

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

25TH July 2024

Dear Ms Thorne

Response of the NHS Specialist Pharmacy Service to the Regulation 28 Report dated 2 June 2024 – Mrs Sewa Kaur Chaddha, who died on 10 May 2023

Please find attached a paper which has been prepared in response to the Regulation 28 Report to Prevent Future Deaths (hereafter "Report") dated 2 June 2024, concerning the death of Mrs Sewa Kaur Chaddha on 10 May 2023.

We would like to express our condolences to Mrs Chaddha's family and loved ones. We wish to assure the family and the coroner that the concerns raised have been listened to and reflected upon.

Please do not hesitate to contact us should you require any clarification or further information.

Yours sincerely



Head of the Specialist Pharmacy Service

Response of the NHS Specialist Pharmacy Service to the Regulation 28 Report dated 2 June 2024 – Mrs Sewa Kaur Chaddha, who died on 10 May 2023

Purpose

1. The purpose of this paper is to outline:
 - a. the information currently available from the NHS Specialist Pharmacy Service (SPS) in the management of adherence and use of medicines compliance aids (including dosset boxes); and
 - b. suggested changes which may help to prevent future deaths.

Matters of concern

2. The matters of concern listed within the Report are as follows:
 - a. The medications were provided to Mr and Mrs Chaddha by the local pharmacy, then known as Lloyds Pharmacy, in separate dosset boxes (a type of multi-compartment compliance aid). Mrs Chaddha's medications were provided on a weekly basis. Mr Chaddha's were provided monthly.
 - b. Both patients were elderly and had cognitive impairment.
 - c. The two patients' dosset boxes were identical to each other except for a small pharmacy's label with small type with the relevant patient's name.
 - d. Mrs Chaddha used one of Mr Chaddha's dosset boxes, rather than her own, for several days.
 - e. Evidence was given at the inquest that there was no guidance or policy in place for Pharmacists to follow when issuing medication to patients with cognitive impairments, or if there was, it was not well disseminated among the pharmacist population.
 - f. Evidence was given at the inquest that dosset boxes of different colours or labels with different colours were not routinely given to elderly or cognitively impaired patients living at the same address.
3. The matters of concern that we have identified with potential relevance to the NHS Specialist Pharmacy Service (SPS) are points (e) and (f) above.

The NHS Specialist Pharmacy Service (SPS)

4. The NHS SPS is commissioned by NHS England to support pharmacists and other professionals across the NHS who are involved in all aspects of buying, making and using medicines. The service is delivered in line with the [Specialist-Pharmacy-Service-Specification-April-2022-March-2025-1.pdf](#) (sps.nhs.uk)
5. We had two training resources available at the time of Mrs Chaddha's passing [What products or interventions are available to aid medication adherence? April 2020](#) and [Summary of Guidance and Evidence for use of Multicompartment Compliance Aids](#).

6. We subsequently published in December 2023 a further training resource series on [Defining and understanding medication adherence \(published on 20 December 2023\)](#), which covers the following aspects of adherence:

[Explaining how to use or take medicines: supporting adherence](#)

[Reminding to take medicines: supporting adherence](#)

[Complex medication regimens: supporting adherence](#)

[Swallowing difficulties: supporting adherence](#)

[Manual dexterity: supporting adherence](#)

[Visual impairment: supporting adherence](#)

7. The content of the series covers all alternatives which may be considered when helping to improve patient adherence. The use of multi-compartment compliance aids (MCAs) is just one of the possible approaches which may be considered, which we cover under [Complex medication regimens: supporting adherence](#) as detailed in Annex 1. This resource uses the example of an older person with cognitive impairment as someone who may benefit from a MCA. It also references the MCA pharmacy guide available via the Royal Pharmaceutical Society (professionals are required to become a member of the Royal Pharmaceutical Society to access this guide).
8. The SPS provides the [MCA stability tool](#) which describes the stability of medicines when supplied within a MCA. The information does not endorse the routine use of MCAs and advises the use of original packs and appropriate pharmaceutical support as the preferred option.
9. The SPS website provides information on responsibilities when using our advice and guidance, [Using our advice – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#). The
10. including that professionals and practitioners remain professionally responsible and accountable for their own actions, and all decisions should consider the individual needs, preferences and values of patients. The specific information on the MCA stability tool is included below in Annex 2.
11. During development of the MCA stability tool, the SPS spoke to several stakeholders involved with producing guidance in the broader area to ensure what we were doing was a good fit. The Royal Pharmaceutical Society has the most comprehensive guidance on the issue, although, as set out above, this only available to members (fee applicable).
12. The labelling of dispensed medicines is within the remit of the regulator, the General Pharmaceutical Council, who has also been sent a copy of the Regulation 28 Report. The SPS does not provide information regarding the labelling of dispensed medicines.
13. The SPS updates registered users of our website on a weekly basis via an emailed bulletin of any additions or changes.

Suggested actions in response to the matters of concern

14. The SPS will consider including additional wording to that in Annex 1, to recommend that medicines are clearly labelled for differentiation between household members, particularly for patients who are elderly and/or have cognitive impairment.
15. The SPS will advocate for the information and guidance published by the Royal Pharmaceutical Society to be made available to non-members.

Annex 1 – Extract from SPS training resource on medication adherence

Multi-compartment compliance aids (MCAs)

Multi-compartment compliance aids filled by pharmacists should not be used routinely. The risks of using MCAs are widely documented and their benefit in relation to medication adherence is unknown. Unless there is clear, explicit rationale for the use of MCAs, the default should be to supply medicines in their original packaging.

A small number of patients may be eligible to have an MCA filled by a pharmacy. For example, an older person with mild cognitive impairment who has a complex but stable medication regimen and limited support from family and friends and no carer may benefit from an MCA.

Different pharmacies provide various products and options should be discussed directly with the chosen provider if a patient is assessed as being in this group.

Visit our [Medicines in Compliance Aids Tool](#) for stability recommendations for tablets and capsules.

The Royal Pharmaceutical Society have published an [MCA Pharmacy Guide](#).

Annex 2 – Extract from SPS using our advice guidance

MCA Stability Tool

Our [Medicines in Compliance Aids \(MCA\) stability tool](#) gives recommendations on whether individual solid dose forms (tablets and capsules) can be transferred from the manufacturers' original packaging for use in multi-compartment compliance aids (MCAs). Recommendations are based on:

- physico-chemical stability and characteristics of the medicine and its formulation(s)
- advice from manufacturers, where available

Most entries are based on a lead brand with information extrapolated to generic products. Some medicines and dose forms are not included at all: for example, oral chemotherapy agents, since it is widely accepted that these medicines are not suitable for use in MCAs; and all effervescent or dispersible tablets, for the same reason.

Our MCA stability information does not endorse the routine use of MCAs. For some patients, there may not be an alternative way to achieve safe medicine administration and the use of MCAs is likely to continue. However, as is [covered in RPS guidance](#), the use of original packs and appropriate pharmaceutical support is the preferred option.