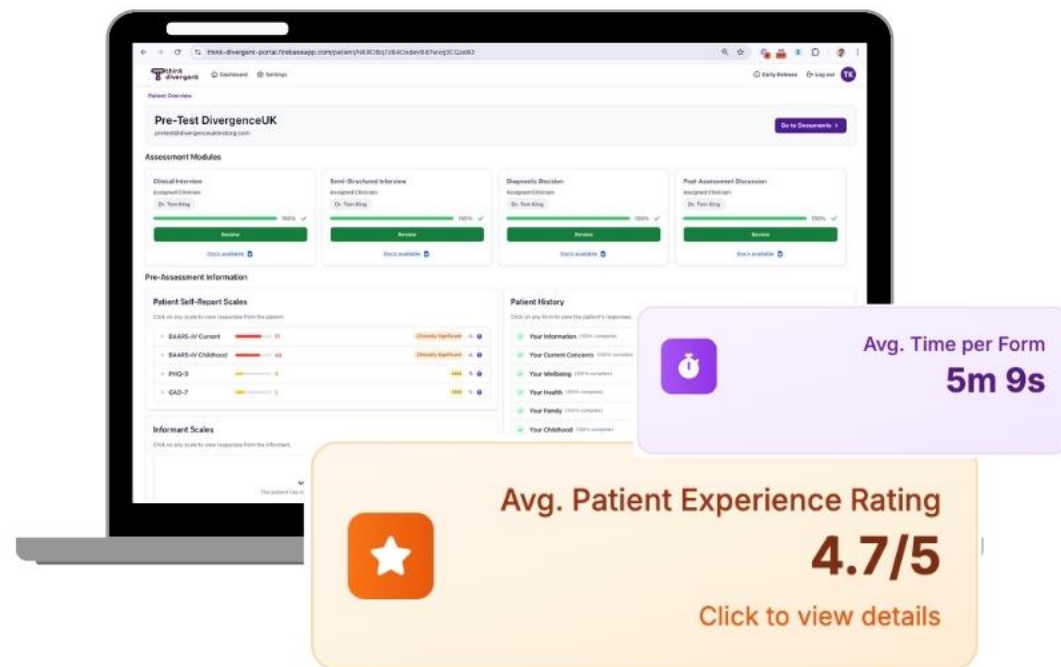
Informed by patients. Shaped by lived experience. Co-designed with clinicians.

Starting with Adult ADHD Assessment (Demo)

ADHD Assessment Platform

Transforming lives in clinical practice today.
Clinicians empowered. Patients delighted.

- **Saves >4 hours per patient, >2x productivity gain**
- Improves quality & develops skill mix
- Guarantees NICE compliant process
- Standardises and simplifies assessments
- Better patient & clinician experience
- Neuro-inclusive Patient Portal
- Accessible, strengths-based & trauma informed
- **1st use of AI in a clinical setting at The Maudsley**



Thank you

Get in touch:

- Tom King, CEO
- tom@thinkdivergent.co.uk

For more information:

- White paper: [Women and ADHD](#)
- Website: thinkdivergent.ai

The tipping point is now.

Ask us about the
Neurodevelopmental Operating
System, and how it's **saving**
Lancashire and South Cumbria ICB
£3.8m and 86k staff hours per year.



Zendra
HEALTH

We transform ADHD care for NHS and HSE mental health services by combining evidence and AI to drastically cut wait times, reduce admin, and enhance medication management.

In partnership with



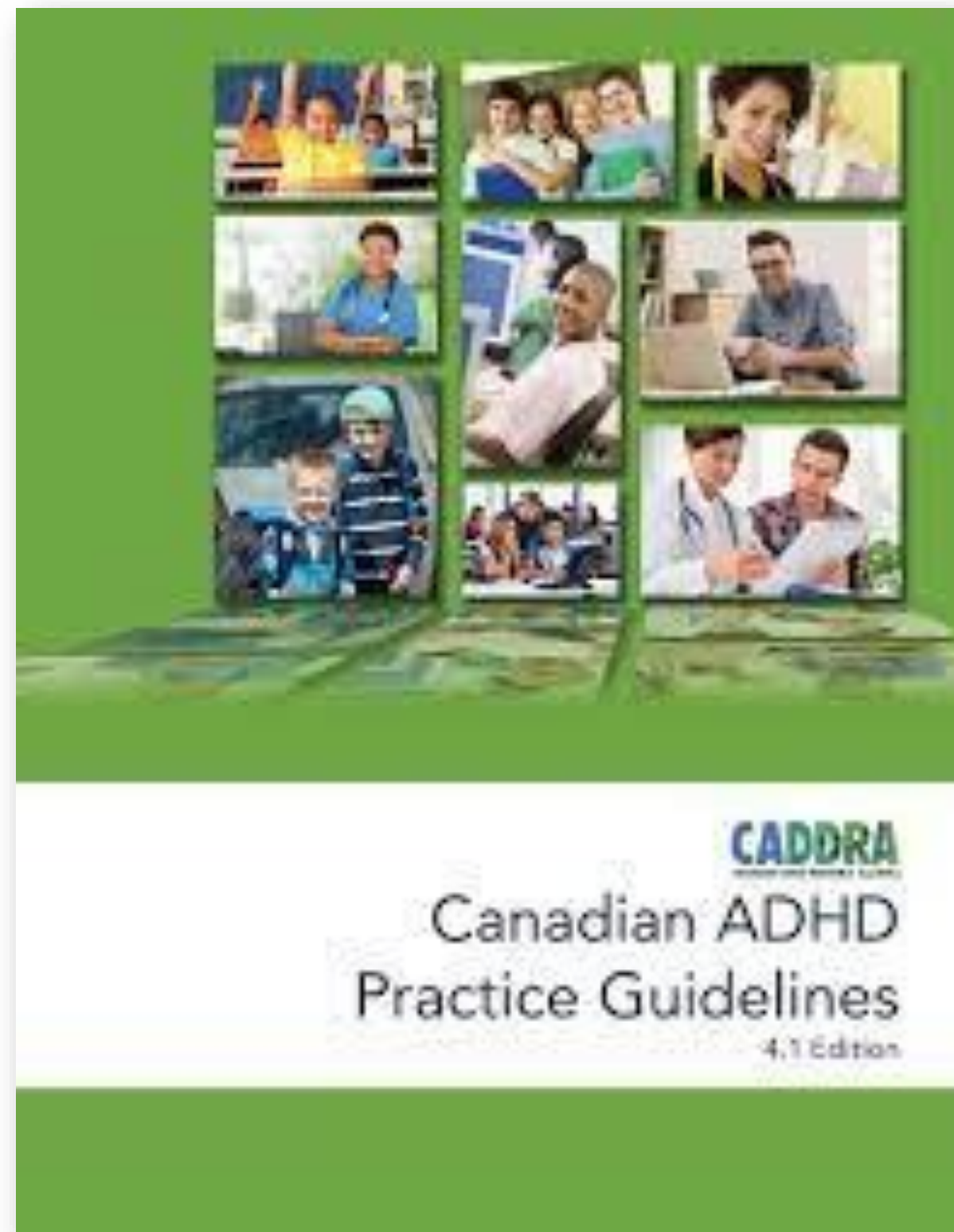
Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Presentation for



Health Innovation
WEST MIDLANDS

Effective intervention and Evidence-based guidelines for ADHD



NICE National Institute for
Health and Care Excellence

NICE
guideline

Attention deficit hyperactivity disorder: diagnosis and management

NICE guideline
Published: 14 March 2018
www.nice.org.uk/guidance/ng87

Guía de Práctica Clínica
sobre las Intervenciones
Terapéuticas en el Trastorno
por Déficit de Atención
con Hiperactividad (TDAH)

publiziert bei / published at:  **AWMF online**
Das Portal der wissenschaftlichen Medizin

Long version of the interdisciplinary evidence- and consensus-
based (S3) guideline “Attention-Deficit/Hyperactivity Disorder
(ADHD) in children, adolescents and adults”

AWMF Registration No. 028-045

The responsible, participating Scientific Societies

dgkjp

Deutsche Gesellschaft für
Kinder- und Jugendpsychiatrie,
Psychosomatik und Psychotherapie e.V.

ψ DGPPN

Deutsche Gesellschaft
für Psychiatrie und Psychotherapie,
Psychosomatik und Nervenheilkunde



Deutsche Gesellschaft
für Sozialpädiatrie und Jugendmedizin e.V.

**“ There is a lack of standardised, evidence-based
protocols for assessment and management of ADHD
in clinical service.”**

UK Consensus Statement, Young et al, 2021



A structured , paper-based protocol for assessment and management of ADHD

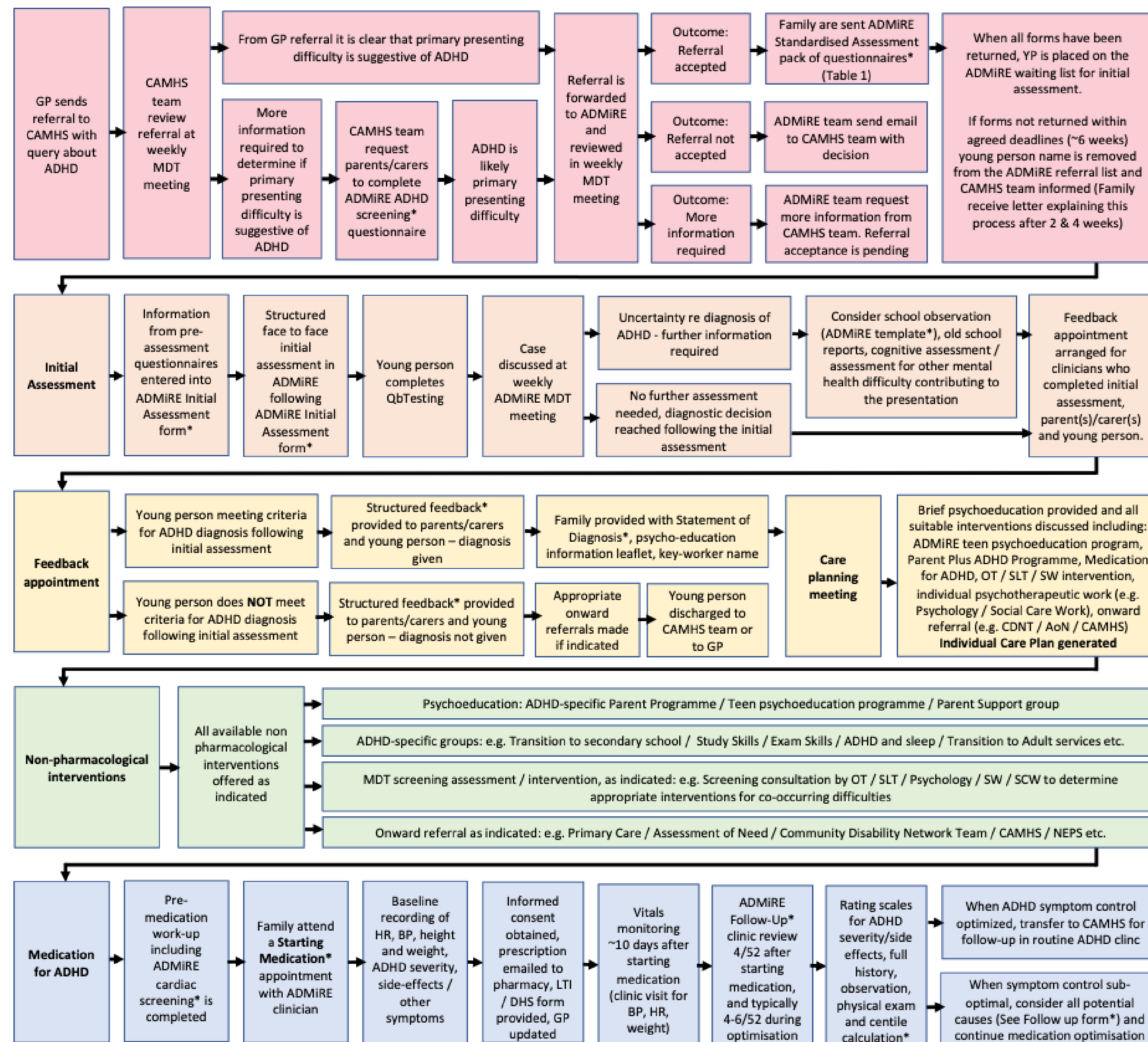
In partnership with



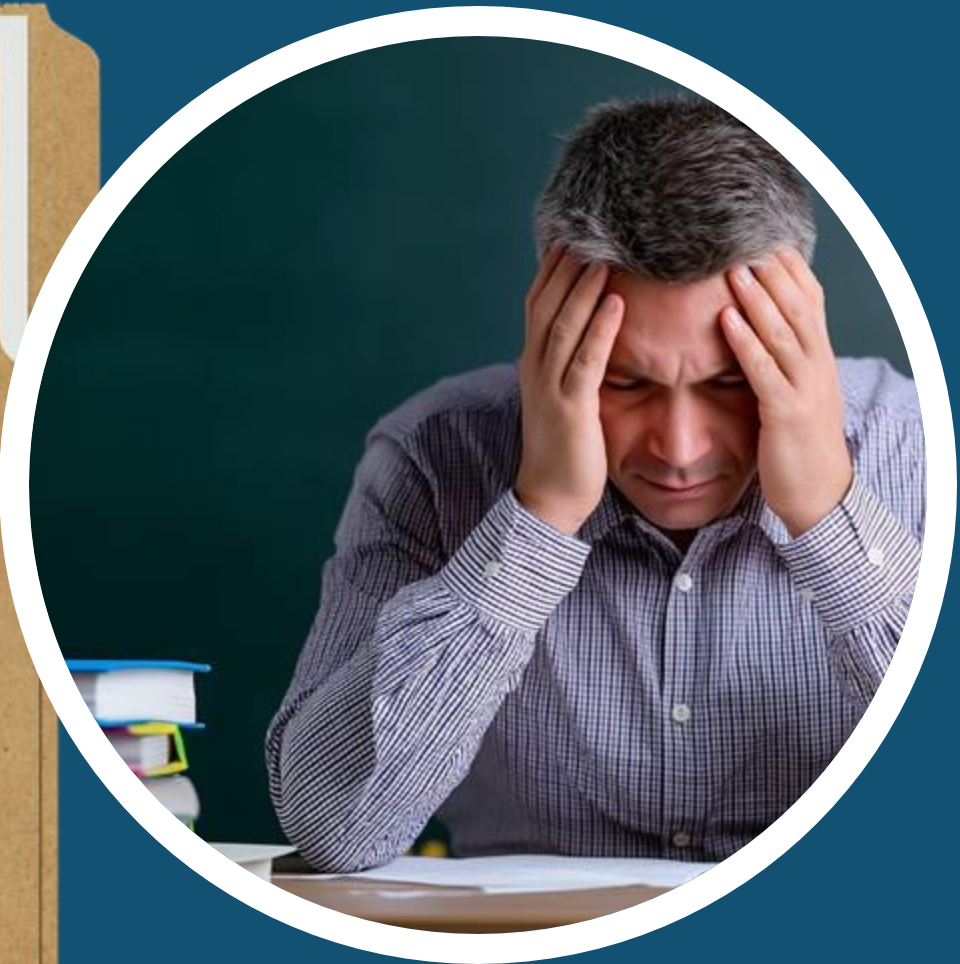
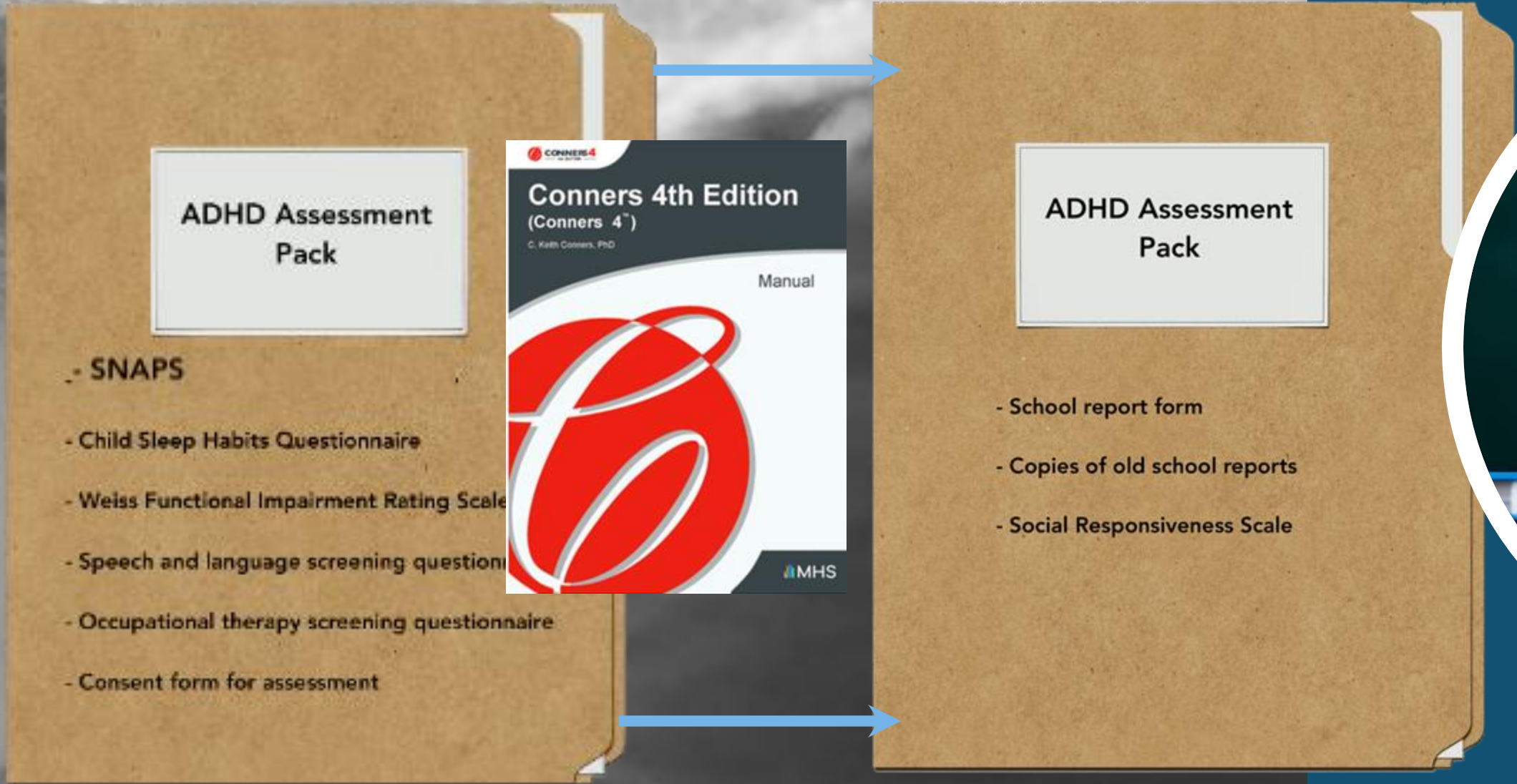
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ADMIRE Clinical Pathway



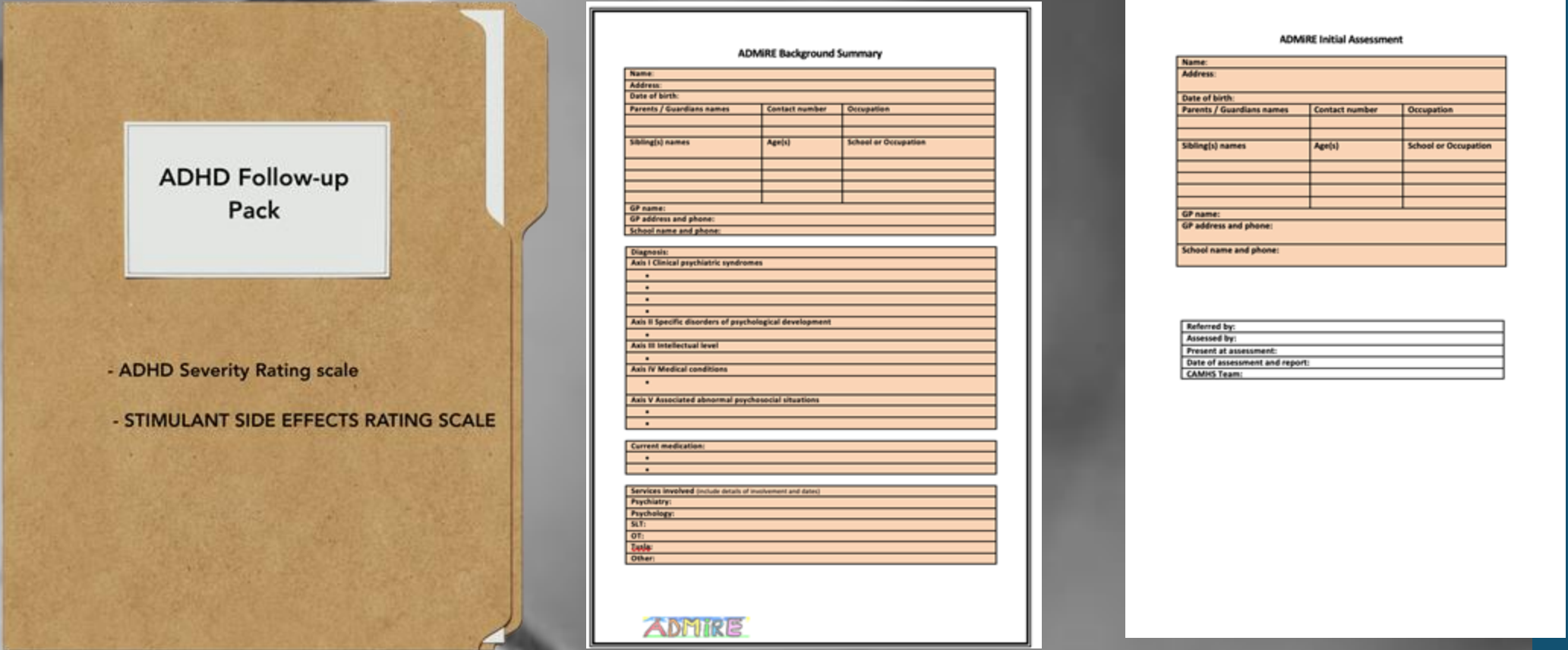
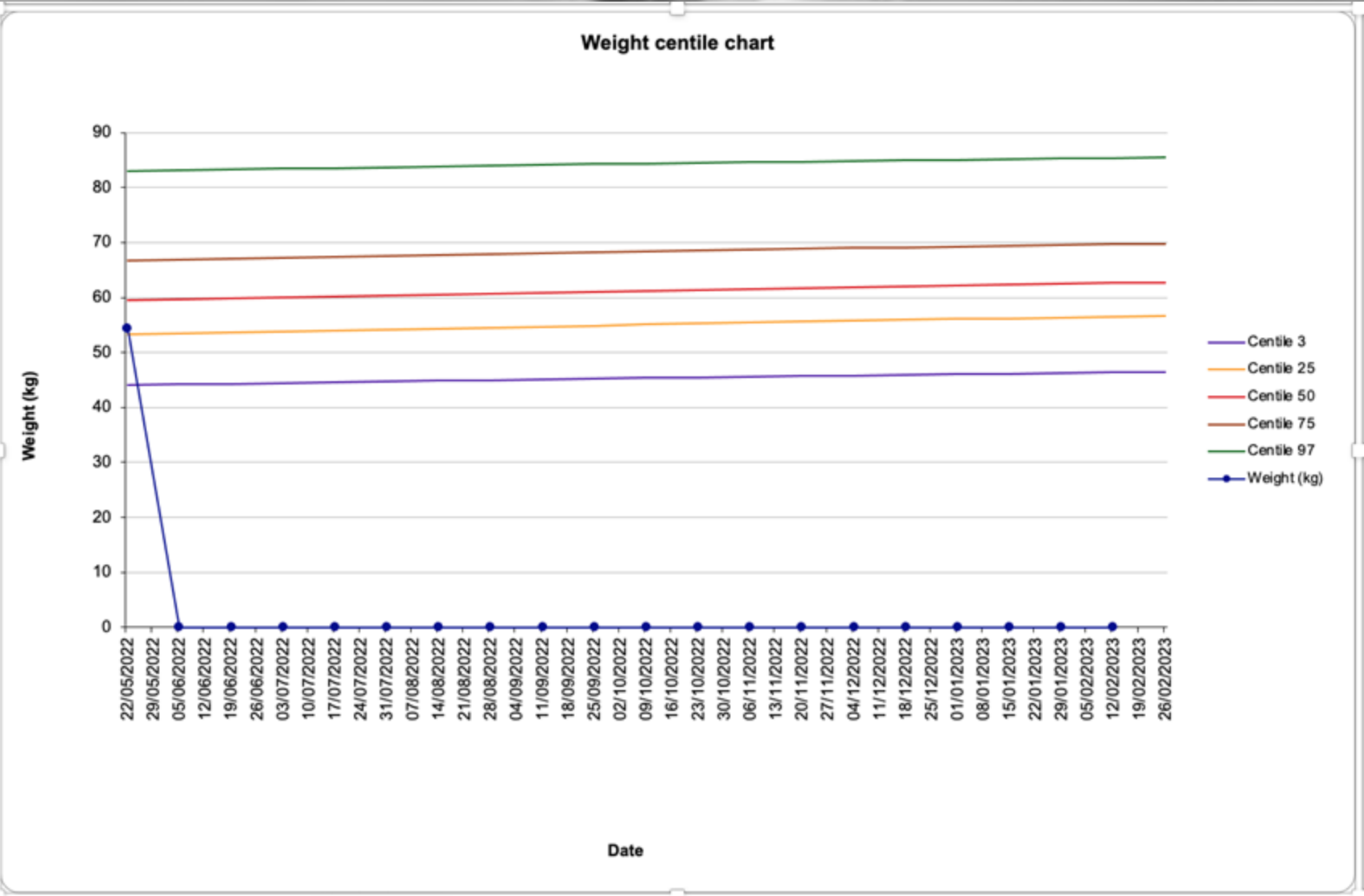
12-month wait



Teachers



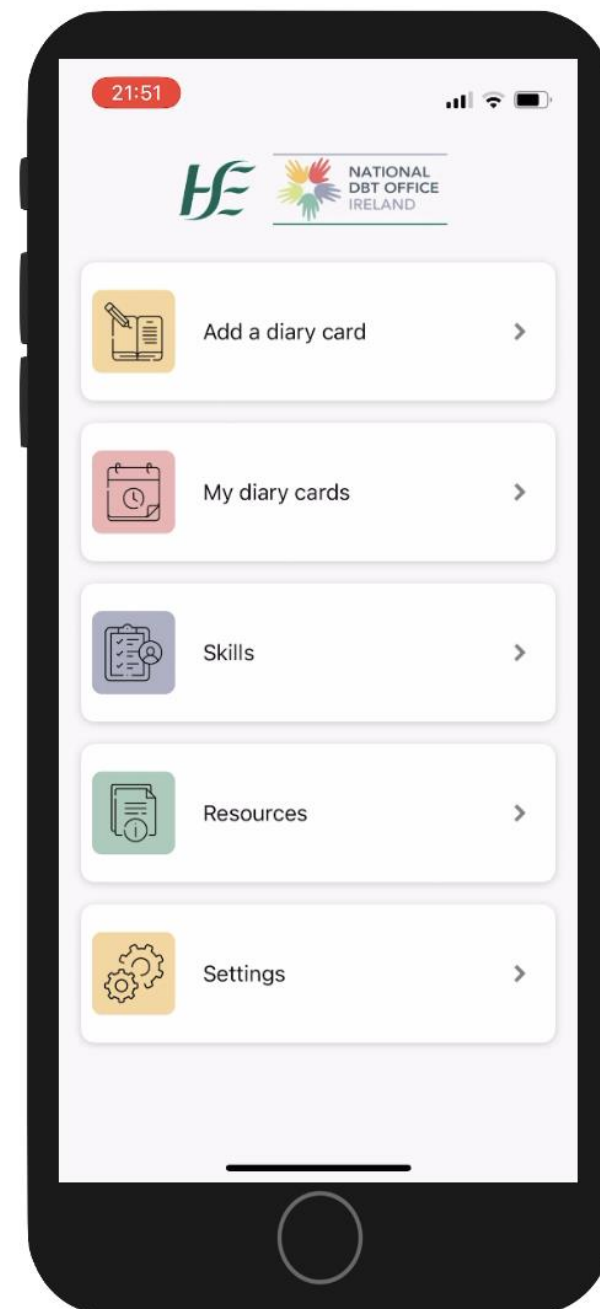
Clinicians



Experience

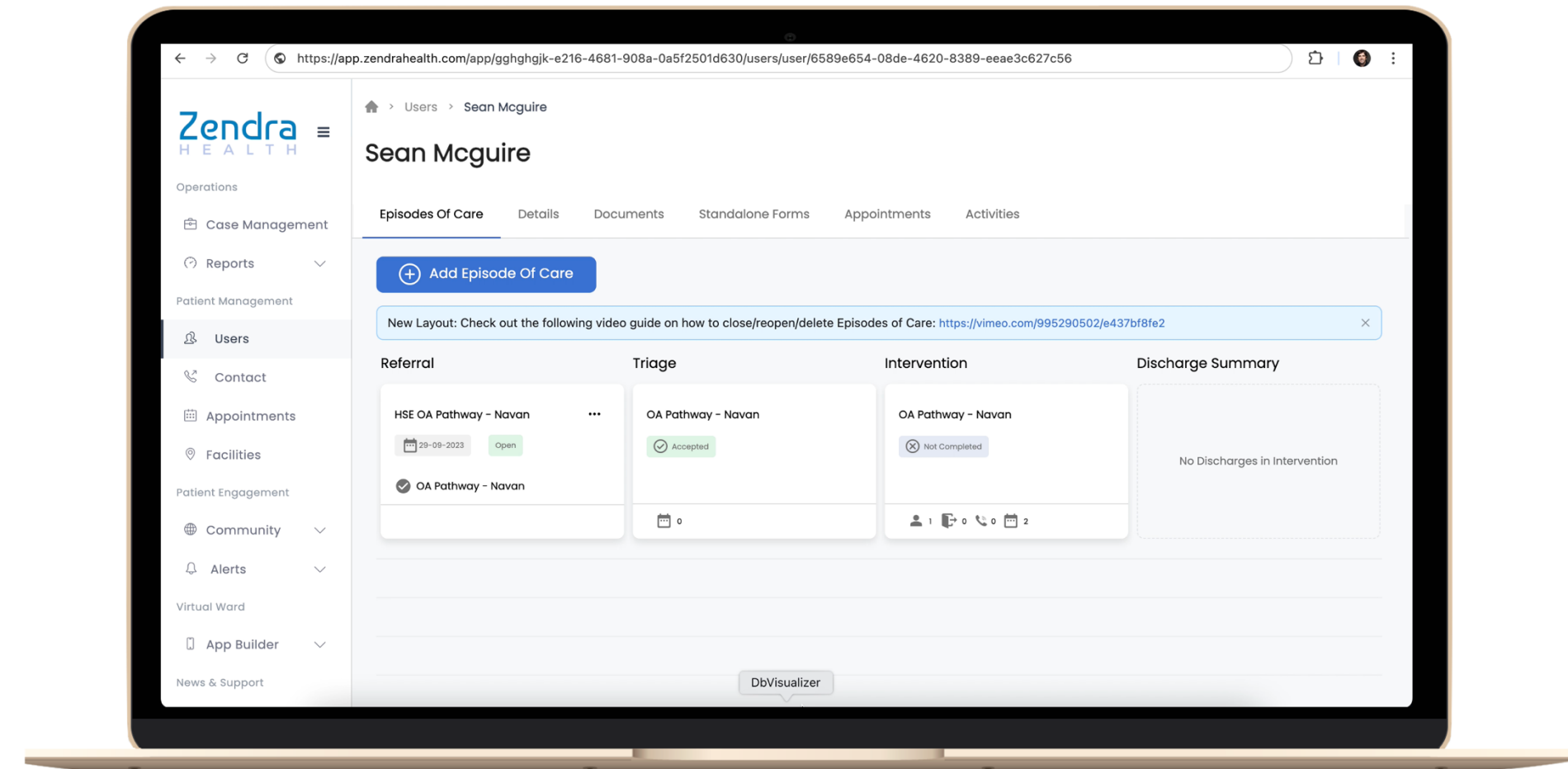
Experts in Digital Health and Software-as-a-Medical-Device

Virtual Wards



HSE (+8 Sites, 3 on official HSE App Store)
Ignition Go Health (Irish Rail)

Care coordination



HSE (+30 Services)

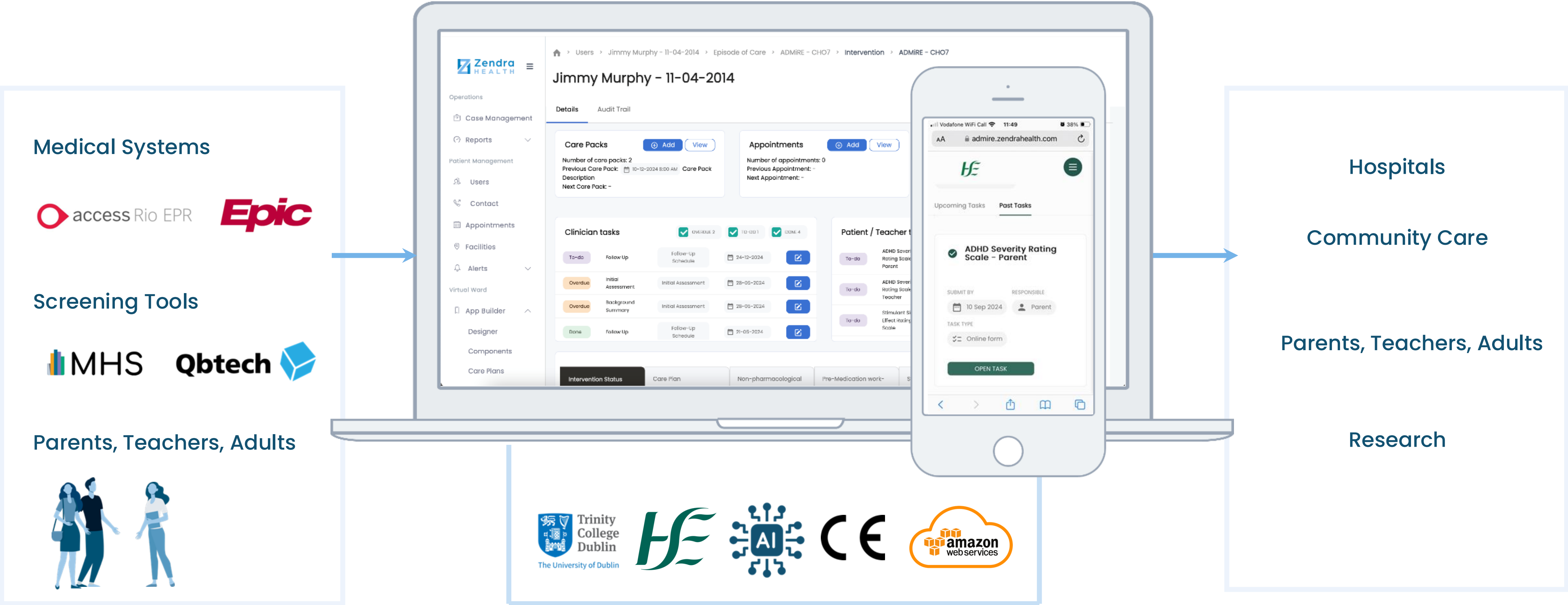
SaMD



eWellness
SymPhysis Medical

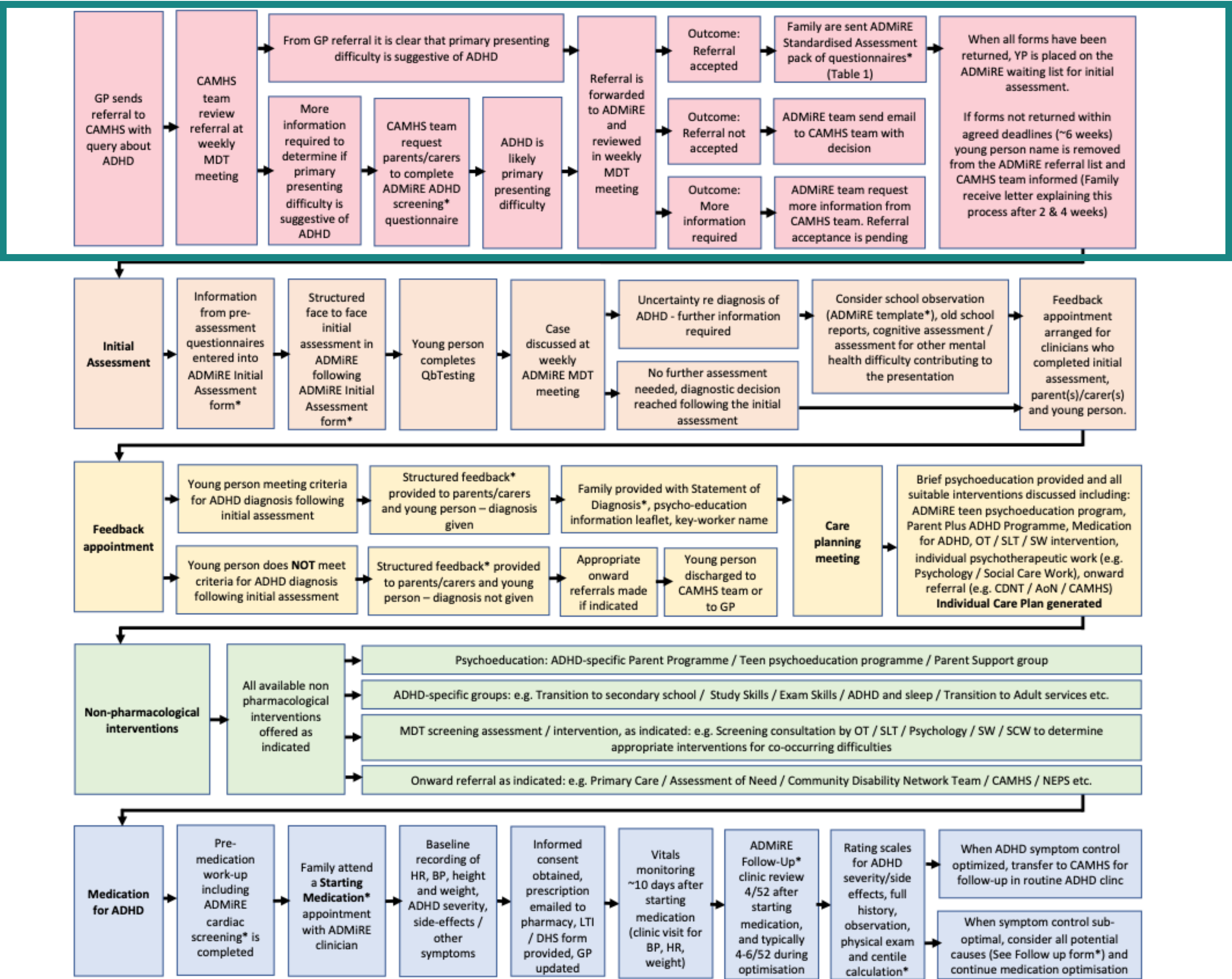


The Solution | Navigator



Zendra Navigator Demo

ADMiRE Clinical Pathway



1. Preassessment

Zendra Navigator – Preassessment



Mail - Jan

The Care

The Care

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Gmail

YouTube

Maps

Research & Innova...

RA applications

Sleep study data

ADHD projects TF...

ADHD TCD Site Ed...

CUb summer cam...

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All Bookmarks

Home

>

Users

>

Jane Demo - 01-01-2009

>

Episode of Care

>

ADMIRE - CHO7

>

Triage

>

ADMIRE - CHO7

Jane Demo - 01-01-2009

Save Changes

⋮

Pre-assessment Section

Which documents from the assessment pack do you want to assign?

☐ Select All

☐ Consent Form

☐ Conners Questionnaire - Parent

☐ Conners Questionnaire - Self

☐ Social Communication Questionnaire - Parent

☐ Social Resposiveness Scale - Parent

☐ WFIRS - Self

☐ WFIRS - Parent

☐ Child's Sleep Habits Questionnaire

☐ Speech and Language Screen

☐ Occupational Therapy Screen

☐ Developmental Screen

☐ Old Reports

☐ Old School Reports

Third Party Assessments - Parents/Self

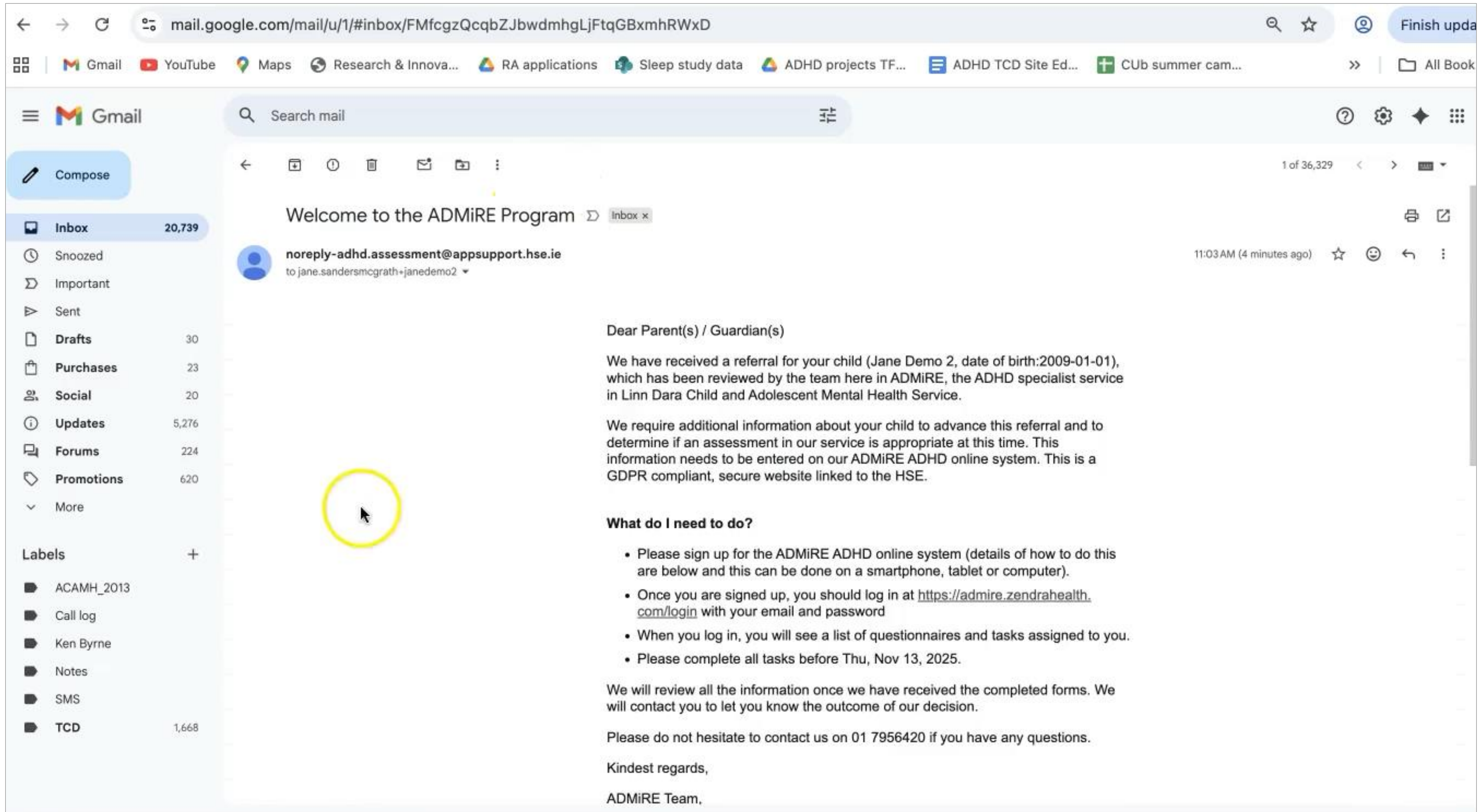
Are you ready to add the third-party assessment links?

☐ Yes

☒ No

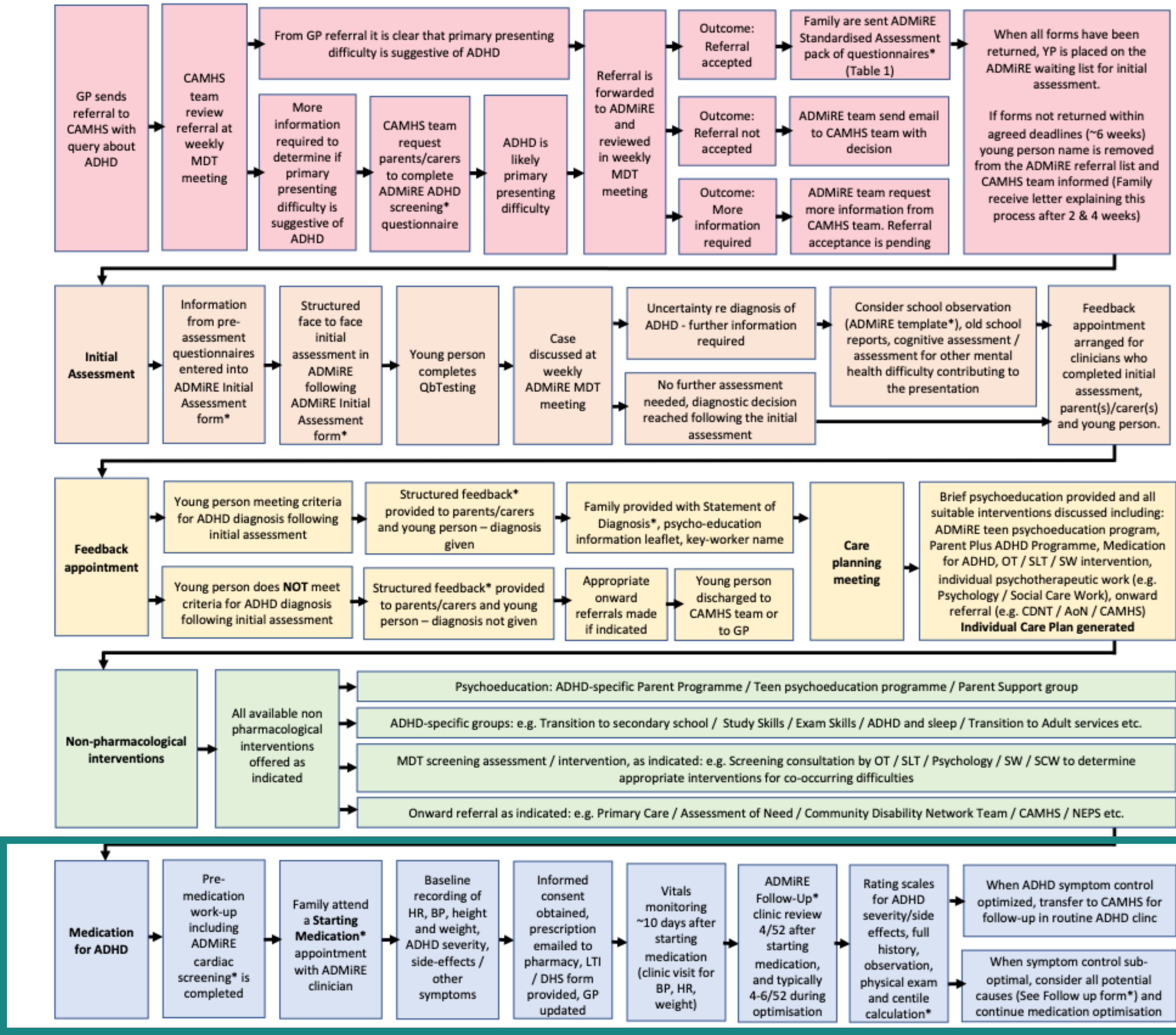
☐ Not Applicable

Zendra Navigator – Preassessment



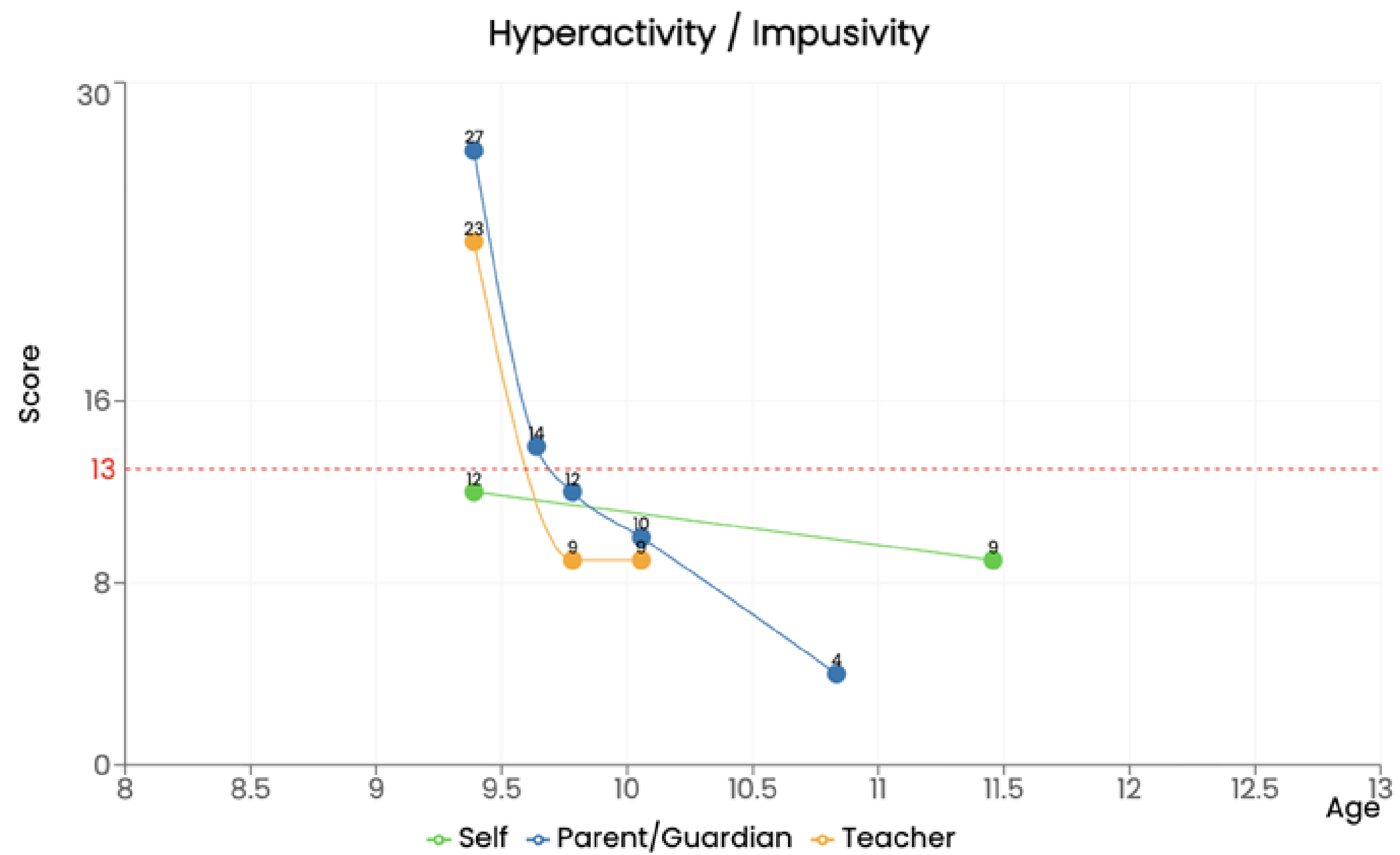
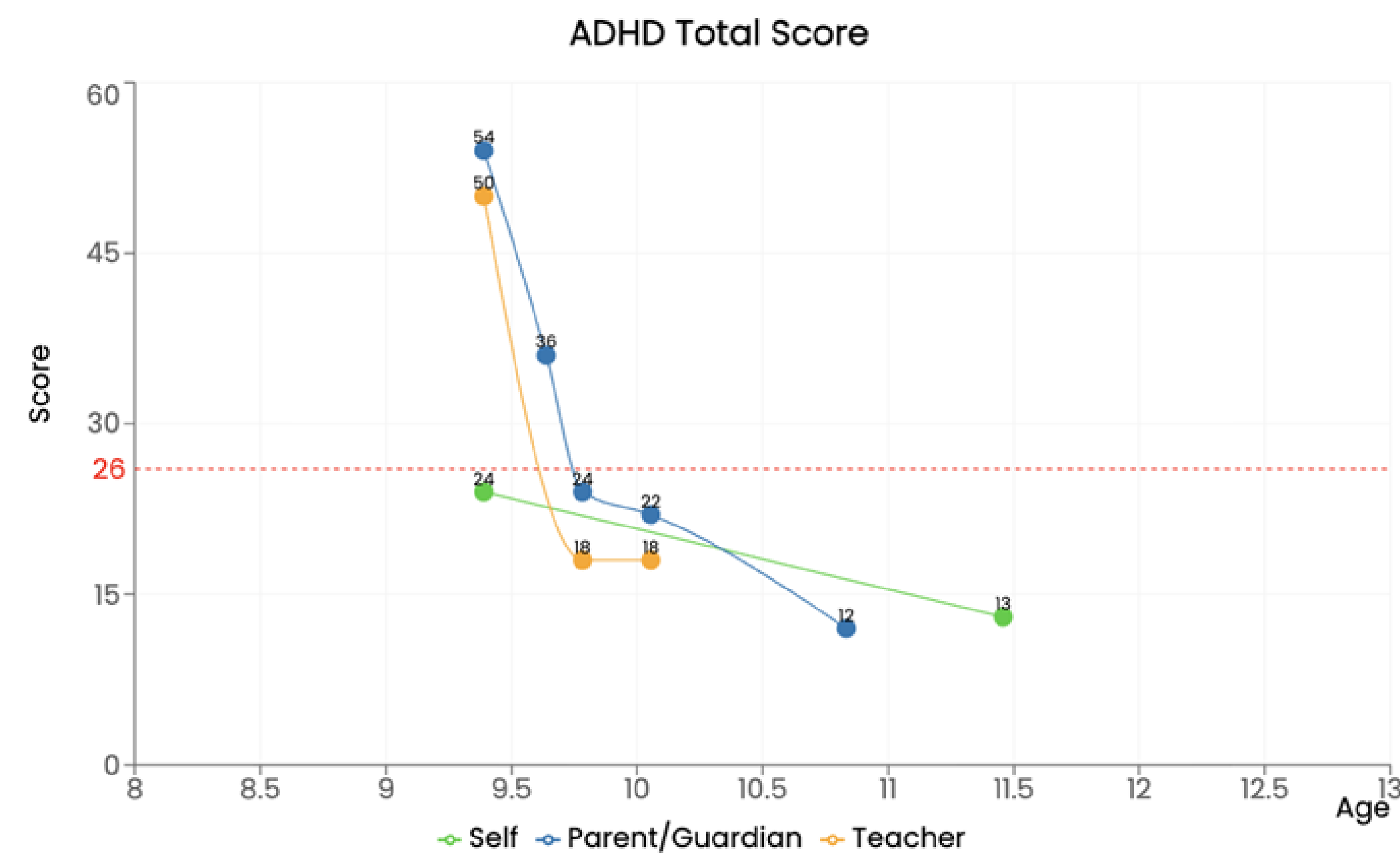
Zendra Navigator Demo

ADMiRE Clinical Pathway



3. Follow-up

Zendra Navigator – Follow up



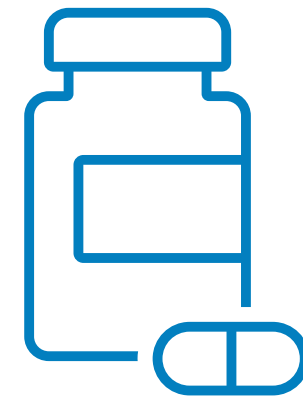
The Solution | We Make the ADHD path easier



33% Reduction

in Waiting Lists

The reduction of waiting lists reduced appointment time from 1 hour to 40 mins, automated assessments, streamlined workflows and auto-generation of reports/letters



Safer

Medication Monitoring

With streamlined physical health monitoring. Our solution is being developed as a class IIA medical device.



Evidence-based

Reduced Clinical Risk

Built on the evidence-based ADMiRE protocol which is proven to standardise care and reduce risk.

Benefiting patients domestically and internationally



Go-Live

Navigator went live in a CAMHS service in Ireland in June 2025. Being expanded into Adult ADHD and other neurodevelopmental conditions



NHS Rollout

Secured our **first NHS service in June 2025** before the solution went live in Ireland,



Evidence-led

Validated by Trinity College Dublin-led research showing measurable health and cost-saving outcomes

The Ask



As an ISO 13485:2016 certified company, Zendra Health has extensive experience in digital and information governance.

The solution shall be released in the UK market as a Class IIA MDD medical device. As part of the medical device registration, Zendra is looking for additional candidates in the Adult pathway for its Clinical Investigation Pilot as a 'champion case'



Thank you

Name: Thomas Coleman

Role: Co-Founder & CEO

Email: thomas.coleman@zendrahealth.com

Innovation Fund opportunity launch



What is the innovation enabling fund?

- Pots of up to **£25k available** to innovative projects meeting today's **challenge statements**
- Open to **East Midlands** health and care organisations
- **Not** limited to the innovations you have seen today
- Must involve a digital or med tech device
- Must be novel to your organisation (i.e. not an extension of an existing project)
- Applications should have an exec level sponsor and there should be a plan for longer term sustainability
- There can be more than one application per ICS, each application is scored on its own merit



Our challenge statements



1. Digital solutions that support the process of **ADHD assessments in adults**; reducing waiting times and maximising clinical efficiency.



2. Digital solutions that support adults within the ADHD assessment process to **'wait well'**.



3. Digital solutions that support adults **to self-manage challenges** they experience as a person with ADHD.



4. Digital solutions that support **health data capture and flow** across multiple organisations and systems.



Timeline

- Opens today!
- Organisations have until 12pm on 16th January 2026 to apply
- EOI initially for stage 1
- Detailed documentation for stage 2 will be requested for promising projects shortlisted to proceed
- Projects selected from stage 2 will be invited to meet with us to enable a final decision on allocation of funding



Innovator Presentations

Early Evidence Generation



Early Evidence Generation

Innovations in this category show strong potential and are beginning small-scale testing to build early evidence of their real-world impact. Innovators are actively looking for partners who want to explore, learn and help shape their development.

These technologies are not eligible for the Innovation Fund offer. If you are interested in connecting with these innovators or supporting early evidence generation, please get in touch with Health Innovation East Midlands.





Digital self-management support for ADHD

The Problem

**Current ADHD support is
INADEQUATE.**

Before. During. and After.

The Problem

**ADHD needs
holistic and personalised
support.**

The Problem



9 Years

Average NHS waiting
times for a diagnosis

The Impact

Health

4.5x

risk of re-entry into the
NHS with:

- Chronic Mental Health conditions
- Substance abuse
- Suicide attempts
- Auto-immune diseases.
- Severe allergies.
- Eating disorders
- Obesity
- Epilepsy
- All cause mortality.

The Impact

Health

4.5x

risk of re-entry into the
NHS with:

- Chronic Mental Health conditions
- Substance abuse
- Suicide attempts
- Auto-immune diseases.
- Severe allergies.
- Eating disorders
- Obesity
- Epilepsy
- All cause mortality.

System & Economic

£17bn

Annual cost to UK
economy.

- Enormous financial burden.
- Stretched demand across pathways.
- Unsustainable waiting lists.
- Expensive crisis interventions.
- Bed blocking.
- Reputational damage.
- Social care and family support costs.
- Missed appointments/DNA rates.
- Increased presentation in A&E.

The Impact

Health

4.5x

risk of re-entry into the NHS with:

- Chronic Mental Health conditions
- Substance abuse
- Suicide attempts
- Auto-immune diseases.
- Severe allergies.
- Eating disorders
- Obesity
- Epilepsy
- All cause mortality.

System & Economic

9 Years

Average NHS waiting times for a diagnosis

£17bn

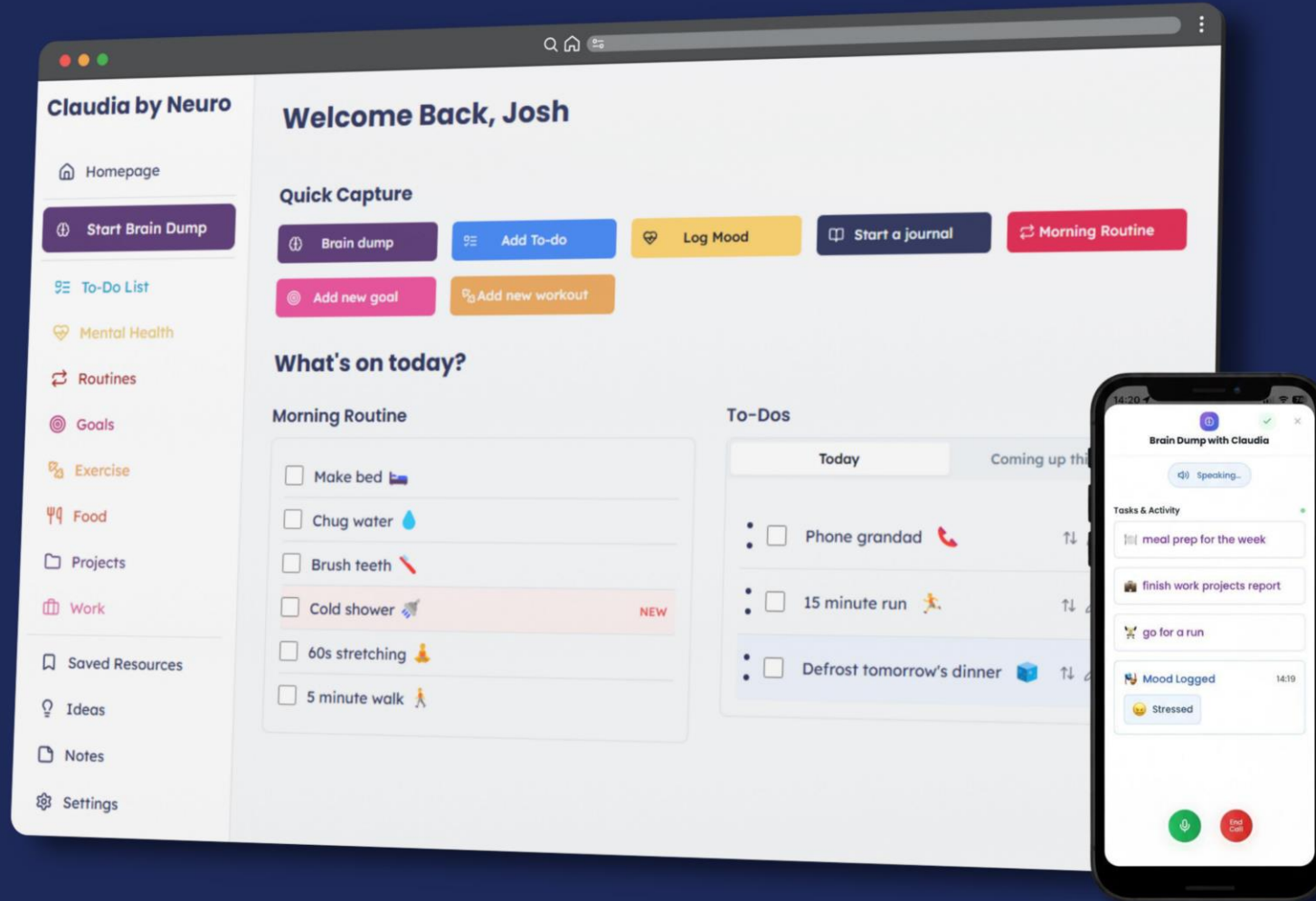
Annual cost to UK economy.

- Enormous financial burden.
- Stretched demand across pathways.
- Unsustainable waiting lists.
- Expensive crisis interventions.
- Bed blocking.
- Reputational damage.
- Social care and family support costs.
- Missed appointments/DNA rates.
- Increased presentation in A&E.

**Hugely preventable with other forms of ADHD support.
Without non-pharmacological support, the cycle continues to worsen.**

The Solution

The AI Personal assistant for Adults with ADHD



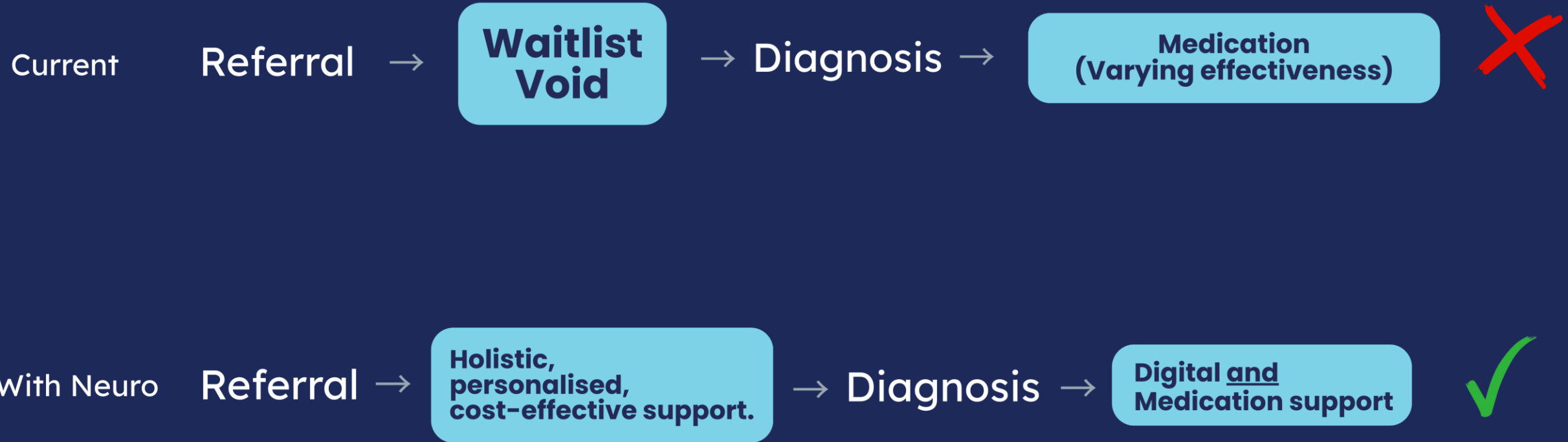
The Solution



The Solution

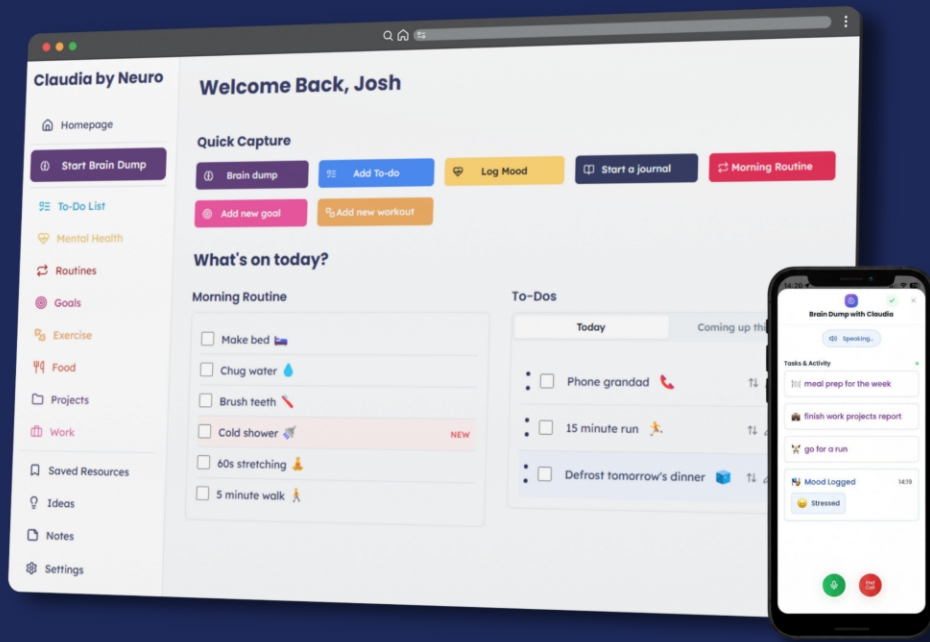


The Solution



The Solution

**The AI Personal assistant
engineered for Adults with ADHD**

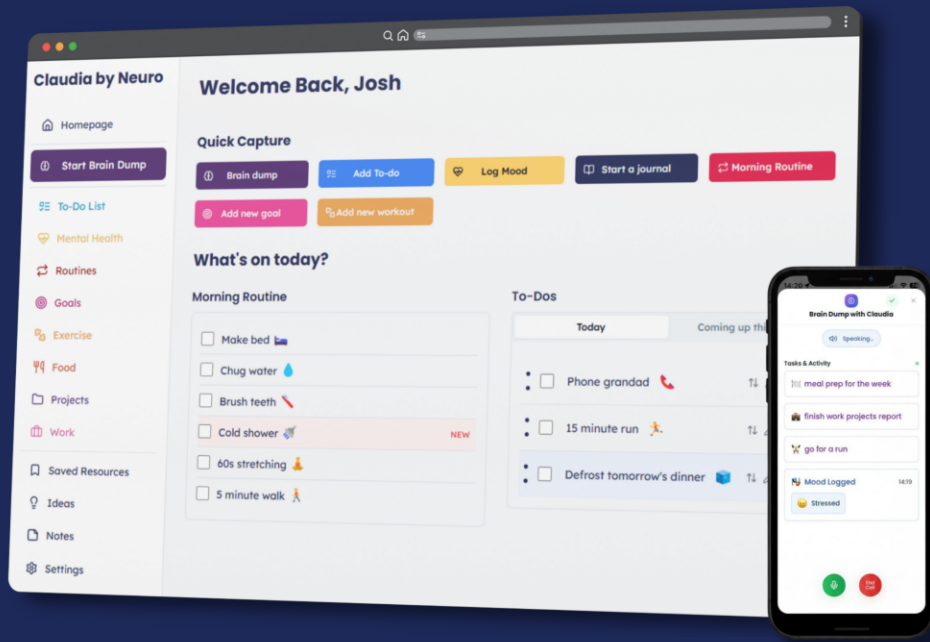


Needs-led, not diagnosis-led

- Support available pre and post-diagnosis.
- Built on combo of real experience and science.
- May be sufficient for some patients (leave waitlist).

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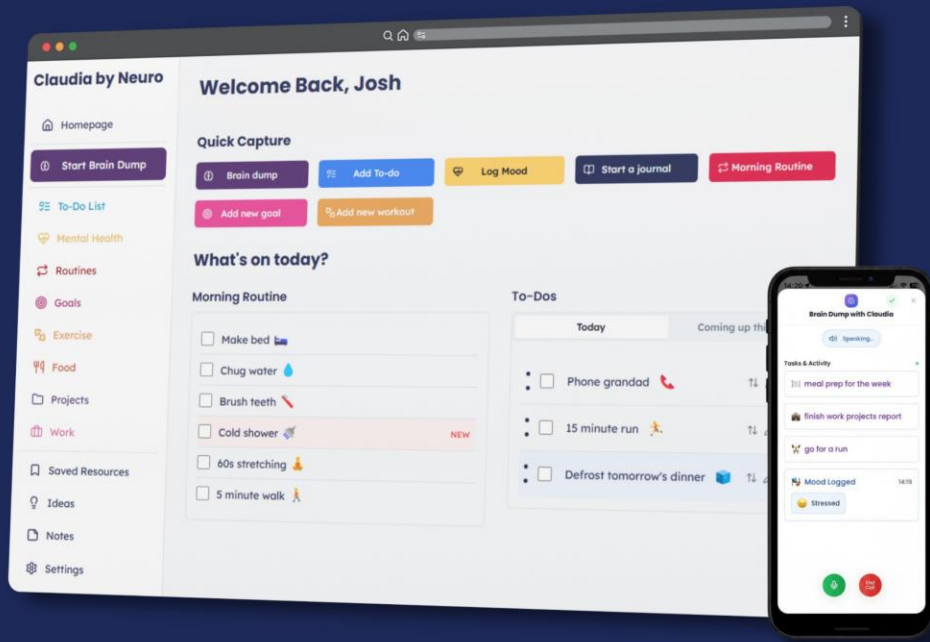


Deeply personalised and adaptive

- Learns about individuals over time and adapts.
- Gives personalised psycho-ed & action-based support.
- Designed for people who struggle with adoption of tech.

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Scalable & accessible 24/7

- ~15x More affordable than CBT/coaching.
- Available 24/7 with infinite usage.
- Infinitely more scalable.

How Claudia by Neuro supports individuals

Benefits to Individuals

- **Better Mood**
- **Less Overwhelm**
- **Greater access to psycho-ed**
- **Greater control over mental state**
- **Higher productivity**
- **Healthier habits**

*Subject to clinical evaluation.

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How Claudia by Neuro could support NHS

Benefits to NHS



Significant Cost Savings

- Mitigates risk while on the waiting list, reduces re-entry.
- Reduces demand on emergency and primary care while waiting.
- ~15x cheaper and more scalable than current alternatives.

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- Digital platform collects outcomes data (can also collect pre-diagnostic triage data for complex cases).
- Enables evaluation and iteration.
- Demonstrate direct effectiveness to stakeholders.

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- Neuro handles onboarding and ongoing support
- Clinicians focus on high value activities. We do all the heavy lifting.
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We fill the gap in support before and after diagnosis (for cheaper)

While making the whole system work better...

Current Evidence

(Launch 2 months ago)

10k

free downloads

4

Active Pilots

98%

5* Reviews



Neuro has **changed my life**. It helps me unpack the chaos in my brain.



Chloe

Current Evidence

(Launch 2 months ago)

Quantitative evidence?

Strong signs of improvement...

but sample size is too small!

The Ask

Help us gather evidence!

The Ask



We're looking to:

- Trial our platform within your organisation.
- Ideally small scale, localised activity.
- We can support pre/post diagnosis.

What we will handle

- Personal onboarding of any individuals.
- We will cover all costs of usage.

What we will provide you:

- Outcome data.
- Insight into mental wellness, productivity, organization of your patients before and after a diagnosis.

2.5+ million people

Thank You.

Get in touch

www.neuro-notion.com

Website

[Josh Budd](#)

My LinkedIn



josh@neuro-notion.com

dubbii

Supporting executive function
through **digital body doubling**



Almost all ADHD adults struggle
with day-to-day executive
function.



The NHS has a 2–7
year waiting list



During long waits,
patients receive no
day-to-day support



Leading to mental
health decline

Body doubling = doing a task in the presence of another person to beat executive dysfunction

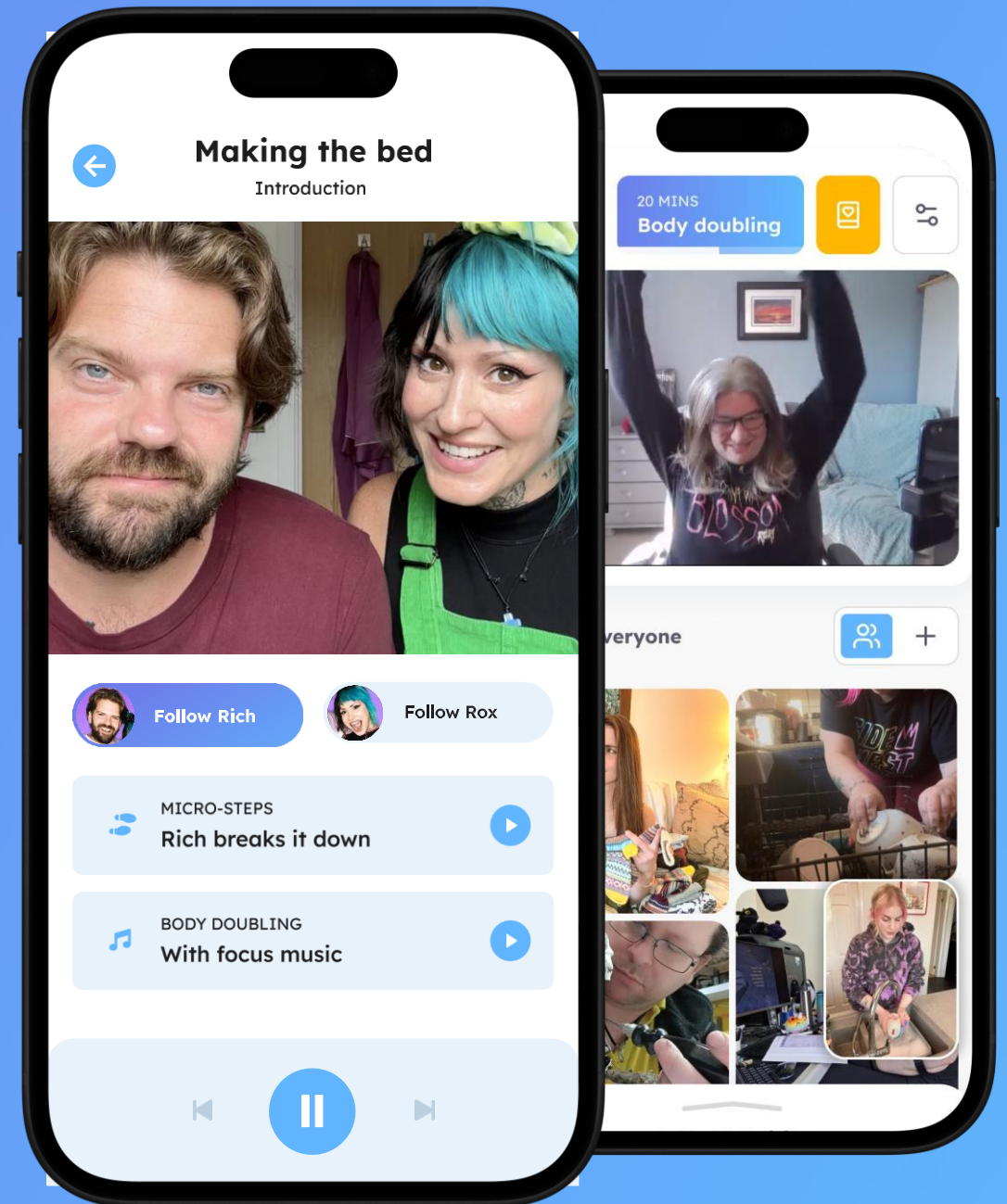
Why it works:

- Social interactivity boosts dopamine
 - External accountability
 - Emotional co-regulation
- Makes tasks more meaningful

dubbii - the digital body doubling app.

Core features:

- Hosted live body doubling
- On-demand task guidance
- Medication reminders
- Community support



How dubbii helps

1.

Bridges the ADHD care gap

Supports those between:

- Referral → assessment
- Assessment → treatment
- Treatment → daily stability

2.

Improves daily functioning

- Better self-care
- Improved routines
- Sense of community
- Reduced overwhelm
- Increased confidence

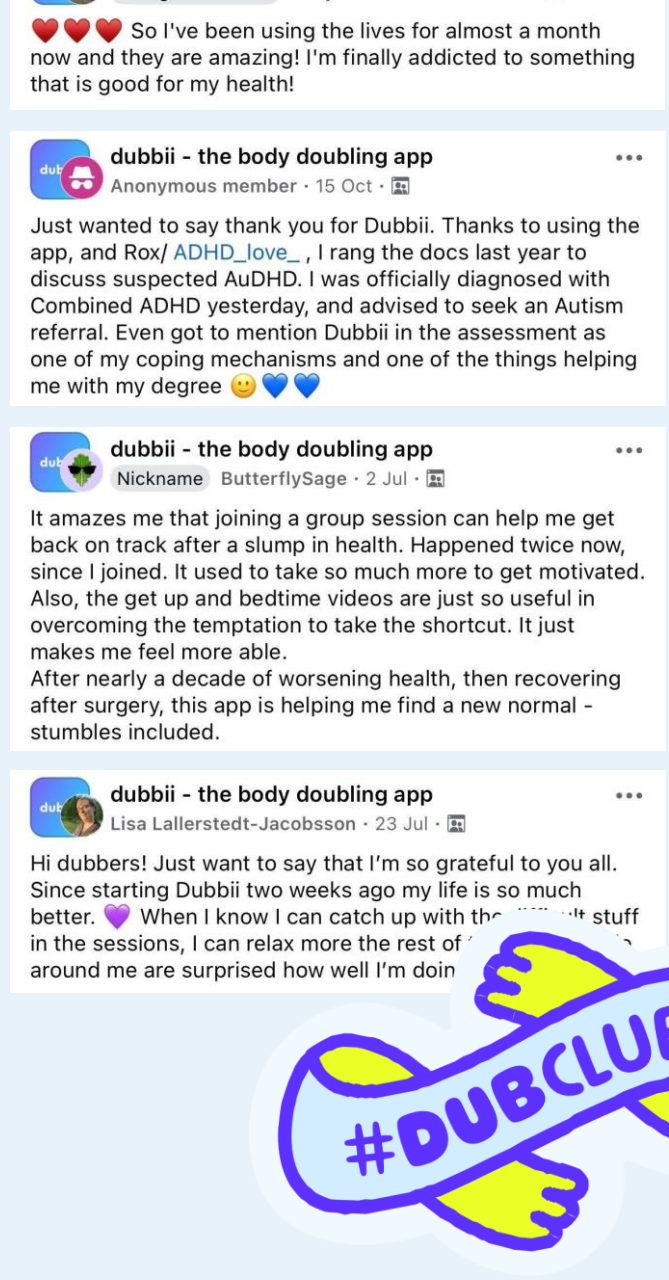
3.

Accessibility and consistency

- 24/7 availability
- Daily support at home and at work
- No clinician time required
- Low barrier to entry

Early evidence

- **400,000+** downloads
- **4.9** stars on the App Store
- **89%** - helps their ADHD symptoms
- **84%** - helps finish tasks & stay focused
- **80%** - improves their mental health
- **96%** - reduces ADHD-related shame



dubbii supports NHS outcomes



Immediate support
during long ADHD
waiting times



Stabilises mental
health by reducing
shame & isolation



Offers practical
help with zero
clinician time



Improves medication
consistency through
gentle reminders

We are seeking NHS Trusts to validate that dubbii helps ADHD adults with:

- daily functioning at home & work
- self-care and wellbeing
- task initiation and follow-through
- medication routine support
- mental-health stability

The vision is for dubbii to be recommended as part of the ADHD pathway



Thank you for your time today

- Contact us at healthinnovation-em@nottingham.ac.uk if you have any queries.
- Visit our webpage where you can find a copy of the EOI Form and information on each of the innovators you heard from today.
- The event recording and slides will be added over the next few days.



Further information

- **Email:** healthinnovation-em@nottingham.ac.uk
- **Web:** healthinnovation-em.org.uk
- **X:** @Healthinn_em
- **LinkedIn:** [Health Innovation East Midlands](#)
- **Sign up to our newsletters:** healthinnovation-em.org.uk/updates



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events

