Department of Health & Social Care

[redacted]
Minister of State for Health (Secondary Care)

39 Victoria Street
London
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[redacted]

Sarah MURPHY
Assistant Coroner for Cheshire

[redacted]

18 August 2026

Dear Ms Murphy,

Thank you for the Regulation 28 report of 2nd July 2026 sent to the Secretary of State for Health and Social Care about the death of Bethany Kate Hewitt. I am replying as Minister of State for Health (Secondary Care).

Firstly, I would like to say how saddened I was to read of the circumstances of Bethany Hewitt's death, and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over attention deficit hyperactivity disorder (ADHD) assessment waiting times, including: related staffing issues; lack of National Institute for Health and Care Excellence (NICE) guidelines on ADHD referral processes and expedited assessments; lack of follow-up GP appointments offered to Bethany; and significant delay in the offer of a Right to Choose option for assessment.

In preparing this response, my officials have made enquiries with NHS England, the Care Quality Commission (CQC) and NICE to ensure we adequately address your concerns. NHS England and NICE will both be responding separately.

I will first address the concerns raised in relation to ADHD assessment waiting times and wider support for people with ADHD.

I am deeply sorry to hear of the significant delays that Bethany experienced with regard to referral, assessment and support for ADHD. The government recognises that, nationally, demand for ADHD assessments has grown significantly in recent years and that people are experiencing severe delays for accessing such assessments. We are also deeply concerned that too many adults, children and young people with mental health issues and suspected or diagnosed neurodevelopmental conditions, including ADHD, are not getting the support they need early enough, consistently enough, or in ways that are well matched to their needs.

To better understand the growing demand for support and how services can respond effectively, the government announced on 4 December 2025 the launch of an Independent Review into the Prevalence and Support for Mental Health Conditions, ADHD and Autism.

The Review's interim report, published at the end of March, found evidence of substantial growth in demand for ADHD assessment and diagnosis, particularly since 2020, alongside significant pressures on assessment services. The report noted that referrals, diagnoses and waiting lists had increased markedly, while concluding that further work is required to understand the factors driving this increase and its implications for service delivery. It does not offer final conclusions or recommendations.

The next stage of the review will look at service design and how services might respond more effectively to rising need, including the role of earlier intervention, community-based provision and more integrated pathways across health, education and other public services. The final report, due shorty, will make recommendations on how government, the health system and wider public services can respond to increasing demand for support more fairly and effectively, so people receive the right support, at the right time and in the right place. We will consider the evidence, findings and recommendations from this review to inform future government decisions and policy development.

Alongside this, we have launched a new cross-government mental health strategy for England, covering all ages, to be published later this year. This strategy is the next stage of reform under our 10-Year Health Plan. The strategy will aim to transform mental health care into a system that responds earlier, reduces waiting times for support, intervenes before distress escalates to diagnosis or crisis, and supports people to stay active and participate in education, work, family and community life.

The mental health needs of people with ADHD will be reflected within the mental health strategy. We know that people with ADHD face a much higher risk of developing a mental health condition, and that there is a need for integrated and equitable access to mental health services and support, including appropriate adjustments to how services are designed and delivered.

More broadly, the government is also taking forward a wider programme of reform across health, mental health and education services. The government's 10-Year Health Plan will make the NHS fit for the future, and reforms to the Special Educational Needs and Disabilities (SEND) system focus on improving early intervention and support for children and young people aged 0-25.

We are also committed to transforming outcomes for children and young people with SEND and their families through pivotal reforms. Our aim is to ensure that children and young people have access to the support they need, to prevent needs from escalating where possible, including later in adult life.

It is the responsibility of Integrated Care Boards (ICBs) in England to make available appropriate provision to meet the health and care needs of their local population, including provision of ADHD services, in line with relevant NICE guidelines.

In respect of ADHD, the NICE guideline (NG87) does not recommend a maximum waiting time for people to receive an assessment for ADHD or a diagnosis, however it sets out best practice on providing a diagnosis and explains the key considerations for clinicians

when deciding whether to offer treatment. We understand that NICE is providing a separate response to the report, setting out further detail.

NHS England has taken steps to support improvements in ADHD pathways. Through the NHS Medium-term planning framework, published 24 October 2025, NHS England has set clear expectations for local ICBs and providers to optimise existing resources over the next three years to reduce long wait times for ADHD assessment and improve the quality of assessments by implementing existing and new guidance, as published. NHS England has also issued guidance to support local systems in managing waiting lists, improving service delivery and providing support to people awaiting assessment. We understand that NHS England is providing a separate response to the report, setting out further detail.

We also recognise the concern that Bethany may not have been given an opportunity to discuss provider choice at the point of the original referral for ADHD assessment, despite known waiting times for the local NHS ADHD clinic. NHS England is responding separately to your report and will address the operational application of the “Right to Choose” with regards to ADHD assessments.

The national policy position is that patients should be supported to understand and exercise the choices available to them when they are referred. NHS England's *Patient Choice Guidance*, published on 19 December 2023, states that: “You should always be offered a choice at the point of referral and an opportunity to discuss the options with the person who is referring you.” The guidance also makes clear that the patient choice framework applies to mental health services as well as physical health services.

In addition, NHS guidance ‘*How to access NHS mental health services’*, states that: “In most cases, you have a right to choose which mental health service provider you go to in England. You have the legal right to choose which service provider and clinical team you're referred to for your first appointment.” These arrangements can include referrals for ADHD assessment where the relevant eligibility criteria are met.

The government and NHS England are also working to improve the information available to patients about their choices and to make it easier for people to understand and exercise those choices when they are referred. This includes work through the NHS App and Manage Your Referral website to support patients to review referrals and access information about provider choice.

Turning to the concerns raised regarding the care provided to Bethany, and the action taken by regulators following her death, the CQC has been made aware of this and have confirmed that they were not aware of the patient's death prior to receipt of the Regulation 28 concerns. Following receipt of the coroner’s concerns, they sought assurance from the GP Practice regarding the circumstances surrounding the patient's care, including the management of ADHD referrals and correspondence, mental health monitoring and follow-up arrangements, the use of the Right to Choose pathway, and the learning identified following the patient's death. The GP practice supplied a detailed Significant Event Analysis (SEA), supporting evidence and information regarding actions taken to address areas of learning.

The GP practice's SEA concluded that this was a complex case involving multiple interacting factors rather than a single clinical error. However, opportunities for improvement were identified in relation to administrative processes, correspondence management, ADHD referral pathways, mental health follow-up arrangements, risk assessment, documentation and governance oversight. The GP practice has implemented a number of actions and has advised that the SEA remains a live document pending final review following the conclusion of the coroner's inquest.

The service was last inspected on 5 January 2024 and was rated Requires Improvement overall, with the specific areas "responsive" and "well-led" also rated Requires Improvement. A follow up assessment had previously been scheduled to take place to follow up on the requirement notice served for a breach of Regulation 12 (Safe care and treatment) in 2024. However, given the nature of the concerns raised, and the learning identified by the provider, CQC are planning to bring this forward to assess the effectiveness and sustainability of improvements. In addition, an initial assessment has been undertaken to clarify if this is a Specific Incident and we are currently considering if this meets the threshold for referral to the Criminal Case and Progression Panel.

I recognise that the concerns you have identified span local service delivery, national policy, patient choice and clinical practice in the context of pressures on ADHD services. We will continue to consider the evidence and lessons identified through this case and through wider work to improve support for people with ADHD and other neurodevelopmental conditions.

I hope this response is helpful. Thank you for bringing these concerns to my attention and once again I would like to express my sincere condolences to the family and loved ones of Bethany.

Yours sincerely,

MINISTER OF STATE FOR HEALTH