

Private and Confidential

Katy Thorne KC
Assistant Coroner
Berkshire Coroner's Office
Reading Town Hall
Blagrove Street
Reading RG1 1QH

26th July 2024

Dear Madam

Regulation 28: Berkshire Coroner's Office concerning Mrs Sewa Kaur Chaddha (deceased)

Thank you for your report dated 2nd June 2024 on Mrs Chaddha's death and the concerns identified during the inquest. On behalf of Community Pharmacy England may I offer our sincere condolences to her family for her passing and the circumstances in which this occurred.

We represent community pharmacy businesses of all sizes in England and negotiate the NHS Community Pharmacy Contractual Framework (CPCF) with NHS England and the Department of Health and Social Care through which NHS community pharmacies in England provide pharmaceutical services, including the Essential Dispensing Service – dispensing of medicines to patients. We liaise with other national pharmacy bodies as appropriate.

Community pharmacies dispensing medicines should make reasonable adjustments as required by the Equality Act, to seek to ensure that all patients can take their dispensed medicines appropriately; and one reasonable adjustment is Multi-compartment compliance aids (MCAs) or 'dosette boxes'. The most recent and comprehensive guidance on MCAs is published by the Royal Pharmaceutical Society (RPS).

The RPS guidance indicates, amongst other matters, that MCAs are not a universal solution, there are other reasonable adjustments to consider; there is a professional decision to make on the suitability of an MCA and there are risks and benefits with MCAs. While benefits include helping a patient remember which medicines to take



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and when to take them, for a better quality of life; risks include reducing a person's knowledge, skill and understanding of medicines, and disempowering people if they can't identify specific medicines in the compartment they want to take.

On the specific concerns raised:

Weekly and monthly MCA provision. The medicines prescribed on an (FP10) NHS prescription are dispensed in one go. For various reasons, including reducing medicines waste and additional funding to support the cost of the MCAs, pharmacies generally seek 7-day prescriptions for MDS provision (funding is per prescription so $4 \times 7\text{-day prescriptions} = 4 \times £1.27$, receive 4 times more funding than $1 \times 28\text{ day prescription} = 1 \times £1.27$). However, the prescriber determines the 'period of treatment' (e.g. 7 or 28 days).

Both patients had cognitive impairment. This is relevant as indicated above, including the decision to dispense medicines in an MCA and the benefits and risks of using an MCA.

Remaining concerns including the evidence given at the inquest that MDSs of different colours or labels with different colours were not routinely given to elderly or cognitively impaired patients living at the same address. I am not aware of any explicit guidance or encouragement for pharmacists and pharmacies to do this, or explicit guidance for pharmacies to take additional steps (to the dispensing label) to avoid the potential for the tragic confusion that occurred in this case in this household.

Our action. We will bring this concern – the need for different MCAs in one household to be very clearly identified in such a way that those with cognitive impairment remain safe and take their medicines – to the RPS and the Community Pharmacy Patient Safety Group (CPPSG), and ask each to consider additional guidance and/or information to be made available to pharmacies and pharmacists. We will also make community pharmacy owners we represent aware of this concern or specific risk, initially ourselves and subsequently if the RPS or CPPSG issues any advice or reports. We will seek to take these actions in the autumn of this year.

Yours sincerely


Director, Legal