

BETWEEN:

Mr DAVID SCOTT

Claimant

and-

SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST

First Defendant

and-

CHIEF CONSTABLE OF SOUTH YORKSHIRE POLICE

Second Defendant

and-

Ms GILL FURNISS MP

Third Defendant

-and-

NORTH LONDON NHS FOUNDATION TRUST

Fourth Defendant

-and-

COMMISSIONER OF POLICE OF THE METROPOLIS

Fifth Defendant

PARTICULARS OF CLAIM

PARTIES

- 1) The Claimant is Mr David Scott [REDACTED] Sheffield, S Yorks, [REDACTED] and is a private citizen, autism activist, and medical scientist-entrepreneur.
- 2) The First Defendant is Sheffield Health and Social Care NHS Foundation Trust of Centre Court, Atlas Way, Sheffield, S4 7QQ, and is an NHS Trust to which the Defendants communicated with either directly or indirectly. Henceforth referred to as 'SHSC'.

- 3) The Second Defendant is Chief Constable of South Yorkshire Police and the legal entity for South Yorkshire Police of Carbrook House, Carbrook Hall Rd, Sheffield S9 2EG. Henceforth referred to as 'SYP'.
- 4) The Third Defendant is Ms Gill Furniss of House of Commons, London, SW1A 0AA and is the Claimant's MP. Henceforth referred to as 'GF'.
- 5) The Fourth Defendant is North London NHS Foundation Trust of 4 St Pancras Way, London, NW1 0PE of which FTAC (Fixated Threat Assessment Centre) is a part. Henceforth referred to as 'NL' or 'FTAC'.
- 6) The Fifth Defendant is the Commissioner of Police of the Metropolis and is the legal entity for the Metropolitan Police, New Scotland Yard, Broadway, London, SW1H 0BG of which FTAC (Fixated Threat Assessment Centre) is a part. Henceforth referred to as 'MPS' or 'FTAC'.

SUMMARY OF CLAIM

- 7) The claim covers co-ordinated (or semi-co-ordinated) action by the state to suppress autism activism and scientific expression/advances, advances that have the potential to explain and cure the 1bn+ chronically unwell globally, whilst reducing unnecessary medical harms and deaths, particularly for autistic people. There are 3 parts to this Claim. The first covers misconduct by SYP. The second covers inaccurate records made by the police/NHS, and defamatory statements made by GF. And the third covers systemic medical failures for autistic people (and others) of which the Defendants are aware but have chosen to do nothing. These 3 parts have overlapping and interconnected facts with the same or similar Defendants and thus cannot be simplified further. A list of acronyms and a glossary of terms are included at the end of this Particulars of Claim.

CAUSES OF ACTION

PART 1 – SYP Misconduct

- 8) The Claimant alleges that SYP violated §13, §27, and §29 Equality Act 2010 (EqA), and Articles 3, 5, 6, 8, 10 and 14 of the European Convention on Human Rights (ECHR) as incorporated in Human Rights Act 1998 (HRA).

PART 2 – Inaccurate Records and Defamation

- 9) The Claimant alleges that the Defendants violated §13, §27, and §29 EqA, the police and NHS violated Data Protection Act 2018 and UK GDPR, specifically Article 5(1)(d) (GDPR), and Articles 2, 3, 5, 6, 8, 9, 10 and 14 of the ECHR as incorporated in HRA. and GF common law defamation as governed by Defamation Acts 1952 and 2013 (DFA),

PART 3 – Medical Failures

- 10) The Claimant alleges that the Defendants violated §13, and §29 EqA, and the police and NHS violated Articles 2, 3, and 14 of the ECHR as incorporated in HRA.

RELATED CLAIMS AND OTHER ISSUES

- 11) 4 related claims were filed at the County Court. These Claims are being administratively mishandled and were in limbo for nearly 6 months, with 3 claims not served. These claims have now been discontinued with parts relating to EqA and HRA violations incorporated into this High Court claim. The County Court Claim Nos are **M11ZA257**, **M11ZA274**, **M11ZA270**, and **M11ZA264**. Note that this Claim was similarly administratively mishandled with N1s not issued for over 3 months.

BACKGROUND

- 12) I used to be a nuclear safety consultant requiring security clearances, which requires access to medical records. I began to become sick with ME/CFS in 2011, having to completely give up work in June 2014. I have now recovered.
- 13) In July 2018, I identified a number of inaccurate and defamatory statements in medical records and concluded they were being made because I am autistic. I was diagnosed on 4 April 2019, principally to protect me from the British State. These issues directly led to me establishing my autism activist/advocacy organisation GLITTER RESIST, which principally focusses on healthcare. My activism involves provoking organisations and then using their overreactions against them.
- 14) From early 2018 onwards and having failed to recover from ME/CFS, I focussed my attention more on my illness. At that point in time, I had just begun to understand that medicine is doing science wrong in the same way engineering was historically, i.e. medicine is currently not following the scientific consensus for nonlinear systems. Early 2021, I identified a novel mechanism for ME/CFS computationally. I then developed this mechanism further, which when combined with a fair amount of self-experimentation, leading to me curing my ME/CFS; the specifics of which amount to Trade Secrets.
- 15) From 2015 to present, I was repeatedly harmed and nearly killed by medical failures because I am autistic. In August 2023 and after experiencing extremely poor care following medication-induced kidney damage, I then understood that being autistic is also in the part of medicine that is wrong. This meant that my 2 projects merged.
- 16) Early 2024, after the failure of SYP to open investigations into the reckless medical care being provided to autistic people and after being assaulted by 2 SYP officers, I directed my activism towards them. All these issues resulted in multiple misconduct directed towards me by the Defendants.

FACTS

PART 1 – SYP Misconduct

- 17) On 27 January 2024 and whilst wearing noise reduction headphones, I was stopped by 2 SYP officers who demanded I give them my name. I asked if I was suspected of committing a crime to which they refused to answer. They then got out the car, asserting that not giving my name was suspicious, before grabbing both my arms and twisting my right arm until I was caused severe psychological distress and pain, at which point I gave them my name. They then searched my bag unlawfully, but not the main part of my bag. I was not arrested. One of the officers (and later their sergeant) asserted that I had been stopped because of reports of someone stalking with a machete. These actions gave me PTSD manifesting as hypervigilance, nightmares, and anger.
- 18) On 19 February 2024, I had a response to my complaint from SYP about the above, trivialising the seriousness of the allegations and the effects they had on me.
- 19) On 5 March 2024 and during correspondence about the above. SYP refers to me as “*suffering from autism*”. I responded on the same day as empty bombast as an activist that included “*I've decided to concentrate on becoming powerful enough I can then hold you to account by having you tortured and executed.*”
- 20) Some 7 weeks later and on 27 April 2024, I was arrested for harassment for the above with SYP asserting it constituted a threat. I was unarrested at scene once I agreed to attend a voluntary interview.
- 21) Later on 27 April 2024, I wrote a Letter Before Action (LBA) to SYP in relation to the above pointing out that they had delayed contact for 7 weeks and thus the statements were not really considered threatening, and again asserting that they were empty bombast citing *Chambers v DPP* [2012] EWHC 2157 for both.
- 22) On 28 April 2024 in the police interview with SYP, I explained to the officers that it was empty bombast, which is not unlawful. Later on the same day, I was told verbally that I was being charged, with me later finding out that this was for a communications offence not harassment.
- 23) On 21 November 2024, I reported a neighbour who had been harassing me to SYP for stealing my cat food bowl. SYP then accused me of stalking this female neighbour, and I was later questioned under caution. Both officers knew I am gay (and autistic).
- 24) On or around 22 November 2024, one of these officers wrote to Sheffield City Council Adult Social Care and said that I am heterosexual, I had been harassing this neighbour, I had self-diagnosed myself as autistic, and that she believed I had a personality disorder. The latter was stated as being in relation

to me asserting to SYP that medicine is doing science wrong, and harming and killing autistic people (and others) unnecessarily.

- 25) On 26 November 2024 in the police interview for the above, I was shown mobile phone footage NC/2 provided by the neighbour that was purported to be from the 7 July 2024, but was actually from 8 July 2024 and obviously taken by someone else.
- 26) On 27 November 2024, SYP logged unrelated CCTV LL/4 as NC/2 in order to hide the above. Afterwards, I was given a charge sheet that included harassment but was told it was an error and that I had not been charged with harassment, yet these inaccurate statements remained in police records and on national databases.
- 27) On 13 January 2025, an internal email of South Yorkshire Mayoral Combined Authority stated that I had been charged with harassment, which is not true.
- 28) On 16 February 2025, I sent a draft cover letter for an International Criminal Court (ICC) report to SYP. The next day on 17 February 2025, I wrote a number of emails to SYP and GF. In these emails, I alleged that I had been assaulted by SYP, including being given a black eye because of the above draft letter.
- 29) On 20 February 2025 and during the day, 2 SYP officers again came to my home under the guise of a welfare check to incite me to report a crime in the form of the black eye. I did not report any crime, but I did in exasperation say 'you' in response as to who have given me a black eye to get them to leave.
- 30) Later on 20 February 2025 at night, 2 different SYP officers came to my home and arrested me for indecent exposure. The officers were extremely hostile. They claimed I had flashed neighbours from a closed window on 4 February 2025 at 11:00am, but this is not possible during the day because of the reflections of the light. My phone was then seized on the basis that SYP needed to access my CCTV, whose cameras point outwards not inwards, and my home was then searched. During the arrest, I was thrown up against a wall just out of sight of my CCTV (but not out of range of its audio) and psychologically distressed, and I was then asked for my phone passcode.
- 31) After similar mistreatment in custody, I provided my passcode under duress. The other mistreatment included where I was forced into a confined space whilst knowing I am claustrophobic, and the door shut. This caused me to panic and hit my head, losing consciousness, where I was then dragged semi-unconscious across the custody floor. An SYP officer at one point non-verbally invited me to take his TASER. I received no medical assistance for the head injury.

- 32) Whilst in custody and as an act of defiance whilst extremely distressed, I stripped naked. SYP then proceeded to covertly film me naked and in distress, whilst attempting to incite crimes. I was then denied sufficient water and experienced a dehydration medical event, to which I received no medical assistance. I believed I had been brought into custody for SYP to kill me and was distressed about what would then happen to my cats. At one point I asked the custody civilian staff whether that was the case. These incidences gave or worsened PTSD manifesting as nightmares and hypervigilance.
- 33) During attendance in custody, I spoke to one of the Liaison and Diversion Team (L&D) of SHSC, and I explained why the NHS is dangerous for me because I am autistic, which necessitated explaining the problems with medicine philosophically. L&D staff on other occasions were overtly hostile towards me because I am autistic.
- 34) On 21 February 2025, I returned home to find an 'Information to Occupier' form, which stated that my home had been searched again under §18(1) Police and Criminal Evidence Act 1984 (PACE). The CCTV for this visit demonstrated that officers were searching for an unpassword protected device.
- 35) On 22 February 2025, I reviewed my records and identified that I was at the vets with my sick cat at the time of the indecent exposure, providing SYP my alibi with evidence, which was acknowledged.
- 36) Following these events, I rapidly wrote my report to the ICC believing SYP were going to kill me, filing the report on 7 March 2025. I served a copy of the report and the completed cover letter on the Prime Minister's Office, GF, SYP, and others on the same date. The report referenced the discriminations detailed in this and the County Court Particulars of Claims.
- 37) On 14 April 2025, I attended the Trial for the communications offence prosecution where the CPS dropped the charges prior to trial.
- 38) On 18 April 2025, I raised a complaint about the events on 20 February 2025 to SYP including complaining of discrimination and victimisation, which was first misrepresented and then rejected in its entirety on 15 August 2025. SYP has never responded materially or at all to any complaints of autism discrimination or victimisation.
- 39) On 28 May 2025, I made Subject Access Requests (SARs) including summarising previous SAR non-compliances to SYP over the last 5 years ago, requesting all my personal data including body cam and CCTV. Only a fraction of these requests have been complied with to date. I also made a Freedom of Information request about criminal investigations into autistic people since 2020.

- 40) On 23 June 2025, I received a response to my FOI, which demonstrated that SYP had started targeting autistic people from 2021 onwards. I had no response to my SARs.
- 41) On 18 July 2025, I wrote Letters Before Action (LBAs) to SYP relating to all the events above, followed by a further supplementary letter dated 2 August 2025. I had no response to any of these letters.
- 42) On 28 July 2025, the Crown Prosecution Service (CPS) in correspondence stated that SYP had attempted to prosecute me for the indecent exposure false report, but authorisation had been withheld. This is despite my alibi, which SYP never investigated and withheld from the CPS. They also stated that the reason why the charges were dismissed for the communication offence is because the CPS did not believe SYP staff had really felt threatened.
- 43) On 13 November 2025, I was arrested on the basis that I was being confrontational and had refused to show SYP the contents of my phone, which are not grounds for arrest. My phone was not seized and I was de-arrested at the scene.
- 44) On 18 November 2025 and principally because of these issues, I attempted suicide.
- 45) On or around 24 January 2026, SYP charged me with indecent exposure, despite the allegation going against the laws of physics, my alibi, and the CPS previously declining prosecution.

PART 2 – Inaccurate Records and Defamation

- 46) On or around 4 November 2011, I took ginkgo biloba, a common herbal medication. However, the medication made me feel ‘manic’ and irritable most likely because I am autistic. I later mentioned this to my GP on 2 May 2012 who then wrote in my medical records that I had complained of “*ongoing episodes of ‘attacks’ of getting irritable, feeling manic*”, which was not true. These types of inaccurate and defamatory statements exist throughout my medical records to the point that I have stopped going to a GP, having had only 2 GP appointments in the last 6 years.
- 47) In December 2013, I started a new contract role as a nuclear safety consultant. The value of this contract was £105,099/yr before tax. I unfortunately had to break this contract and give up work in June 2014 because I was too sick to work due to ME/CFS.
- 48) On 3 February 2017, I received my security clearance for a role I had applied for a year ago, but I remained too sick from ME/CFS to work. These security clearances were provided on the basis of medical and other records up until 2016 and an interview held late 2016.

- 49) In or around May 2017, I had a consultation with a neuropsychiatrist at Salford Royal Hospital who carried out a mental health assessment. She did not diagnose any mental illness, and no psychiatric medication was prescribed or taken.
- 50) On 25 September 2017, I had an appointment with a consultant psychiatrist at Greater Manchester Mental Health Services. I terminated the consultation because he would not let me audio record the appointment. No assessment was carried out yet I found out he had written to my GP to state I had "*likely Bipolar Affective Disorder*".
- 51) In July 2018, I made subject access requests (SARs) for my medical records under the new GDPR, defamatory identifying multiple records relating to BAD or its symptoms. I then discovered that autism is frequently mistaken for BAD and that other autistic people often have inaccurate statements in their medical records, leading me to seek an autism diagnosis to protect me from the NHS and others.
- 52) I then soon after established GLITTER RESIST, setting up the website at glitterresist.org. This website focusses on healthcare, and I have never written about GF or any other public figure there or anywhere else. The website at glitterresist.org generally only has few visitors with short-term peaks usually when I (rarely) publish a blog or if I send correspondence, which lists the website.
- 53) On 8 September 2018, 21 October 2018, and 28 October 2018, I wrote blog entries on glitterresist.org. At the time the website was more like a personal blog documenting my experiences of using the NHS whilst autistic. Blogs are also not medical records.
- 54) These historical blogs do state that I was diagnosed with BAD. The reason why was partly because of my misunderstanding of the statement "*likely Bipolar Affective Disorder*" at the time, but mostly because it was written to simplify the blog and to exaggerate events to garner sympathy. The facts are that I am not diagnosed with BAD, I was diagnosed as autistic 6 months later, and autism is frequently mistaken for BAD.
- 55) The blogs also state that the reported BAD "diagnosis" was provided despite no mental health assessment being carried out (demonstrating the statements were rhetorical) that the NHS has fabricated mental illness statements about me previously (referring to '*Chinese Whispers*' where healthcare workers fabricate statements, which then get amplified through further fabrications to create a false mental illness narrative), that I do not have BAD and that autism is often confused with BAD, and that a mental illness diagnosis would harm my career where I was previously a high earner.
- 56) On 4 April 2019, I was diagnosed as autistic.

- 57) On 16 February 2025, I sent a draft copy of the ICC report cover letter to be sent to the Prime Minister to SYP and GF as discussed. This letter states that I used to be a nuclear safety consultant and held government security clearance, that I have I have been repeatedly harmed and nearly killed by the NHS because I am autistic, that the NHS should be abolished, that a survey carried out for Westminster demonstrates that 74% (not 78% as stated) of respondents perceive that autistic people receive worse or much worse quality healthcare than others, that autistic people die much younger and are 9 times more likely to commit suicide, and that this is because of deliberate or reckless acts by the British State including the NHS. I am also highly critical of the NHS and the Labour Party.
- 58) On 20 to 22 February 2025 (Monday to Wednesday) and thus a few days after serving the draft ICC report cover letter on Friday 16 February 2025, glitterresist.org demonstrated a short-term peak in visitors with multiple views of my blog entries.
- 59) On 7 March 2025. I filed/served the ICC report as discussed. The report asserts that the NHS is harming and killing autistic people unnecessarily because medicine is doing science wrong, as well as documenting personal experiences with healthcare workers writing falsities in my medical records.
- 60) Late Friday 7 March 2025 (and thus the day I filed/served my ICC report), glitterresist.org again demonstrated a (larger) short-term peak in visitors with multiple views of my blog entries.
- 61) During the period between 20 February 2025 and around 13 March 2025, GF reviewed my historical blog entries.
- 62) On or around 13 March 2025 (Thursday) and following serving of the ICC report on GF, she made defamatory statements orally to FTAC (NL/MPS as discussed). GF knew the statements were untrue because she had a copy of the ICC report and other documents contradicting her statements, which she never disclosed. The exact statements are unknown, but from FTAC records were of the form that I have a mental health diagnosis and have become fixated on her and other public figures.
- 63) Consequently on 13 March 2025, SHSC documented inaccurate records about me between Alison Wilson of NL/MPS and SHSC on their Insight database and to my GP medical records. These included inaccurate statements such as that I had been charged with indecent exposure, have a disputed BAD diagnosis to which I have stopped taking medication for, and I am grandiose, impulsive, and sexually disinhibited. The records also assert that there is no date for the BAD diagnosis, refers to my discussions that medicine is doing science wrong, and notes that I was a *nuclear scientist* [sic].
- 64) On 25 March 2025, SHSC documented inaccurate records entry from Anisa Azhar of SHSC about me on their Insight database, which state that my GP suggested a BAD diagnosis, which was refused. The

entry also states that I am very anti-NHS, that I believe the NHS makes an attempt on my life each year because I am autistic, that I stopped taking HIV+ medication, and that I have sued my GP practice multiple times in the past.

- 65) On 9 April 2025, SHSC documented inaccurate records from Nicola Watson of SHSC about me on their Insight database, which states that I had been writing with more focussed interest about GF, that I had indecently exposed myself and harassed female neighbours, that I am diagnosed with BAD and disputed this diagnosis, and that there is no evidence of any BAD diagnosis.
- 66) On 14 April 2025, SHSC inaccurate records correspondence from Sohail Raza of Practice Plus Group Holdings (part of L&D) about me on their Insight database, which state that I lack capacity to make decisions regarding care and treatment for a mental disorder due to persecutory delusions, demonstrated chronic distrust of the authorities and the state, and that I offered no explanations for these conspiratorial activities against me. The entry also states that I had no visible signs of mental illness, describes normal activism behaviours as pathological, that I do not want the NHS to exist, and refers to the ICC report and its 158 exhibits.
- 67) On 28 May 2025, I made an SAR to SHSC for my medical and other records, to which I received a response on or around 11 June 2025. These medical records include the inaccurate and defamatory statements, worsened in aggregation, as summarised in the paragraphs above. Relevant text from these records is presented in Appendix A.
- 68) These statements or similar are included in SHSC records accessible by their staff and on national databases accessible by a large number of people, and some are included in my GP medical records. The existence of these would need to be disclosed to the Vetting Agency and thus would prevent me from obtaining security clearances.
- 69) On 3 September 2025, I wrote LBAs to the Defendants in relation to these issues. I had a response from SHSC only dated 25 November 2025 where they denied malice or recklessness, discrimination/victimisation or GDPR violations, instead blaming FTAC. However, they refused to delete or correct the records. SYP and FTAC tacitly refused to correct records by not responding.

PART 3 – Medical Failures

- 70) From 2015 to 2024, I have been repeatedly harmed by diagnostic failures and medications because I am autistic (and because I had ME/CFS). In 2021, I stopped taking all medications except ones I had direct experience of being safe.

- 71) Sometime early in 2018, I realised that medicine was doing science wrong and that is why medicine cannot explain a host of common diseases like ME/CFS, common psychiatric illnesses, and epilepsy.
- 72) In October 2020 and February to July 2023, I developed kidney damage from over-the-counter medication, manifesting atypically because I am autistic, and thus received inadequate healthcare.
- 73) On 9 June 2023, I contacted GF in a letter sent via email about these issues, receiving a response on 11 August 2023, telling me to complain to the NHS.
- 74) In August 2023 and given all of the above, I finally fully understood that being autistic is also in the part of medicine that is wrong.
- 75) On 1-3 October 2023, I raised these issues with almost every NHS Trust in the UK, but I had no or no meaningful response. These Trusts included the 2 predecessors of NL, namely Barnet, Enfield, and Haringey Mental Health NHS Trust, and Camden and Islington NHS Foundation Trust.
- 76) I also contacted SHSC separately in writing, to which I had a response on 27 October 2023, where they denied they were legally required to ensure their services are safe for autistic people. These NHS Trusts therefore took no action to prevent me and other autistic people from coming to harm.
- 77) On 7 March 2025, I filed/served the ICC report and cover letters as previously discussed. These assert that medicine is doing science wrong in relation to nonlinear systems, leading to unnecessary harms and deaths of autistic people. The report was sent to GF and SYP as discussed.
- 78) On 25 March 2025, I sent the ICC report to every NHS Trust including SHSC and NL, but they took no action to prevent me or other autistic people from coming to harm.
- 79) On 30 March 2025, I raised these issues with every territorial police force, providing an abridged copy of the ICC report, to which I had no or no meaningful response. This included MPS who did not respond at all and therefore took no action to prevent me or other autistic people from coming to harm.
- 80) On 5 September 2025, I completed the policy report entitled "*Nonlinear Harms in Diagnosis and Treatment: Reforming Healthcare to Protect Patients*" and technical report entitled "*Nonlinear Harms in Diagnosis and Treatment: Reforming Healthcare to Protect Patients*" associated with the ICC report, that more clearly demonstrate that medicine is doing science wrong and thus the NHS is recklessly harming and killing autistic people (and others). These documents were distributed to various national, foreign, supranational, and media organisations. The reports state specifically:

- a) Medicine is doing science wrong because it is not following the scientific consensus in relation to nonlinear systems.
- b) Medicine assumes nonlinear systems are the same as linear systems, except the relationship between variables are nonlinear, which is not true.
- c) Nonlinear systems may include emergent failure modes, may interact less predictably, may not be able to be easily combined or at all, may not be deterministic, and may be counterintuitive. None of these are true for linear systems.
- d) Medications with nonlinear effects may be more unpredictable and may counterintuitively in improving symptoms, worsen the underlying pathology.
- e) Experiments on nonlinear systems may not be deterministic, rendering such studies invalid and wrong.
- f) Patients within studies or studies within meta-analyses, where the subject of inquiry is a nonlinear system, cannot easily be combined statistically or at all, rendering such studies invalid and wrong.
- g) Studies valid on one group may not be valid on another if the differences between those groups are nonlinear, e.g. autistic people.

81) These failures in medicine affected me directly because this is the reason why medicine cannot explain and cure ME/CFS (or a host of other common diseases) and also why I have been repeatedly harmed and nearly killed by medications, and diagnostic failures relating to deviations in blood chemistry from kidney damage, and ergot poisoning.

82) On 6 September 2025 and 7 October 2025 I raised these issues with the Chief Coroner's Office who in their responses dated 24 September 2025 and 20 October 2025 declined to engage with the issues.

83) On 7 October 2025 I raised some of these issues with Sheffield Teaching Hospitals NHS Foundation Trust who responded on 27 October 2025 that it would not be cost-effective to save the lives of autistic people.

EXPERT WITNESSES

84) Permission from the Court is requested for expert witnesses based on what parts of the Claim the Defendant(s) choose to deny.

LEGAL GROUNDS.

Defamation

85) This tort relates to defamatory statements published made to FTAC by GF. These statements were made on or around 13 March 2025, which is well within the defamation 1-year limitation. The elements of defamation are made as follows:

Defamatory:

- a) The statements were made orally by GF on or around 13 March 2025 and it was reasonably foreseeable that they would end up in my medical records. The assumed natural and ordinary meaning of them are:

I have been diagnosed with Bipolar Affective Disorder that I dispute and have been writing with more focussed interest about Gill Furniss MP and other public figures on my website.

- b) These lowers me in the estimation of right-thinking members of society and would cause me to be shunned and avoided. This is evidenced by the referral to FTAC and the comments made on 14 April 2025 implying that I should be sectioned and forcibly medicated. These would also prevent me from obtaining security clearances.

Publication:

- c) The statements were made to FTAC, and thus a third party.

Identification:

- d) The statements identify me specifically as they have now been included in my medical records.

Serious Harm:

- e) The statements have caused serious harm to my reputation as a patient, activist, and scientist as they are being used as evidence of mental illness. These also seriously harm my reputation with the Vetting Agency.
- f) The statements have also caused serious financial harm as I would not be able to obtain security clearances to return to my career as a nuclear safety engineer. At best, and in the unlikely event Court action can fix the problem at Trial (assumed to be 2 years from filing), then I would suffer estimated loss of future earnings of approximately £140,000, which is still serious financial harm.
- g) As serious financial harm is demonstrated then there is no requirement to plead any slander exemption for special damages. However, the statements in any case disparage my professional status as a nuclear safety consultant and thus the exemption under §2 Defamation Act 1952 applies.

Defences:

- h) GF targeted me because I am an autistic activist and scientist, and as retaliation for criticising the NHS and the Labour Party, and for naming her as a suspect in my ICC report. She knew the statements she made were untrue because the ICC report and other documents in her possession contradict her, and because she never disclosed this report or other documents to FTAC. These demonstrate malice or recklessness.

UK GDPR

Data Protection Act 2018 and UK GDPR and Inaccurate Records – All except GF

- 86) This tort is about the inaccurate records (as detailed above) pursuant to Article 5(1)(d) UK GDPR:
- a) **Data Controller:** SHSC, SYP, NP, and MPS are data controllers.
- b) **Personal Data:** The records consist of my personal data as they are included within police and medical records relating to me personally.

- c) **Inaccuracies:** The records are inaccurate as detailed above.
- d) **Material to Purpose:** The inaccurate records harm my interactions with the police and NHS.
- e) **No reasonable Steps:** The inaccurate records were from malice or recklessness as detailed above because SHSC has explicitly refused to correct them, whilst others tacitly by not responding.
- f) **Damages:** The inaccurate records have caused non-material harm in the form of distress and material harm in the form of loss of future earnings as detailed above.

Equality Act 2010

Time Limits

- 87) §118 EqA requires proceedings to be brought within 6 months or another period if the Court believes it would be just and equitable. The events were discovered on 11 June 2025 following an SAR and were brought to the Court on 5 October 2025 and thus within the limitation. However, the Claim Form was only issued on 16 January 2026 due to maladministration by the High Court, but it would not be just and equitable to deny this cause of action on that basis. The events with SYP are also ongoing with the last event being on or around 24 January 2026, which is within 6 months of the date of this Particulars of Claim.

Disability

- 88) §6 EqA defines a disability as a long-term mental or physical impairment that substantially affects a person's day-to-day activities. At the time of the events, I had ME/CFS and this affects cognition, which when combined with being autistic meant I became "more autistic". This meant I needed to wear noise reduction headphones because sounds were intolerable and meant my ability to communicate in the way non-autistic people need to not treat me badly degraded. I had ME/CFS from 2011 to 2026 thus was long-term. This is all evidenced by non-autistic people repeatedly treating me badly for no valid reason as detailed in my ICC report. The DWP accepted I was sick and disabled because of this combination from 2017 until present. I was diagnosed as autistic on 4 April 2019.

Provision of services, etc

- 89) The Defendants carry out public functions and thus must comply with §13, §27, and §29 EqA.

Direct Discrimination - All

- 90) This tort is about how the actions of the Defendants amount to direct discrimination pursuant to §13 EqA. The comparator is hypothetical and is someone who is not autistic. The burden of proof shifts to the Defendants to prove their actions were not discriminatory once the prima facie case is met pursuant to §136 EqA. The prima facie elements for direct discrimination are met as demonstrated in the following paragraphs.

Less Favourable Treatment

- 91) I was subjected to the following less favourable treatment because I am autistic:
- a) Unlawful assault and arbitrary detention/search by SYP for not providing my name.
 - b) Arbitrary prosecution for a communications offence.
 - c) Arbitrary harassment investigation by SYP.
 - d) Entrapment relating to the black eye allegation and whilst in custody by SYP relating to events surrounding the false indecent exposure allegation.
 - e) Arbitrary arrest and mistreatment on arrest and in custody by SYP relating to the false indecent exposure allegation.
 - f) Arbitrary prosecution for false indecent exposure allegation.
 - g) Defamatory records by GF and inaccurate records (and refusal to correct these records) by the police and NHS.
 - h) Failing to prevent medical harms by all.

Treatment Link to Discrimination

- 92) The less favourable treatments are linked to my autism disability because:
- a) Correspondence and otherwise throughout asserts I am an autism activist.
 - b) SYP in correspondence referred to me '*suffering from autism*'.
 - c) SYP has been targeting autistic people since 2021.
 - d) SYP has never responded meaningfully to allegations of discrimination/victimisation.
 - e) The NHS Trusts referred to me as grandiose for demonstrating normal autistic behaviours.
 - f) The NHS Trusts otherwise thinking I had BAD when it is known medically that this is often confused with autism.
 - g) The NHS Trusts assuming false stereotypes of autistic people are true.
 - h) 74% of respondents to a survey believe autistic people receive worse healthcare than others.
 - i) SYP, GF, and NL, MPS never responded to my LBA and SHSC never responded to the discrimination allegation indicating guilt.
 - j) My report to the ICC demonstrates consistent and similar prejudice towards me by the NHS.
 - k) Autistic people are 9 times more likely to commit suicide.
 - l) Autistic people die much younger than others.
- 93) The Defendants are invited to provide alternative explanations for their actions, providing strict proof. Any such pleadings would lack merit because there is none given the facts. I shall be seeking damages for injury to feelings and loss of future earnings.

Victimisation - All

- 94) This tort is about how the actions of the Defendants amount to victimisation pursuant to §27 EqA. The detriments are the same as the less favourable treatments above. The burden of proof shifts as before.

Protected Acts

- 95) The Protected Acts included:
- a) Complaints to SYP of discrimination.
 - b) Complaints to MPS of discrimination by SYP.
 - c) Knowledge of complaints of discrimination by the NHS by SHSC, FTAC, and GF.
 - d) Protected Acts documented in the ICC report (provided to all) relating to the allegations in this and the County Court Particulars of Claims.

Link to Protected Acts

- 96) The detriment is linked to these Protected Acts because:
- a) SYP became fixated on me when I kept making complaints of discrimination.
 - b) MPS never responded to the allegations of discrimination made against SYP and others.
 - c) GF acted with malice on reading the Protected Acts relating to the NHS and herself in the ICC report.
 - d) SHSC and FTAC noted complaints of discrimination against the NHS.
- 97) The Defendants are invited to provide alternative explanations for their actions, providing strict proof. Any such pleadings would lack merit because there is none given the facts. I shall be seeking damages for injury to feelings and loss of future earnings.

Human Rights Act 1998

Articles 2 and 3 – Right to Life and Inhumane/Degrading Treatment

- 98) The first HRA violations arise from 2 systemic gaps in the NHS that create a real and continuing risk of preventable harm and death to me (an autistic adult) and autistic people generally.

Systemic Gap 1 – Inaccurate Medical Records – SHSC/NL/MPS

- 99) The elements of Article 2 and 3 ECHR HRA violations are met as follows:
- a) **Public Function:** The NHS is a public authority under §6 HRA.
 - b) **Real Risks:** Accurate medical records are a core component of the regulatory framework required to medically protect life. The ICC report and evidence in this Claim provides 12+ years of demonstrably false medical records made about me because I am autistic. There is a real risk of me being harmed or killed if records are wrong, particularly in mental health services, as sectioning and forced medication would likely lead to severe harm or death, in a similar way another autistic man Oliver McGowan died.
 - c) **Foreseeable:** These issues have been known by the NHS since at least October 2023 and have been much more widely known since I filed and distributed my ICC report on 7 March 2025. Despite these, no action has been taken to prevent such inaccurate records for autistic people.
 - d) **Systemic Positive Duty and Structural Failures:** There is no acknowledgment that the NHS routinely makes inaccurate records about autistic people let alone any investigation or strategy to

prevent this. Oliver McGowan was prescribed medication that was known to be harmful and potentially fatal to him, yet the Inquest never addressed the issues of medical records.

- e) **Causation and Minimum Level of Severity:** The combination of medical record failures and lack of safe and effective evidence-based medicine because I am autistic creates a toxic medical environment and high risk of severe harm.
- f) **Justification:** These obligations are absolute, yet the NHS has stated that it would not be cost-effective to provide safe and effective healthcare to autistic people.

Systemic Gap 2 – Medical Failures – All except GF

100) The elements of Article 2 and 3 ECHR HRA violations are met as follows:

- a) **Public Function:** The NHS is a public authority under §6 HRA.
- b) **Real Risks:** There is a real risk to life to me and other autistic people if diagnostics and medications are not proven safe and effective; indeed, I have been repeatedly harmed and nearly killed by the NHS over the last 10+ years because of this, as documented in my ICC report. The policy and technical reports provide further evidence of harms to autistic people (and others), and provides a theoretical framework that explains why, namely medicine is doing science wrong.
- c) **Foreseeable:** These issues have been known by the NHS as per above.
- d) **Systemic Positive Duty and Structural Failures:** The NHS has a duty to provide safe and effective evidence-based healthcare. There is no acknowledgment that medicine is doing science wrong and thus medicine is practicing healthcare on autistic people (and others) without any evidence of its safety/efficacy and without informed consent, let alone there being any NICE or equivalent standards specific to autistic people. The death of Oliver McGowan occurred because he was prescribed medication against NICE guidelines and because that medication had never been proven safe for him because he is autistic and otherwise. The Inquest was also biased or negligent and had the effect of covering up his death at the hands of the NHS. Other Inquests demonstrate similar issues. The Chief Coroner has been made aware of these issues but refused to engage with the core issue, namely that autistic people (and others) are being preventably harmed and killed because medicine is doing science wrong.
- e) **Causation and Minimum Level of Severity:** As per above. Multiple instances of my severe harm are documented in my ICC report.
- f) **Justification:** These obligations are absolute, yet the NHS has stated that it would not be cost-effective to provide safe and effective healthcare to autistic people.

Inhumane and Degrading Treatment – SYP only

101) These Article 3 ECHR violations arise from the actions of SYP. The elements of Article 3 ECHR HRA violations are met as follows:

- a) **Public Function:** Police are public authorities under §6 HRA.
- b) **Severity Threshold:** SYP caused severe psychological distress/pain for the purposes of obtaining

my name, giving me PTSD. On another time, SYP threw me up against the wall causing severe psychological distress. In custody, I was forced into a small holding cell and the door unnecessarily shut, whilst knowing I am claustrophobic, causing me to panic and hit my head, leading to temporary loss of consciousness. I was then treated as an object and dragged semi-conscious from the cell across the floor to the custody sergeant. In the cell proper I believed I had been brought into custody because SYP were going to kill me (causing me distress over concerns for the welfare of my cats), indeed I asked if that was the case to the custody civilian staff. These actions were deliberately cruel for the purposes of obtaining my phone passcode, which was later given under duress. I was treated in this manner because I am autistic, which lowers the severity threshold, and the events gave or worsened PTSD. The severity threshold for all 4 are clearly met.

- c) **Inhumane/Degrading Quality:** The first 3 instances meet the threshold of intense suffering and the last the threshold of degrading treatment.
- d) **Justification:** The prohibition is absolute, particularly given that the purpose of these actions was to unlawfully obtain my name and my phone passcode.
- e) **Positive duty:** These are also breached because SYP knew that I am autistic and according to them I was a 'vulnerable adult'.

Article 5 – Right to Liberty

Arbitrary Detention - SYP

102) This HRA violation arises from the actions of SYP. The elements of Article 5 ECHR HRA violations are met as follows:

- a) **Public Function:** Police are public authorities under §6 HRA.
- b) **Deprivation:** I was restrained on 27 January 2024, taken into custody for 24 hours on 20 February 2025, and arrested for 30 minutes on 13 November 2025.
- c) **Justification and Quality of Law:** There was no lawful basis for these detentions.
- d) **Arbitrary Detention:** The first detention was for the improper purposes of assaulting me to obtain my name, the second to seize my phone and to obtain my phone passcode through coercion, and the third from malice. These are thus arbitrary.

Arbitrary Sectioning – SHSC/NL

103) This HRA violation arises from the actions of NHS. The elements of Article 5 ECHR HRA violations are met as follows:

- a) **Public Function:** The NHS is a public authority under §6 HRA.
- b) **Real and Immediate Risk of Deprivation:** The inaccurate medical records paint me as mentally unwell and includes statements that I 'lacked capacity'. These pose a real and immediate threat to me being wrongly and arbitrarily sectioned.
- c) **Foreseeable:** These issues have been known by the NHS as discussed.

- d) **Systemic Positive Duty and Structural Failures:** Related sections from Articles 2 and 3 are repeated. SHSC specifically were told that my medical records were defamatory and/or inaccurate in the Letter Before Action to them, yet they refused to delete or amend these records. NL never responded to their LBA representing a tacit refusal.
- e) **Proportionate and Effective Measures:** Adding to, amending or correcting false medical records, training or raising awareness to NHS staff about their flawed medical recording practices for autistic people, and that autism may be mistaken for BAD, are clearly proportionate and effective.

Article 6 – Right to a Fair Trial – SYP only

104) This HRA violation arises from the actions of SYP. The elements of Article 6 ECHR HRA violations are met as follows:

- a) **Public Function:** Police are public authorities under §6 HRA.
- b) **Applicability:** I was subject to 2 entrapments: (1) an attempt to get me to report the black eye as a crime and (2) filming me naked whilst in custody. SYP also failed to investigate and withheld my alibi from the CPS for the indecent exposure, and when the CPS refused permission to charge, SYP charged anyway. These could have or are affecting me substantially.
- c) **Breach of Specific Right:** Entrapment, not investigating an alibi, withholding evidence, charging against CPS advice, are an abuse of process and/or fails the ‘equality of arms’ test.
- d) **Systemic Positive Duty and Structural Failures:** The Chief Constable of South Yorkshire Police has a positive duty to supervise her police to ensure that there are no abuse of process and thus is failing in this duty.
- e) **No Effective Remedy:** SYP has provided no effective remedy for their misconduct nor offered guarantees that these abuses of process will not re-occur. Indeed, SYP has never responded meaningfully to my complaints nor to any of my LBAs.

Article 8 – Respect to Private and Family Life – SYP only

105) This HRA violation arises from the actions of SYP. The elements of Article 8 ECHR HRA violations are met as follows:

- a) **Public Function:** Police are public authorities under §6 HRA.
- b) **Interference:** SYP searched my bag, my home twice, and seized and searched my phone. They also filmed me covertly whilst naked and in distress in custody.
- c) **Scope:** Your bag, home, phone, and naked body form a core part of your private life. Interference in these directly impacts my psychological and physical integrity, and my autonomy.
- d) **Justification:** The bag/home search and phone seizure/search were unlawful because the detentions were arbitrary and there was otherwise no justification. There is also no justification for filming a naked distressed person covertly or overtly.
- e) **Necessary and Proportionate:** Not relevant because the actions have no justification.

Article 8 – Respect to Private and Family Life – SHSC/NL/MPS

- 106) This HRA violation arises from the actions of the NHS. The elements of Article 8 ECHR HRA violations are met as follows:
- a) **Public Function:** The NHS is a public authority under §6 HRA.
 - b) **Interference:** The NHS is actively documenting inaccurate statements in my medical records as discussed. This interference is ongoing and there is no practical means to fully undo the damage or to prevent re-occurrence, ending my previous lucrative career permanently.
 - c) **Scope:** Medical records and careers form core parts of my private life. Inaccurate and pathologising entries directly impact my psychological integrity, autonomy in healthcare decisions, and reputation including with the Vetting Agency and thus my career.
 - d) **Foreseeable:** These issues have been known by the NHS as discussed above.
 - e) **Positive Duty and Structural Failures:** The NHS is unable to maintain accurate and objective medical records for me because I am autistic as discussed. There is no acknowledgment of this issue let alone any investigation or strategy to prevent it.
 - f) **Justification:** The General Medical Council (GMC) and GDPR require accuracy/fairness and thus there is no lawful basis to document inaccurate records. There is also no legitimate aim as labelling dissent as delusion does not protect health rather it suppresses critique.
 - g) **Proportionate:** Not relevant because the actions have no justification. However, there is in any case no proportional clinical reason, in fact quite the opposite as inaccurate records are actively dangerous to me. The timing and content of the recent inaccurate records also appears retaliatory.
 - h) **Remedy:** The Defendants have (either explicitly or tacitly by not responding) refused to correct their records. In any case, there is no reasonable means to fully correct them nor any means to prevent them from re-occurring even with Court orders and thus the only remedy available is compensation, including for loss of future earnings.

Article 9 – Freedom of Thought, Belief, and Religion – SHSC/NL/MPS

- 107) The elements of Article 9 ECHR HRA violations are met for the NHS as follows:
- a) **Protected Belief:** The nonlinear systems framework for medicine, as detailed in the Policy and Technical Reports, represent my core philosophical and scientific beliefs. These beliefs advocate for fundamental reforms to medical science in order to explain and cure a host of common diseases, and to provide safe and effective care for all, particularly autistic people. These beliefs are coherent and serious, and are tied to my devotion to truth and advocacy for autistic people, forming the fundamental core of my worldview. The reference to Dr Semmelweis (a Hungarian physician who advocated for handwashing to prevent infection but was then sectioned and killed in an asylum) in the Technical Report, and my concerns at similar outcomes for me, underscores the depth and personal stakes involved, making these beliefs as more than mere whimsy. This means they are Protected Beliefs.

- b) **Interference:** The inaccurate records refer to these beliefs directly whilst labelling me as having a personality disorder, mentally unwell, lacking capacity, and with persecutory delusions, for holding these beliefs. These directly interfere in my freedom of thought by pathologising them. This targets my internal belief by reframing it as mental illness, leading potentially to coercion abandonment through fear of sectioning or forced medication. This echoes Dr Semmelweis and suggests retaliatory suppression linked to criticisms in my report, creating a chilling effect on my advocacy and scientific expression.
- c) **Justification:** As these actions interfere with my internal belief (labelling opinions as delusions) then it is automatically unjustifiable. Even for manifestation (publishing reports), pathologising dissent is neither proportionate nor necessary – especially without engaging with my arguments. The Semmelweis parallel highlights potential bias or retaliation. These fail proportionality tests.

Article 10 – Freedom of Speech – SYP only

108) The elements of Article 10 ECHR HRA violations are met as follows:

- a) **Public Function:** Police are public authorities under §6 HRA.
- b) **Interference:** SYP misconduct towards me is for the purposes of silencing my activism and scientific expression. These represent direct and punitive interference in my freedom of speech, creating a chilling effect on my advocacy and scientific freedoms.
- c) **Quality of Law:** SYP misconduct is unlawful (and often criminal); thus arbitrary and lacking quality of law.
- d) **Legitimate Aim:** There is no legitimate aim for SYP misconduct.
- e) **Necessary:** There is no pressing social need for SYP misconduct as their actions are illegitimate. There is no evidence of adequate training, supervision, or enforcement as SYP have never responded meaningfully to any complaints nor responded to any of my LBAs.

Article 10 – Freedom of Speech – SHSC/NL/MPS

109) The elements of Article 10 ECHR HRA violations are met as follows:

- a) **Public Function:** The NHS is a public authority under §6 HRA.
- b) **Interference:** The NHS is actively documenting inaccurate statements in my medical records is for the purposes of silencing my activism and my scientific expression. These represent direct and punitive interference in my freedom of speech as per SYP.
- c) **Quality of Law:** Documenting inaccurate records about me violates GMC guidance and GDPR; thus is arbitrary and lacks quality of law.
- d) **Legitimate Aim:** There is no legitimate aim in documenting inaccurate records about me, quite the opposite in fact.
- e) **Necessary:** There is no pressing social need to falsely label me as mentally unwell when psychiatric assessments have never diagnosed mental illness and when autism is a neurodevelopmental condition, not a mental illness. The state cannot justify stigmatising entries

– even superficially honest clinical opinion – if those entries are based on obviously inaccurate records arising from reckless disregard for due diligence. There was no need to document unvalidated (and often irrelevant) information in my medical records – staff could simply have recorded ‘*autistic – no known other psychiatric diagnosis*’ – or they could have asked me if what was being said about me is true. There is no evidence of training, auditing, or quality control to stop similar inaccurate statements about me from re-occurring, with SHSC directly refusing deletion or amendment and FTAC tacitly so. The impact on me is that stigmatisation affects my future care, increases insurances, violates my dignity, and has ended my career. These demonstrate that the actions of the NHS were not proportionate.

Article 14 – Protection from Discrimination – All except GF

- 110) I invoke Article 14 ECHR in conjunction with Articles 2, 3, 5, 6, 8, 9 and 10, alleging discrimination on the ground of disability (autism). Autism is a protected characteristic under the Equality Act and constitutes an “other status” under Article 14. The discrimination takes two main forms: (1) SYP and the NHS routinely creates and maintains inaccurate and pathologising records that misrepresent autistic traits, autism advocacy, and scientific expression as mental illness; (2) South Yorkshire Police (SYP) apply coercive powers in ways that exploit autistic vulnerabilities (sensory sensitivities, communication differences).
- 111) These constitute direct discrimination. Directly, I (and other autistic people) am treated less favourably than non-autistic individuals in comparable situations: non-autistic people are not labelled with fabricated psychiatric conditions nor deliberately subjected to sensory overload in custody. No objective and reasonable justification exists; the NHS’s reliance on “cost-effectiveness” cannot override absolute obligations under Articles 2 and 3 nor satisfy the proportionality requirement under Article 14.
- 112) This discrimination aggravates the substantive violations under Articles 2, 3, 5, 6, 8, 9 and 10 by: heightening the real risk of harm and death (Articles 2 and 3), increasing arbitrary detentions (Article 5), enabling abuses of process (Article 6), intruding on private life particularly through stigmatising records (Article 8), pathologising scientific beliefs related to autistic advocacy (Article 9), and chilling expression by punishing legitimate critique as delusion (Article 10). Despite foreseeability, neither the police nor the NHS have introduced systemic reforms, training, supervision, enforcement or adjustments, breaching their positive obligations to prevent discrimination within the Convention.

REMEDIES

Heads of Damage

- 113) I seek damages under the following heads, each arising from the Defendants' violations of DFA, DPA/UK GDPR, EqA, and/or Articles 2, 3, 5, 6, 8, 9, 10 and 14 ECHR via the HRA. These harms are ongoing, foreseeable, and caused directly by the Defendants' malice, recklessness, and/or

discrimination/victimisation.

- a) **Harm to Reputation:** The defamatory statements by GF later published in medical records, lower me in the estimation of right-thinking people, expose me to hatred/contempt/ridicule, and stigmatise me as mentally unwell. This also prevents security clearance renewal, ending my nuclear safety career, and undermines my autism activism and scientific credibility.
- b) **Injury to Feelings:** The misconduct (physical/psychological abuse on detention/arrest, arbitrary detentions, and in custody causing PTSD, arbitrary prosecutions, pathologising activism and scientific beliefs as delusion, medical failures) has caused me profound distress, humiliation, anxiety, and loss of dignity, exacerbated by my autism vulnerabilities (e.g., sensory overload, claustrophobia). Inaccurate records create ongoing fear of sectioning/forced medication.
- c) **Just Satisfaction (HRA breaches):** For violations of Articles 2, 3, 5, 6, 8, 9, 10 and 14 ECHR: systemic failure to protect life and prevent inhumane and degrading treatment including unsafe medicine and records; arbitrary detentions and risk of sectioning; abuses of process; interference with private life, thought, and expression; and discrimination. These require Just Satisfaction per §8 HRA to acknowledge the gravity and deter repetition.
- d) **Other Damages:** Distress resulting in PTSD from actions on detention, arrest, and in custody, inaccurate GDPR-violating records.
- e) **Special Damages:** These include loss of future earnings due to the ending of my career, medical insurance to obtain non-discriminatory healthcare that the NHS is refusing to provide, funds to enforce injunctions.
- f) **Aggravated Damages:** Defendants' malice/recklessness (e.g., assaults/arrests, SYP entrapments/filming me naked, GF retaliatory FTAC referral post-ICC report, NHS uncritical aggregation despite contradictions) and high-handed conduct (ignoring my complaints/LBAs/SARs, no remorse) aggravate harms. HRA discrimination and ECHR breaches warrant uplift.
- g) **Punitive Damages:** Defendants' cynical/oppressive abuse of public power (SYP malicious misconduct), NHS systemic inaccurate records to silence my critique, GF malice and defamation as MP) requires punishment/deterrence. Calculated to suppress my scientific expression and advances, and to oppress me as an autistic activist; exemplary award needed beyond compensation where malice targets my life, well-being, and freedoms.

Injunctive and Declaratory Relief

114) I shall be seeking:

- a) A mandatory injunction to correct the inaccurate records, including a permanent, non-removable correction notice in all affected records stating:

"This individual is autistic. No diagnosis of Bipolar Affective Disorder or other mental illness exists. Previous entries suggesting otherwise were false and inaccurate, and made in breach of GDPR/EqA/HRA. All such entries have been permanently deleted. Any future reference to mental illness is prohibited unless supported by a fresh, consensual psychiatric assessment."

- b) A prohibitory injunction to permanently restrain the Defendants from making further inaccurate records or defamatory statements.
- c) A mandatory injunction to require third party notification and correction.
- d) A prohibitory injunction to restrain SYP from further unlawful actions against me.
- e) A mandatory injunction requiring the police and/or NHS within 6 months to train all staff (clinical, police, custody) on autism as a neurodevelopmental condition not mental illness, on nonlinear harms in diagnosis/treatment, on prohibition on pathologising advocacy and scientific expression, and to implement mandatory audit of all records mentioning ‘autism’ and ‘bipolar /grandiosity/delusion’ with automatic correction protocol.
- f) A mandatory injunction requiring GF to publish a public apology on her website/intranet and social media, and in the Sheffield Star/London Gazette acknowledging:

"I wrongly labelled Mr David Scott as mentally ill due to his autism, activism, and scientific beliefs. This caused serious harm."

Declaratory Relief

115) The Court declare that:

- a) The Defendants’ actions amounted to systemic persecution of an autistic activist for his scientific beliefs.
- b) The police and NHS fabricated mental illness records about me to discourage healthcare use and to silence dissent.
- c) Medicine is not following the scientific consensus in relation to nonlinear systems, rendering current practices unsafe for autistic people.

Interim Injunction (Pending Trial)

116) Pending full trial, I shall be seeking an interim injunction to prevent further defamatory/inaccurate records, disclosure of existing records to third parties (except under Court order), unlawful activity against me by SYP with any pre-arranged arrests or voluntary interviews requiring Court approval.

117) These injunctions are urgent, necessary, and the only effective remedy to prevent further irreparable harm, risk to life, and ongoing Convention breaches. This is evidenced by SYP’s recent wrongful arrest and new malicious prosecution, and the Defendant’s refusal to correct records. This is in spite of the ICC report, other claims, and the LBAs, which demonstrate continuing malice from all Defendants.

QUANTUM

118) The value of the Claim is unspecified, but provisional estimates have been provided to aid Defendants.

COSTS

119) I shall be seeking legal costs and the costs of any expert witnesses. I shall also be seeking costs as a Litigant in Person at the standard rate or any loss of earnings from bringing this claim not already covered by the loss of earnings heads of damage, whichever is higher.

I believe that the facts stated in this Particulars of Claim are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed :

A handwritten signature in grey ink, appearing to be 'DPS', written in a cursive style.

Dated: 18 February 2026

Mr David Paul Scott

Appendix A – Medical Records

SHSC medical records from 13 March 2025 documenting correspondence between Alison Wilson of NL/MPS and SHSC on their Insight database and to my GP medical records, which state:

“In the case of Mr Scott, he is coming to notice of both mental health and criminal justice services with increasing frequency.”

“November 2024: Mr Scott was in police custody following an altercation with neighbours.”

“February 2025: In the same timeframe as the above heightened contacts with his MP, Mr Scott also found himself once again in police custody, on a charge of indecent exposure towards female neighbours.”

“It is reported that Mr Scott was given a diagnosis of Bipolar Affective Disorder, that he disputed. No date is recorded for this diagnosis, notes state that he stopped prescribed medication in 2021.”

“In all of the L&D assessments there is a report of Mr Scott displaying some level of grandiosity, including incongruous discussion of complex scientific theories and stating that he believes he will be the next Prime Minister.”

“Of particular concern is the report that he has been diagnosed with Bipolar Disorder in the past, is no longer taking medication, and appears to be displaying a pattern of behaviour that includes grandiosity, impulsivity and sexually disinhibited behaviour.”

“He was previously a high functioning individual, employed as a nuclear scientist. [sic]”

“The patient's GP suggested a diagnosis of BDP [BAD], which the patient refused.”

“Since this initial referral [for PTSD], he has become known to both the police and SHSC.”

“Patient is very anti-NHS.”

“He believes the NHS makes an attempt on his life each year, due to his autism.”

“Patient has stopped taking his medication, despite being HIV+.”

“Patient has successfully sued his practice multiple times in the past.”

SHSC medical records on 9 April 2025 by Nicola Watson of SHSC about me on their Insight database, which state:

“David was referred into their service last year following oversight of his website and letters sent to public figures (MP). Noted to be writing with more focused interest about local MP.”

“David has also recently come to the attention of local police due to indecent exposure to and harassment of female neighbours.”

“Seeking clarity around whether David may be showing signs of relapse of mental health. There is a query of an additional diagnosis of Bi-polar Disorder. However, there is no record of this on CMHT notes or the notes available to me from GP. David has also disputed this diagnosis and complained about it to the GP.”

SHSC medical records on 14 April 2025 by Sohail Raza of Practice Plus Group Holdings (part of L&D) about me on their Insight database, which state:

“...he lacked capacity to make decisions regarding care and treatment for his mental disorder due to persecutory delusions.”

“He demonstrated chronic distrust of the authorities and the state and offered no explanation for conspiratorial activities against him.”

LIST OF ACRONYMS

BAD	Bipolar Affective Disorder
CMHT	Community Mental Health Team
CPR	Civil Procedure Rules
CPS	Crown Prosecution Service
DFA	Defamation Act 2013
DPA	Data Protection Act 2018
DWP	Department for Work and Pensions
ECHR	European Convention on Human Rights
EqA	Equality Act 2010
FTAC	Fixated Threat Assessment Centre
GDPR	General Data Protection Regulation
GF	Ms Gill Furniss MP
GMC	General Medical Council
HRA	Human Rights Act 1998
ICC	International Criminal Court
L&D	Liaison and Diversion Team
LBA	Letter Before Action
ME/CFS	Myalgic Encephalomyelitis / Chronic Fatigue Syndrome
MPS	Commissioner of Police of the Metropolis
NHS	National Health Service
NL	North London NHS Foundation Trust
PACE	Police and Criminal Evidence Act 1984
PTSD	Post-Traumatic Stress Disorder
SAR	Subject Access Request
SHSC	Sheffield Health and Social Care NHS Foundation Trust

GLOSSARY OF TERMS

Emergent failure mode	A system failure in nonlinear systems arising from dynamic interactions without a direct biological malfunction.
Linear system	A system adhering to the superposition principle (additivity and homogeneity) producing predictable patterns.
Nonlinear system	A system not adhering to the superposition principle, with less predictable, counterintuitive behaviours.
Superposition principle	The principle that linear systems exhibit the properties of additivity and homogeneity, assumed for linear systems but not necessarily valid for nonlinear systems.

IN THE HIGH COURT
OF JUSTICE

Claim No: **KB-2026-000078**

BETWEEN:

Mr DAVID SCOTT

Claimant

-and-

SHEFFIELD HEALTH AND SOCIAL
CARE NHS FOUNDATION TRUST

First Defendant

-and-

CHIEF CONSTABLE OF SOUTH
YORKSHIRE POLICE

Second Defendant

-and-

GILL FURNISS MP

Third Defendant

-and-

NORTH LONDON NHS
FOUNDATION TRUST

Fourth Defendant

-and-

COMMISSIONER OF POLICE OF
THE METROPOLIS

Fifth Defendant

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