

Mr Sean Horstead  
HM Area Coroner  
HM Coroner's Office  
County Hall  
Seax House  
Victoria Road South  
Chelmsford  
CM1 1QH

10 July 2025

Dear Mr Horstead,

**Re: Regulation 28 Report to Prevent Future Deaths**

Thank you for your Regulation 28 Report dated 12 June 2025 concerning the tragic death of Mr Michael Paul Barry. We would like to express our sincere condolences to Mr Barry's family and assure you that we have taken your concerns extremely seriously.

**Summary of Concerns**

We note your findings regarding the absence of a commissioned specialist service to support patients in primary care with the safe reduction and withdrawal from dependence-forming prescribed medications. We also acknowledge the contrast with the availability of services for those dependent on illicit substances and alcohol, and the associated risks of unmanaged withdrawal.

**Our Response**

The Mid and South Essex Integrated Care Board (ICB) is committed to improving patient safety and outcomes across all areas of care. However, as with all healthcare systems, we must continually balance a wide range of competing priorities, including urgent and emergency care, mental health, cancer services and cardiovascular disease. While the issue of dependence-forming medications remains a significant concern, and we are taking meaningful steps to address it, the pace and scale of service development are inevitably influenced by the need to allocate limited resources across multiple areas of critical need. Nonetheless, we fully recognise the risks highlighted in your report and remain committed to reducing harm and improving support for patients affected by medication dependency.

The ICB has adopted a multi-faceted strategy to address the risks associated with prescribed dependence-forming medications, particularly opioids. Our approach includes:

## 1. Prevention and Education

The ICB continues to prioritise prevention as a key strategy in reducing harm from dependence-forming medications. This includes reducing the number of patients initiated on opioids and supporting clinicians with education and tools to manage prescribing safely.

In 2024, the ICB led the East of England-wide communications campaign “Pain Killers Don’t Exist”,<sup>1</sup> aimed at educating the public on the risks of long-term high-dose pain medication and empowering individuals to make informed decisions. Thus, seeking to reduce the number of patients seeking to be prescribed dependence forming medications.

Concurrent to this, regionally funded accredited Dependence Forming Medications (DFM) e-learning on ‘Reducing opioids in chronic pain’ and ‘Cognitive Behavioural Therapy for persistent pain’ training was offered to all practices through a locally commissioned Medicines Optimisation Local Enhanced Scheme in 2023-24.

As further support for clinicians treating patients who are prescribed dependence forming medications, the ICB has developed and disseminated comprehensive guidelines for the management of acute and chronic non-malignant pain, including specific guidance on Opioid Tapering for Chronic Non-Cancer Pain. These resources provide a structured framework for identifying at-risk patients and supporting safe withdrawal.

In addition, links to community services—many of which are self-referral—are made available to patients through primary care.

The ICB will continue with its successful prevention of harm strategy to reduce the overall number of patients taking dependence-forming medications. Public information to support this strategy can be found on our website.<sup>2</sup>

## 2. Service Development

A new Opioid Reduction/Discontinuation Pathway is planned within the Community Musculoskeletal (MSK) Service, currently in procurement and due for implementation in February 2026.

This pathway will provide structured, face-to-face support to patients, including the development of personalised deprescribing plans, regular reviews, and coordination with GPs to avoid duplication of prescriptions. Patients on high-dose opioids ( $\geq 120\text{mg/day}$  morphine equivalent) will remain under the service until safely stabilised. Where appropriate, referrals will be made to mental health or addiction services.

The ICB Executive Committee has endorsed a proposal to work up a business case to scale up the Aegros Primary Care Network (PCN)-based model across the ICB, aiming to deliver this service affordably while maintaining a primary care focus and upskilling clinicians to both deprescribe and prevent new cases of dependency.

## Conclusion

We recognise the urgency of addressing the risks identified in your report and are committed to implementing sustainable, system-wide solutions. While the absence of a fully commissioned specialist service remains a challenge, we are actively working to bridge this gap through innovative models, education, and integrated care pathways.

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<sup>1</sup> <https://www.midandsouthessex.ics.nhs.uk/health/campaigns/painkillers-dont-exist/>

<sup>2</sup> <https://www.midandsouthessex.ics.nhs.uk/health/personalised-care/medicines-management/drugs-of-dependence/>

We trust this response provides assurance of our commitment to improving care for patients at risk of harm from dependence-forming medication and so preventing future deaths.

Yours sincerely



Executive Medical Director  
Mid and South Essex Integrated Care Board  
Clinical Leadership and Innovation Directorate