REGULATION 29 RESPONSE TO A REPORT ON ACTION TO PREVENT FUTURE DEATHS

Please do not include any living person names in this document, in accordance with the Chief Coroner's publication policy PDF.

THIS RESPONSE IS BEING SENT TO:

The Assistant Coroner, Sarah Murphy for the Coroner Area Cheshire in response to a '**REPORT TO PREVENT FUTURE DEATH REGULATION 28**' following an investigation into the death of **Bethany Kate HEWITT**, and an inquest that concluded on **02 July 2026**.

1.	**RESPONDENT** In line with our duty under Regulation 29 of the Coroners (Investigations) Regulations 2013, **National Institute for Health and Care Excellence** provides this response within 56 days of the date of the Report to Prevent Future Deaths or any extension granted.	
2.	**DATE OF RESPONSE** **18 August 2026**	
3.	**CONFIRMATION OF CORONER'S MATTERS OF CONCERN** The **MATTERS OF CONCERN** were identified in the report are as follows: 1) Bethany Hewitt had been waiting for three years for an ADHD diagnostic assessment and had not been assessed at the time of her death. I heard evidence from the Trust in respect of the ADHD service that in 2024, the ADHD Service Halton, had over 1,250 patients awaiting assessment, alongside high referral rates of around 100 plus per month. A process was in place to request urgent referrals to be expedited. At present, the ADHD Service Halton is experiencing sustained high demand, receiving on average over 30 new referrals per week and approximately 60 expedite requests per month. Over the last two years the service has experienced 600% increase in referrals which was in line with ADHD services nationally. I heard evidence staff levels were impacting on waiting times for a routine and expedited ADHD assessment. I am concerned that due to increased demand, the current staff resources have not increased to meet the demand, and it is impacting on waiting times for diagnostic ADHD assessments, causing significant delays. 2) I heard evidence that there are no national guidelines (through NICE) about the ADHD referral process or expedited assessments. I am concerned that	

	this may result in an inconsistent approach, and that waiting times may vary across the country, with patients not knowing how long they should be waiting for a diagnostic assessment.	
4.	**DETAILS OF ACTION TAKEN,** how has the concern been addressed. [If no action is proposed please explain why here. If you feel that the response should not have been sent to you, please state this]. The National Institute for Health and Care Excellence (NICE) has considered the matters of concern raised by HM Coroner. Although these matters of concern appear to be for the NHS Trust and NHS England to consider, since these organisations have responsibility for commissioning NHS care in England, we note that HM Coroner highlighted that there are 'no national guidelines (through NICE) about the ADHD referral process or expedited assessments.' I have therefore provided details below of the relevant NICE guidance below. I hope this is useful. **Matter 1** NICE is not responsible for the management of NHS care or services. We are also not a regulator and do not monitor NHS waiting times. The impact of a sustained high demand of ADHD referrals and current staff resources is best considered by NHS England and the Department of Health and Social Care. NICE has published the guideline, attention deficit hyperactivity disorder: diagnosis and management [NG87]. This includes the recommendation that local services should form multidisciplinary specialist ADHD teams and/or clinics for children and young people, and separate teams and/or clinics for adults and that the size and time commitment of these teams should depend on local circumstances (for example, the size of the trust, the population covered and the estimated referral rate for people with ADHD). Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. NICE has published a relevant quality statement related to this concern in the NICE quality standard, attention deficit hyperactivity disorder [QS39]: Quality statement 2 - Identification and referral in adults: **Quality statement** Adults who present with symptoms of attention deficit hyperactivity disorder (ADHD) who do not have a childhood diagnosis of ADHD are referred to an ADHD specialist for assessment. **Rationale** A diagnosis of ADHD requires a full clinical and psychosocial assessment of multiple aspects of a person's life and should be undertaken by a healthcare professional with specialist training, knowledge and experience of ADHD diagnosis and treatment. A number of adults being treated for coexisting mental health problems within general psychiatric services or who present directly to their GP have been found to have	

	undiagnosed ADHD. What the quality statement means for Commissioners - This suggests that Commissioners should ensure that they commission specialist services for the assessment of adults who present with suspected ADHD. Quality standards are provided to help improve the quality of care that is provided or commissioned. They are based on published NICE guidance and apply in England and Wales, but they are not mandatory and we do not have any regulatory powers to ensure that they are followed. It is the role of NHS England to ensure that services are commissioned appropriately. **Matter 2** NICE has published the guideline, attention deficit hyperactivity disorder: diagnosis and management [NG87] in which we include recommendations on, recognition, identification and referral but this does not extend to specific recommendations on expedited or urgent referrals. The recommendations cover the referral process for ADHD assessments. Once referred, the diagnostic process for ADHD requires clinical judgement. Healthcare professionals need training on, and experience in, the process to apply the diagnostic criteria correctly. Waiting lists for an ADHD assessment can be long, and the process of reaching a diagnostic decision can take time. NICE has not made any recommendations on expedited assessments. NICE has evaluated the use of digital technologies for assessing attention deficit hyperactivity disorder (ADHD) [HTG729] to determine if additional information from digital technologies may help people to receive diagnostic decisions sooner and help healthcare professionals be more confident in their decisions. The clinical trial evidence suggests that information from one particular test helps to reduce the time it takes for people aged 6 to 17 years to get a diagnostic decision compared with standard clinical assessment by a healthcare professional. For adults, there was limited evidence for any of the technologies, and the evidence from people under 18 is not generalisable to adults. So, more research is needed on: • how the digital technologies are used in, and their impact on, decision making in ADHD diagnosis, including for more complex cases • the impact of the digital technologies when used to help diagnose ADHD before NICE can make further recommendations in this area.	
5.	**DETAILS OF FURTHER ACTION PROPOSED** *Any links to webpages included in the response will not be checked for sensitive information prior to publication, as the information is already online.* No further action from NICE is proposed.	

6.	**SIGNATURE**  [redacted] Chief Executive	