

From Will Quince Minister of State for Health and Secondary Care 39 Victoria Street London SW1H 0EU

Dr Andrew Harris HM Senior Coroner, London Inner South HM Coroners Court 1 Tennis Street Southwark London SE1 1YD

27 February 2023

Dear Dr Harris,

Thank you for your letter of 8 June 2022 to the then Secretary of State for Health and Social Care, Sajid Javid, about the death of Ian Taylor. I am replying as Minister with responsibility for Health and Secondary Care, and thank you for the additional time allowed.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Taylor's death and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

You may wish to note that allowing non-prescribed storage of salbutamol inhalers¹ by police officers will require a change in legislation - which in this case is the Human Medicines Regulations 2012. The Medicines and Healthcare products Regulatory Agency (MHRA) own these regulations, and will need to be presented with evidence that supports the case for making a change to the regulations.

With regard to the use of inhalers, there are several considerations that need to be well-thought-out:

- salbutamol inhalers are single use devices, therefore, there would need to be means by which Police Officer could obtain replacement devices
- monitoring on the use of the inhalers would also be essential
- multiple inhalers will need to be stored by the police, to ensure one is always available for use and to meet the needs of each salbutamol inhaler user in a given situation
- specific people would have to be trained and responsible for the device in each police setting - this training will be essential to ensure that the inhalers are used appropriately and not as interventions for unrelated emergencies such a blocked windpipe for example

In order for these legislative changes to be considered evidence would need to be gathered to support the need for the change to show that the medicine could be safely handled and used in the proposed emergency circumstances, and that risks identified have been satisfactorily mitigated.

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¹ Short-acting bronchodilator inhalers, also known as blue inhalers.

You may wish to note that in 2015 the legislation was amended to allow schools to procure and store non-prescribed salbutamol inhalers. These changes were made following an evidence gathering exercise by the Department for Education, including information being collected by surveys of patients, as well as, teachers and schools. The potential advantages and disadvantages of storing non-prescribed salbutamol were considered and informed by pilot schemes of holding inhalers in some schools.

The evidence would also need to demonstrate that wider availability of non-prescribed salbutamol inhalers would have in reducing severe asthma attacks and deaths, and would outweigh any risks that would arise from non-prescribed use of salbutamol inhalers.

Once all relevant evidence is collected, a paper would need to be presented to the Commission for Human Medicines (CHM) for consideration. If the advice of the CHM is that the benefits of the wider availability of inhalers outweigh the risks, then the Department would then undertake public consultation on changing the Human Medicines Act Regulations 2012. The feedback from the public consultation would also be taken on board before a final decision on implementing the legislative change is made.

In terms of process for considering whether inhalers should be available to police officers, this would need to be undertaken by the Home Office (as the sponsor department for the police services) supported by the Department.

Part of the argument as to why schools were allowed to have access to inhalers, was that these are controlled environments. Schools require parents to inform them if their children need an inhaler, which in turn enables the school to maintain a stock of inhalers respective to the number of children with that need. Local police services would need to undertake an assessment of the frequency of arrests involving individuals where the need for a salbutamol inhaler was identified, to gauge the stock of inhalers which would need to be maintained.

Finally, you may wish to note that NHS England has placed a particular focus in encouraging the use of preventer inhalers, inhaled corticosteroid inhalers, and reducing overuse of reliever inhalers, short-acting bronchodilator inhalers. However, overuse of reliever inhalers is associated with poorer clinical outcomes. The MHRA has noted that asthma suffers who use the inhalers must visit their GP to request one. This means that a GP could monitor a patient's asthma, their exacerbations, and whether they have an overreliance on inhalers. Ad hoc use of reliever inhalers, such as during a police arrest, may prevent GPs from fully monitoring a patient's asthma.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

WILL QUINCE MP
MINISTER OF STATE