NHS England

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2 September 2026

Dear Ms. Murphy,

Re: Regulation 28 Report to Prevent Future Deaths – Bethany Hewitt who died on 22nd February 2026.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 2nd July 2026 concerning the death of Bethany Hewitt on 22nd February 2026. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Ms Hewitt's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Ms Hewitt's care have been listened to and reflected upon.

Your Report raises the following concerns:

1. There are long waits for diagnostic ADHD assessments, added to by a significant increase in referrals for ADHD assessments and the large backlog of outstanding assessments.
2. Staff levels have not increased to meet the additional demand, which is impacting on waiting times for routine and expedited ADHD diagnostic assessments.
3. There is an absence of NICE guidelines for the ADHD referral process or expedited ADHD assessments. You are concerned this may lead to an inconsistent approach and different waiting times for a diagnostic ADHD assessment across the country.
4. In Ms Hewitt's case specifically, a letter from the ADHD service on the 19 November 2024 refusing a request for an expedited ADHD assessment due to insufficient evidence being provided within the form, was not placed before a GP at the Grove House Medical Practice for review and remained in Ms Hewitt's notes. You are concerned that there is a risk that important external communication is not reviewed by the GPs at Grove House.
5. Follow up appointments were not always offered after mental health consultations at the Grove House Medical Practice. You are concerned that there is a risk that mental health is not always monitored so that timely referrals can be made to secondary mental health services.
6. A "Right to Choose" option for an ADHD diagnostic assessment was not offered by the Grove House Medical Practice until the 3rd February 2026. This was almost three years after the initial referral for an ADHD assessment. At the time of the initial referral, it was known that there were long waiting times for

diagnostic ADHD assessment at the local NHS ADHD clinic. You are concerned that there are missed opportunities to request an ADSD assessment under the "Right to Choose" which may enable an earlier assessment.

1. **and 2. Waiting times for ADHD assessments and staffing levels**

NHS England acknowledges that long waits for routine and expedited ADHD assessments can be affected by staffing and specialist capacity pressures. However, waiting times should not be viewed solely as a workforce issue. They are also shaped by local commissioning arrangements, pathway design, access to timely intervention, prescribing and monitoring capacity, and the extent to which agreed shared care arrangements with primary care are in place and operating effectively.

Local variation in commissioned ADHD service models can affect how quickly people are assessed, whether treatment can be initiated in a timely way, and whether ongoing prescribing and monitoring responsibilities are clear between specialist services and primary care. Where shared care arrangements are limited, inconsistent or not agreed, this can create additional delays and uncertainty for patients, families and clinicians.

NHS England's published ADHD service delivery and prioritisation advice in October 2025 asks organisations to review waiting lists, identify people needing additional support or more urgent consideration, communicate clearly with patients, and consider patient safety, equality and health inequalities when prioritising access.

The Government's independent review into mental health conditions, ADHD and autism has highlighted demand pressures and the need to improve support, assessment and care pathways. In parallel, NHS England is reviewing current NHS clinical and operational practice and spend on mental health and neurodevelopmental services, including unwarranted variation in service models.

NHS England's Executive Quality Group considered a risk escalation from the ADHD Delivery Board in February 2026 and agreed work on harm minimisation to reduce risks associated with long waits. This aligns with the independent review and wider work to improve access, productivity, quality and consistency of services.

Together, this work will inform practical improvements to help systems manage demand, prioritise clinical risk, support people while they wait and reduce avoidable harm associated with delays in ADHD assessment.

NHS England will continue to work to reaffirm the national commitment to suicide prevention. NHS England and the Department of Health and Social Care continue to prioritise improvements in early identification of suicide risk, safe prescribing, timely access to psychological support and joined up communication across organisations. These priorities are reflected in the national suicide prevention strategy, which places particular focus on young adults and people with neurodevelopmental conditions, groups recognised as facing disproportionately high risks.

3. National guidelines for ADHD referrals and assessments

NHS England cannot comment on the development or content of NICE (National Institute for health and Care Excellence) guidance. However, it recognises that the local implementation of referral, triage and prioritisation arrangements can vary, and that this may affect whether patients and families are given clear, accessible information about ADHD assessment pathways, expected waiting times, support available while waiting, patient choice options and routes for escalation if needs or risks change.

Local service protocols should set out how people waiting for assessment are kept informed, including whether there is periodic contact to provide updates, confirm that they still wish to be seen, signpost available support and advise what to do if symptoms worsen or risk increases. This should include clear information through referral materials, provider communications and trust or service websites where appropriate, so that patients and families understand their rights, options and how to seek further help while waiting.

4. and 5. Clinical review of an ADHD service, and follow up appointments

NHS England notes that you have also addressed your Report to The Grove House Medical Practice, who are best placed to respond to these queries.

NHS England would highlight that the General Medical Council's (GMC) Good medical practice requires clinicians to act appropriately on information and advice from other healthcare professionals involved in a patient's care:

Contributing to continuity of care
65. a You must promptly share all relevant information about patients […] with others involved in their care, within and across teams, as required.
c. You must be confident that information necessary for ongoing care has been shared

The GMC's Guidance on Delegation and Referral states:
21. You must pass on to the medical, health, or social care professional or service provider involved:
a. relevant information about the patient's condition and history
b. the purpose of transferring care and/or the investigation, care or treatment the patient needs.

The Care Quality Commission (CQC) Guidance on Managing Test Results and Clinical Correspondence states that "Clinicians are responsible for making sure they act on results that alter patient management". It expects general practices to have robust processes for managing, acting on, and tracking clinical correspondence and diagnostic results from other providers

6. Offering a "Right to Choose" Appointment

'Right to Choose' is the commonly used term to describe certain types of NHS funded services and routine referrals, which are in scope of the NHS Standing Rules Regulations, it is not a service or referral type in and of itself. As such normal NHS clinical and operational custom and practice should apply.

NHS England does not commission this type of GP referred service; as described in section 3 of the Department for Health and Social Care's guidance the NHS Choice Framework. These services are commissioned locally by Integrated Care Boards (ICBs) who hold a number of statutory duties in relation to choice.

In practice the primary difference the legal right makes to patients is that in circumstances where the patient choice rules apply, they can choose from any clinically appropriate provider in England, as opposed to non-choice services where the options will be determined by what the ICB commissions locally.

As referenced in the framework above, in relation to adult ADHD services it is the GP who is responsible for determining whether an elective referral is necessary and clinically appropriate for a patient, and also to which provider organisation the referral is sent to. The referrer is not required to make a referral to a provider or team if they do not believe this would be clinically appropriate.

Approval by a commissioner in advance is not required for an elective referral where a patient exercises their legal right to choice, regardless of whether the ICB has an existing direct contractual relationship with the provider chosen.

ICBs/commissioners must ensure that the availability of choice is publicised and promoted to patients so they can exercise their rights in a meaningful way.

NHS England's Patient Choice Guidance includes more detailed information about the patient choice rules and provides specific advice for commissioners, providers, and primary care referrers.

Regional Response

In April 2026, Cheshire and Merseyside ICB commissioned an Adult ADHD Local Enhanced Service from practices across Cheshire and Merseyside. This service is part of a new needs-led model of care for Adult ADHD. The Local Enhanced Service (LES) commissions practices to work together across Primary Care Network (PCN) footprints to support those who they suspect have ADHD, undertaking assessments of their level of need, directing them to resources and support and if they meet the clinical threshold undertaking assessment and diagnosis. This service also provides ongoing support for adults already diagnosed with ADHD and who are on medication, to have their annual reviews in the community. The Local Enhanced Service is being rolled out across all of Cheshire and Merseyside in 2026/27 and should be fully mobilised by March 2027.

The intention of this Local Enhanced Service is that it will significantly increase the capacity within Cheshire and Merseyside to support, assess, diagnose and treat

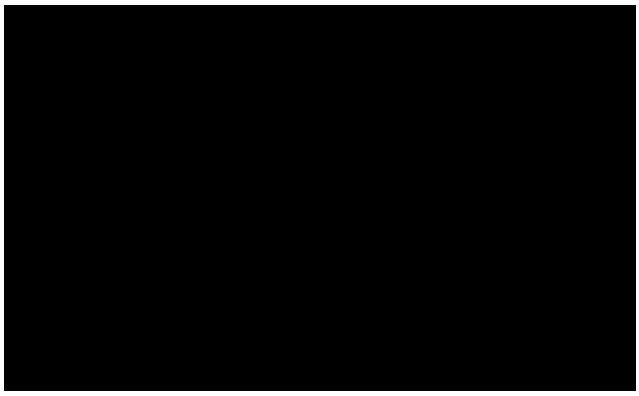
people with ADHD. This will reduce waiting time for assessment and will enable secondary care providers to focus on the more complex patients/those with co-morbidities. This will also significantly reduce the number of patients offered Right to Choose.

The ICB have developed patient information on the ICB website explaining the new care model and providing advice and support to patients. We have also developed a patient leaflet about the LES service for practices to use and a Frequently Asked Questions document for GP practices.

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 Ms Hewitt, 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 Director of Patient Safety

NHS England