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National Medical Director
NHS England
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9 June 2025

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Barry Myers who died on 28 January 2024.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 12 March 2025 concerning the death of Barry Myers on 28 January 2024. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Barry's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about Barry's care have been listened to and reflected upon.

I am grateful for the further time granted to respond to your Report, and I apologise for any anguish this delay may have caused to Barry's family or friends. I realise that responses to Coroners' Reports can form part of the important process of family and friends coming to terms with what has happened to their loved ones, and I appreciate this will have been an incredibly difficult time for them.

Your Report raised a concern around there being insufficient funding in place for patients to be provided with an urgent mechanical thrombectomy between the hours of 16:00 and 08:00 at University Hospitals Sussex NHS Foundation Trust.

Mechanical thrombectomy services have been commissioned since 2019, with such services being established within specialist neuroscience centres across the country. University Hospitals Sussex NHS Foundation Trust (UHSx) established their service in 2019 and has received block funding from NHS England each year to support the set up and expansion of the service.

UHSx has not been able to expand their operating hours from the initial hours they started the service with (Monday-Friday, 08:00-16:00) due to operational and workforce challenges. Whilst there has been an increase in the number of mechanical thrombectomies undertaken each year at UHSx, the levels of activity are not yet at the value set within the block funding arrangement.

UHSx has recently approved and commenced recruitment of key interventional radiology nursing posts as part of the plans to expand the service's operating hours. NHS England is working with the Trust to consider different workforce models and

share the learning from other centres who have expanded their services over recent years. NHS England has also funded the purchase of a second bi-plane scanner to allow extended operating hours and enable more rapid access to mechanical thrombectomy when the current bi-plane scanner is being used for other elective treatments.

The further development of mechanical thrombectomy services at UHSx is encompassed within a targeted piece of work with UHSx to improve the safety and quality of services for patients accessing some specialised commissioning services, which include mechanical thrombectomy services. UHSx are also continuing to work with the Sussex Integrated Stroke Delivery Network on projects to optimise the pathway for stroke patients, enabling rapid identification of patients suitable for a mechanical thrombectomy, including the use of digital diagnostic and referral systems.

Over the past year, NHS England has been supporting UHSx with developing mutual aid arrangements with other centres offering mechanical thrombectomy services, for when the UHSx service is not available. Alternative pathways have recently been agreed for patients in the west of Sussex (accessing care from St Richard's Hospital and Winchester Hospital) to be referred directly to University Hospital Southampton NHS Foundation Trust for out of hours mechanical thrombectomies. Patients from other part of Sussex (accessing care under East Sussex Healthcare NHS Trust, or University Hospitals Sussex NHS Foundation Trust (UHS) covering Brighton and Hove) are referred to the University College London Hospital (UCLH) out of hours. Both the UCLH and UHS service are currently operating 24/7.

NHS England continues to work with UHSx to support the development of services to expand their operating hours, to include evenings and weekends (operating seven days a week). This is possible within the current level of funding received by the Trust, however it is recognised that the current financial position of the Trust means that there are significant challenges to being able to identify the funds internally to expand the service at this time.

NHS England is working with the local [Integrated Care Boards](#) (ICBs) and mechanical thrombectomy providers across the South East to develop a mechanical thrombectomy strategy for the region, which includes ensuring that robust mutual aid arrangements are in place in case of any service disruption, and working with providers on developing services to increase the numbers of patients receiving mechanical thrombectomy treatment for strokes, to optimise the outcome for patients. This work has been supported by two NHS England visits to UHSx, led by myself and the National Clinical Director for Stroke, on 7th August 2024, and most recently on 4th April of this year, to ensure ongoing service development of mechanical thrombectomy services.

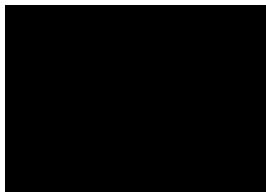
Across the rest of the South East region, there is now access to mechanical thrombectomy services 24/7, although some of this remains out of region access at this time as for some areas of the region access is provided in other regions via mutual aid. Oxford University Hospitals and University Hospital Southampton NHS Foundation Trusts both now deliver a 24/7 service. The UHSx service has the above mutual aid arrangements in place now to facilitate access for patients 24/7. Patients from the Surrey area can access services in London (St George's University Hospital

and/or Kings College Hospital depending on the time of day) and patients from the Kent & Medway area are able to access 24/7 care at the Royal London Hospital whilst the local service is being developed (anticipated to go live in Summer 2025 on an 08:00-16:00 Monday -Friday basis initially).

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 Barry, 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