Mr Zafar Siddique
Senior Coroner for the Black Country
The Coroner's Court
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Oldbury
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[redacted]

National Medical Director
NHS England
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[redacted]

4th March 2026

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Joshua Lee Allcock who died on 3rd January 2023.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 7th January 2026 concerning the death of Joshua Lee Allcock on 3rd January 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Joshua's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Joshua's care have been listened to and reflected upon.

Your Report raised the following concerns:

1. There is no clear national guidance on autism assessments, leading to a variation in practice for when an assessment for autism can be made, with some areas specifying children need to be at least 3 years of age.
2. Without a formal diagnosis of autism being made, there was no onward referral to dieticians with experience of autism and therefore an understanding of the link between autism and avoidant restrictive food intake disorder (ARFID).
3. The Capillary Refill Time (CRT) test used to assess dehydration by checking peripheral blood flow is a very insensitive test and can provide misleading reassurance. Therefore, young children with similar circumstances to Joshua may be at risk when assessing levels of dehydration. NHS England may wish to consider reviewing their guidance for health professionals.

Autism Assessments Guidance

NHS England has produced a national framework and operational guidance for autism assessments. Whilst the national framework states that "*the traits that characterise autism emerge during the pre-school years, yet diagnoses given before 2 years of age are less stable than those given after this age",* the operational guidance suggests that Integrated Care Boards (ICBs) should ensure that all ages can access autism assessments: "*check that people of all ages can access an autism assessment in the area*".

The National Institute for Health and Care Excellence (NICE) guidance for autism spectrum disorder in under 19s (CG128) at section 1.5 provides details on how to conduct autism assessments for children and young people. The guidance does not specify the minimum age for an autism assessment, but it does advise: "*be aware that in some children and young people there may be uncertainty about the diagnosis of autism, particularly in: children younger than 24 months…".*

Referral for ARFID

Not having a diagnosis of autism should not have significantly affected the management of Joshua's ARFID. The Royal College of Psychiatrists has produced an ARFID factsheet which states clearly that ARFID doesn't just occur in autistic people, but that it is *more common* in autistic people (and in boys, and ages 4-14 years).

In January 2026, NHS England published guidance for commissioners and providers on eating disorder services for Children and Young People (CYP) including those with ARFID.

Staff working in CYP's mental health services (CYPMHs, sometimes known as Child and Adolescent Mental Health Services or CAMHS) and community eating disorder services (CEDS) should have the skills and confidence to treat CYP with neurodevelopmental conditions and those with chronic physical ailments, when an additional mental health issue arises. The necessary adjustments and adaptions should be made to support those with additional needs. All pathways must also ensure that reasonable adjustments are made in line with the Equality Act 2010.

Treatment and support adaptations will be made for those with additional needs or requiring reasonable adjustments, for example, CYP who are autistic or have a learning disability.

ICBs should develop and deliver ARFID care pathways, which might include provision outside of dedicated CEDS (for example, for under 5s), as specialist CEDS intervention may not always address the primary presenting need for CYP presenting with ARFID.

As part of their biopsychosocial assessment which involves the CYP and parent/carers, the CEDS team should determine whether a CEDS intervention or shared care arrangements are most appropriate to support the primary presenting need of the CYP. For example, CYP with neurodevelopmental conditions may be receiving input for disordered eating that might meet the diagnostic criteria for ARFID from community paediatricians, speech and language therapists, occupational therapists and community children's dieticians. Where there is doubt about whether CEDS is appropriate, discussion at a CYP neighbourhood multidisciplinary team meeting, involving primary care and paediatric expertise, should be considered.

There are increasing examples of innovative practice for CYP requiring intensive support. For example, in the West Midlands, the Eating Disorder Intensive In reach Team (EDIIT) at Toucan offers specialist support enabling collaborative care for young people with disordered eating, neurodiversity and learning disabilities.

Capillary Refill Time

Capillary Refill Time (CRT) is a moderately effective but imperfect clinical sign for diagnosing dehydration in a child. A prolonged CRT (>2 seconds) is a strong indicator of dehydration, but its sensitivity is variable, so a normal CRT does not reliably exclude dehydration. It is one of the most useful individual signs, but a combination of signs (such as skin turgor, respiratory pattern, and capillary refill considered together) is more accurate than any single sign alone.

In summary, CRT is best used as a "red flag" for dehydration, but should not be relied upon in isolation for diagnosis. Clinical dehydration scales and a combination of signs are preferred for greater diagnostic accuracy.

It is important for all clinicians to know when and how to assess for signs of dehydration. Assessment for dehydration would be guided by the history and context given for each individual patient. For example, the NICE guidance on diarrhoea and vomiting caused by gastroenteritis in under 5's (CG84) gives guidance on assessing children for dehydration:

1.2.1.1 During remote or face-to-face assessment ask whether the child:

- *appears unwell*
- *has altered responsiveness, for example is irritable or lethargic*
- *has decreased urine output*
- *has pale or mottled skin*
- *has cold extremities*

The NHS website also offers information for patients and carers on dehydration:

Symptoms of dehydration in adults and children include:

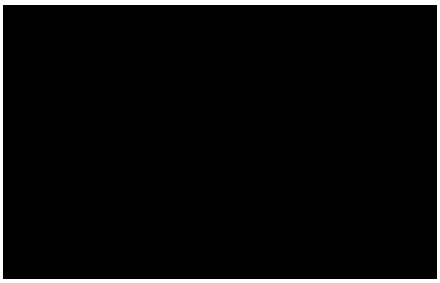
- *feeling thirsty*
- *dark yellow, strong-smelling pee*
- *peeing less often than usual*
- *feeling dizzy or lightheaded*
- *feeling tired*
- *a dry mouth, lips and tongue*
- *sunken eyes*

Assessment of dehydration is on the curriculum of undergraduate and relevant postgraduate medical courses and the emphasis is not on reliance on a single indicator. NHS England does not publish guidance on the assessment of dehydration as it is in the basic domain of medical professionals to know this. Publication of further guidance is unlikely to result in increased recognition. However, I note that your Report has been addressed to other health organisations, including Walsall Healthcare NHS Trust and Birchill's Medical Centre. They may be able to provide further information around the local guidance on assessing dehydration and the use of CRT tests.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the sad death of Joshua, are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,



National Medical Director
NHS England