

National Medical Director

NHS England

Wellington House

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SE1 8UG

Mr Christopher Long

Senior Coroner

Lancashire with Blackburn & Darwen

Coroner's Court

2 Faraday Court

Faraday Drive

Preston

Lancashire

PR2 9NB

4 August 2025

Dear Mr Long,

Re: Regulation 28 Report to Prevent Future Deaths – Michelle Julie Marie Michaela Mason who died on 1 June 2024

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 2 June 2025 concerning the death of Michelle Julie Marie Michaela Mason on 1 June 2024. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Michelle's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Michelle's care, both during the inquest and as set out within your Report, have been listened to and reflected upon.

Your Report raised concerns that there is no 24/7 thrombectomy service currently available in Lancashire, that there is a lack of understanding from non-stroke specialist clinicians in Lancashire as to when and where thrombectomy services are available, and that there are no regional mutual aid arrangements.

NHS England has liaised with [Lancashire & South Cumbria Integrated Care Board](#) (ICB) regarding your Report. Stroke thrombectomy services are now a delegated specialised service and, since 1 April 2024, Lancashire & South Cumbria ICB has been the responsible commissioner for the region rather than NHS England. Whilst NHS England was previously responsible for commissioning (funding) stroke thrombectomy services, the responsibility for providing this service rests with the Trusts in each region.

It remains a priority, both nationally and regionally, for all commissioned Comprehensive Stroke Centres (CSCs) to provide a 24/7 thrombectomy service, regardless of a patient's location. This has proved challenging in certain areas for a variety of reasons. In particular, the ability of services to expand and operate 24/7 is heavily reliant on recruiting the necessary specialist workforce with appropriate competencies.

Before responding to each of the concerns in your Report, it is relevant to note that not all ischaemic stroke patients are suitable for thrombectomy. The NHS Long Term

Plan, published in January 2019, previously set an ambition for 10% of stroke patients to receive thrombectomy treatment (based on there being approximately 80,000 stroke admissions per year, and up to 8,000 of these patients potentially being eligible for thrombectomy). For those eligible patients with a large vessel occlusion to the anterior circulation, there is generally a 6 hour time interval from the onset of stroke symptoms to perform thrombectomy. Delivering treatment successfully depends on a number of factors, including timely diagnosis, conveyance to a CSC within the 6 hour timeframe, and the CSC's operating hours and available workforce to perform the procedure.

Availability of a 24/7 thrombectomy service in Lancashire

As your Report references, the national [service specification](#) for mechanical thrombectomy recognises a requirement for sufficient clinical staff with appropriate competencies to be in place to achieve a 24/7 service at centre level. It also acknowledges that an extended 7 day service is acceptable as a developmental step towards full 24/7 coverage, recognising that most eligible stroke patients present for treatment between 8am and midnight.

The key challenge from a workforce perspective is having a sufficient number of Interventional Neuroradiologists (INRs) in place to deliver the service, alongside Specialist Radiographers and Stroke Consultants. The role of an INR previously involved working from 9am to 5pm on weekdays only, and therefore the workforce was initially much smaller than that required to achieve a fully operational 24/7 service nationally.

Stroke care in England is delivered via 20 Integrated Stroke Delivery Networks (ISDNs), of which Lancashire & South Cumbria is one, which have been in place since 2021/21. The work of the ISDNs is primarily focused on quality improvement and monitoring performance across the whole of the stroke management pathway. ISDNs report into their regional Stroke Board and work closely with the Stroke Association and colleagues across the health system. ISDNs are hosted in provider Trusts.

Currently, 12 of the 24 CSCs across the 20 ISDNs have a 24/7 thrombectomy service in place. In the North West, NHS England's Regional Specialised Commissioning Team have been focused on work with Lancashire Teaching Hospitals NHS Foundation Trust (LTH) on the sustainable delivery of a 7 day service. LTH had previously been delivering a 7 day service until April 2024 when, due to staffing issues, they regressed to a Monday to Friday weekday service, moving back to 7 days in August 2024 on a six weekend in eight basis. The Regional Specialised Commissioning Team have, through dialogue and formal contractual levers, been following this up with LTH to improve this position and, as a result, the service has gradually expanded. From May 2025, the service has operated consistently on a 7 day basis (between the hours of 8am and 10pm) and NHS England continues to work with LTH in sustaining this service. Work is also ongoing to achieve 24/7 coverage for the region and two alternative delivery options are being pursued to achieve this. These approaches are:

- (i) LTH extends their service operating hours to cover the 10pm-8am gap;
- (ii) Delivery of a 10pm-8am thrombectomy 'out of hours' service is undertaken in one centre, covering the three ISDN footprints in the North West region.

Awareness of non-stroke clinicians

LTH implemented a Standard Operating Procedure (SOP) for communication about the availability of thrombectomy services with stakeholders in September 2024, and this was a clinician-led communication.

Upon reflection, it appears that the cascade mechanism for this communication is not as effective as it needs to be. NHS England's North West Regional Specialised Commissioning Team have suggested that LTH should engage their internal communications to ensure the robustness of this communication, and to link with the Regional Communications Team for support as needed.

Mechanical Thrombectomy as a treatment for Ischaemic Stroke formed part of the portfolio of specialised services which were delegated to ICBs in the North West Region on 1 April 2024. Under delegation arrangements, ICBs are responsible but not directly accountable for the planning and commissioning of specialised services. They exercise their delegated functions through a single specialised commissioning team for the region, which at present is still hosted by NHS England. Assurance that the above has been actioned will be gained through regional assurance meetings.

Mutual aid

In order to ensure equal access for the population across the North West region, the North West's Medical Director for Commissioning is supporting an options appraisal to consider the best model that supports outcomes for patients, whilst making the most effective use of resources. As set out above, the options currently being considered are for LTH to move to a 24/7 service or for the population of Lancashire & South Cumbria to have access to the service elsewhere in the region during nighttime hours (10pm to 8am).

National service development and improvements

Since January 2021, the national stroke programme has been engaging with the General Medical Council (GMC) and Royal College of Radiologists to support the development of a thrombectomy credentialing programme, including enabling non-INRs, such as Neurosurgeons, Stroke Physicians and Cardiologists, to be trained and supported to perform thrombectomy and address the workforce gap. The [GMC credential](#) was published in June 2023. A substantial amount of revenue funding has since been made available to deliver the credentialing programme and the first cohort of trainees have already been enrolled and started the credential. The trainees are completing the credential alongside their full-time NHS employment in their main speciality, but it is hoped that some will be signed off within the next year. There have also been non-INRs, such as Interventional Radiologists, who have developed the skill of delivering mechanical thrombectomy and have joined the workforce in some units outside of this new route / credential.

I would also like to advise you that, alongside the national quality improvement programme, further work to ensure the ongoing service development of mechanical thrombectomy services has been supported by a programme of NHS England site

visits, led personally by my predecessor [REDACTED] and our National Clinical Director for Stroke Medicine, [REDACTED]. During 2024, they visited every CSC in England to understand the local barriers and successes, support quality improvement, bring together the wider thrombectomy stakeholders to discuss collaborative opportunities and provide specific, jointly agreed, measurable actions for each centre. Each CSC was given a list of recommended actions in order to improve access to thrombectomy, focusing on pre-hospital video triage, ensuring timely diagnostic pathways, encouraging training for non-INRs and optimising all training opportunities generally to increase the workforce, developing repatriation policies to ensure that centres always have free beds, collaborating between units, and data accuracy. 12 CSCs have received second visits during 2025, to reflect on the uptake of actions.

Following [their visit](#) to the CSCs at Royal Preston Hospital, Salford Royal and the Walton Centre in April 2025, [REDACTED] and [REDACTED] issued a letter in June 2025 to LTH, the Northern Care Alliance NHS Foundation Trust, and the Walton Centre NHS Foundation Trust. This outlined their recommendation that an urgent review of mechanical thrombectomy provision within the North West is undertaken by commissioners, and set out their expectation that a fully operational 24/7 service is achievable at the Preston site by October 2025.

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 Michelle, 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,

[REDACTED]

[REDACTED]

National Medical Director
NHS England