Witness Name: Jamuna Acharya

Exhibits: 0

Dated: 26 February 2026

THE SOUTHPORT INQUIRY

FIRST WITNESS STATEMENT OF JAMUNA ACHARYA

I, Jamuna Acharya, will say as follows: -

INTRODUCTION

1. I am currently employed on a part-time basis as a Community Paediatrician by Alder Hey Children's NHS Foundation Trust, Eaton Road, Liverpool, L12 2AP.

2. I am a fully qualified medical practitioner. I have full registration with the GMC: GMC no 4379661. I hold MD DCH MRCP and MRCPCH medical qualifications. I have worked at the Trust since 2002and at consultant level since 2013. I have provided the specialist on call service for child protection and worked as a medical advisor for Looked After Children. I have extensive experience in the field of neurodevelopmental conditions like ASD, ADHD and Neurofibromatosis Type 1. I run developmental clinics and specialist ADHD, ASD and NF1 clinics. I am a member of the specialist team which diagnoses and treats children and young people with these conditions.

3. This witness statement is made to assist the Southport Inquiry with the matters set out in their request made on 16 February 2026.

BACKGROUND

4. I have no independent recollection of my professional involvement with AR and his family in 2020. As such, I am entirely reliant on the documentation contained within the clinical notes and correspondence, supported by my working knowledge of my professional practice.

5. On 14 August 2019, AR's GP, Dr Emily Arnold, sent a referral letter to the Community Paediatrics team at the Trust (AHCH000091). Dr Arnold wrote:

> *Thank you for reviewing my patient who is wondering (along with his family) if he has ADHD.*
> *He had poor eye contact throughout my consult and indeed seemed quite fixated on things (school detention or his play station). His brother has ASD. I would appreciate your review and advice on whether you think he may have ASD or ADHD.*
> *Please see attached patient summary and my consultation notes.*

6. On 2 July 2020, I had a telephone consultation with AR's dad in replacement of a face-to-face consultation due to the strict COVID-19 restrictions in place at the time. We discussed that AR was referred to the Community Paediatrics team at the Trust by his GP as there was a concern about whether AR has ADHD or ASD. AR's dad provided me with information regarding the family's background. My understanding is that once the referral was accepted, AR was put on the waiting list for a clinic appointment.

7. I have made an entry is the Community Paediatric records for 2 July 2020 at 11.02 headed "ADHD Follow-Up Document by Jamuna Acharya" (AHCH000100). I have noted that the appointment time with AR's father as 10.30. I have noted under Summary "*Under CAMHS. Needs to go to ASD pathway*". My summary of the telephone consultation is contained within my letter to Dr Arnold, dictated 2 July 2020 and typed on 3 July 2020; a copy was sent to AR's parent/guardian (AHCH000096).

8. As set out in the letter, I was aware that the referral was because there was concern about whether AR had ADHD or ASD and so had this in mind during the telephone consultation. We discussed that there were concerns about AR's social interaction and social communication difficulties. AR's dad explained that AR did not always show good eye contact and that he would speak to people with his head down, only had a few friends and found it difficult to make long term friendships. I understood from our conversation that AR did not always understand what was going on in his surroundings, he found it very difficult to communicate and express himself and he did not always understand circumstances. AR was very rigid and inflexible in his thinking, and he mainly played with his computer games. There is no documentary evidence to suggest that AR's dad reported to me any ADHD symptoms during that appointment. I understood that AR's school was also concerned about these issues.

9. I summarised that AR was a boy who had a very strong history of ASD in the family and was presenting with social interaction, social communication and some rigidity in thinking. In terms of the management plan, I agreed with AR's parents that a further assessment was needed, and I confirmed to AR's dad that I would put AR on the ASD Pathway and that the ASD team would be in touch. I immediately put AR on the ASD Pathway as I was mindful of the length of the waiting list for an ASD assessment and therefore would have been anxious to minimise any delay in diagnosis.

10. I determined that an ASD assessment was appropriate, and a priority based on:

    a. AR's rigid thinking process.
    b. AR's poor social communication skills.
    c. AR's history of poor social interaction; and
    d. The family history of ASD, specifically AR's old sibling.

Clinic Process

11. During the limited time we have for clinic appointments, we concentrate on the main issues; in AR's case, ASD symptoms were the priority. ASD is a more complex condition and lots of children who had ASD also present with ADHD symptoms such as inattention, impulsivity or hyperactivity, due to poor understanding of children with ASD of the environment they are in, their thinking process and their rigidity. That does not mean they will meet the full diagnostic criteria for ADHD. A diagnosis is very important; however, children's needs should be understood, considered and prioritised to ensure an appropriate support system can be explored and put in place to meet the child's needs even before the diagnosis is made.

12. In AR's case, I did not start an ADHD assessment following the appointment on 2 July 2020; however, I did not exclude ADHD. During the first appointment, which was a telephone appointment whereby AR was not seen, not examined and not observed, it was not possible to address all the issues AR, and the family may have had and according to my notes ADHD symptoms were not reported.

13. My decision was based on my review of the available documentation, my professional practice and the best interest of AR and the family at that time as a Community Paediatrician with extensive experience in the field of neurodevelopmental condition like ADHD and ASD:

    a. The terms of a GP's request for an assessment are not determinative of the assessments to be undertaken. Dr Arnold in this instance was seeking a specialist opinion, and medical professionals must exercise clinical judgement based on all the available information at that time.
    b. The timely placing of a child like AR on the pathway for an ASD assessment would have been deemed the clinical priority given the family history and presentation described.

c. ASD assessments are undertaken by a Multi-Disciplinary Team and can often involve the identification of ADHD and other issues the child or young person may have. Any issue therefore of ADHD being raised subsequently would have been addressed once AR had entered the system via the ASD referral. I gather it was in fact addressed and advised to have an assessment for ADHD after the diagnosis of ASD was made.

14. As a specialist member of the team, I take part in making a diagnosis and giving further advice after the diagnosis of any neurodevelopmental conditions, such as ADHD and ASD, are made. It is my view that placing AR on the ASD pathway was the priority at that time and understand that an ASD diagnosis was made after he was placed on the ASD pathway. If I was on the rota that day, I may have been involved during the MDT for decision making. Another doctor was on duty that day, I was therefore not involved further except for one telephone consultation with AR's father as stated above.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings 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: 

Jamuna Acharya

Date: 26/02/2026