

**Mr Sean Horstead**  
HM Area Coroner  
Essex & Thurrock Coroner's Service  
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CM1 1QH

**Co-National Medical Director**  
NHS England  
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29 July 2025

Dear Coroner,

**Re: Regulation 28 Report to Prevent Future Deaths – Michael Paul Barry who died on 2 September 2023.**

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 12 June 2025 concerning the death of Michael Paul Barry on 2 September 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Michael's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Michael's care have been listened to and reflected upon.

Your Report raises the concern that there is 'no specialist commissioned service available for GPs to which they might refer their patients to manage reduction of their of intake of prescribed dependency-forming medications'. This is in contrast to the available commissioned services for patients dependent on illicit drugs and/or alcohol.

**National role**

NHS England remains aware of this important issue and has worked at a national level to provide guidance and support across the NHS. In particular, NHS England is responsible for providing oversight of the management and use of controlled drugs, including opioids such as codeine. NHS England's Controlled Drugs Accountable Officers (CDAOs) undertake this role within each geographical region across England. They provide assurance that all healthcare organisations, including GP practices and pharmacies, adopt a safe practice for appropriate clinical use, prescribing, storage, destruction and monitoring of controlled drugs.

CDAOs facilitate the routes to share concerns, report incidents and take remedial action, as well as highlighting good practice. This is shared with wider partners such as [Integrated Care Boards \(ICBs\)](#) and the Police through the Controlled Drugs Local Intelligence Networks (CD LINs). Details of all CDAOs in England are held on a national register, which is owned and published by the Care Quality Commission (CQC): [www.cqc.org.uk/content/controlled-drugs-accountable-officers](http://www.cqc.org.uk/content/controlled-drugs-accountable-officers).

## **Framework for prescribed dependency-forming medications**

In March 2023, NHS England published '[Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: Framework for action for ICBs and primary care](#)'.

This Framework was developed for action with and for ICBs and primary care in response to a Public Health England (PHE) review and recommendations (2019) and NHS England's subsequent analysis of the data up to 2020/21. NHS England's Framework was prepared in collaboration with organisations including the Department of Health and Social Care (DHSC), CQC, National Institute for Health and Care Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency (MHRA).

A range of stakeholders were consulted during the process, including patients with lived experience and groups representing them, charities and voluntary sector organisations involved in the provision of services in this area, clinical experts and Royal Colleges.

The Framework includes five actions, resources and case studies to help healthcare systems develop plans that can support people who are taking medicines associated with dependence and withdrawal symptoms including opioids by:

- Optimising personalised care for adults who are prescribed medicines associated with dependence or withdrawal symptoms.
- Informing ICB improvement and delivery plans, when commissioning services, and developing local policies that offer alternatives to medicines in the first place and/or support patients experiencing prescribed drugs dependence or withdrawal.
- Adopting a whole system approach and pathways involving multiple interventions, to improve care for people prescribed medicines associated with dependence and withdrawal symptoms.

Additionally, NICE has published guidelines on:

- [Chronic pain \(primary and secondary\) in over 16s: assessment of all chronic pain and management of chronic primary pain](#) (including guidance on pharmacological management and the use of opioids for chronic primary pain).
- [Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults](#).

## **Overprescribing guidance**

The [National overprescribing review report](#) was published in September 2021 and it evaluated the extent, causes and consequences of overprescribing and made 20 recommendations to address it. NHS England and partner organisations have been implementing the review's recommendations over the past 3 years, aiming to achieve long term sustainable reductions to overprescribing via delivery of systemic and cultural improvements within the NHS.

A number of interventions are being delivered by NHS England to address and reduce overprescribing including:

- Publication of the [National medicines optimisation opportunities for the NHS in 2024/25](#), which includes an opportunity for chronic non-cancer pain management without opioids. ICBs have been encouraged to select opportunities for delivery.
- Support for delivering [Structured Medication Reviews \(SMR\)](#).
- A national programme to offer non-pharmacological alternatives such as [social prescribing](#), as well as funding for social prescribers through the Additional Roles Reimbursement Scheme (ARRS). Social prescribing is demonstrated to support patients in addressing wider determinants of health which may be an underlying or contributory factor to the inappropriate use of medication.

### **Other developments**

The NHS [Medicines Safety Improvement Programme](#) (which forms a key part of the [NHS Patient Safety Strategy](#)) is also delivering a focused programme of work relating to the improved care of people with chronic pain and a reduction in the use of prescribed opioids. The programme has been in place since January 2021. The national programme is supporting Integrated Care Systems to learn from, adapt and adopt effective practice using a whole-system improvement approach.

In 2022/23, 18 Integrated Care Systems received intensive support to develop and implement improvements in care, with a further 15 participating in shared learning events.

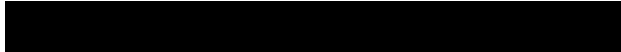
### **Specialist commissioned service**

The commissioning of services to support people with chronic pain (including services to support people to safely withdraw from prescribed medicines that may cause dependence and withdrawal) now lies with ICBs as a delegated specialised service. NHS England expects ICBs to commission appropriate services to meet the needs of the population that each ICB geographically covers. This includes taking due regard of the above national commissioning and clinical guidance. A multi-disciplinary team (MDT) approach is needed with input from, for example, pain specialists, dependence services, mental health services and peer support groups. I note that your Report has also been addressed to Mid and South Essex ICB and trust that they will be able to respond further on this issue.

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 Michael, 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,

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Co-National Medical Director  
(Primary Care)