

Self-Care Medication in Care Homes

This is a guide for all care homes to support service users in self-care for selected conditions by buying over the counter treatments (OTC), as well as the use of a Homely Remedy protocol where in place. It is in line with NHS Coventry and Warwickshire policy on self-care. Additionally, some items that historically may have been prescribed can be considered as personal care items and purchased by the service user/care home rather than being prescribed.

There is a common misconception that care home staff are unable to administer medicines that are not prescribed. In fact, any carer or nurse who is trained to administer medicines can do so. However, a process must be in place for carers and nurses to administer medications safely, and residents to self-administer when appropriate. Some care homes will need to update their policies and upskill staff to enable this. If a resident wants to self-administer their medication, the care home's Self-Administration Policy should be followed.

For guidance on care home staff administering medicines to residents, see NICE Managing Medicines in Care Homes Social Care Guidelines 2014 and Nursing and Midwifery Council (NMC) Standards for Competence for Registered Nurses and NMC Standards for Medicines Management.

NHS England guidance (March 2018)¹ focuses on conditions that are:

1. Self-limiting and do not require medical advice or treatment as the condition will clear up on its own; and /or
2. A condition that is a minor illness and is suitable for self-care and treatment with items that can be purchased over the counter from a pharmacy and
3. Vitamins, minerals and probiotics where there is a lack of robust evidence for clinical effectiveness.

There are general exceptions to point 2 (above), and these are listed below. **N.B. exemption from prescription charges does not warrant an exception to the guidance.**

1. Patients that are prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease)
2. For the treatment of more complex forms of a minor illness (e.g. severe migraine that is unresponsive to OTC medicines).
3. For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms e.g. indigestion with very bad pain).
4. Treatment of complex patients (e.g. immunocompromised).
5. Patients on prescription only treatments (i.e. POM medicines).
6. Patients prescribed an OTC product to treat an adverse effect or symptom to a complex illness or a prescription only medicine.
7. Circumstances where the product licence does not allow an OTC sale.
8. A patient that has not responded to treatment with the self-care OTC product.

¹ 1. NHS England guidance (March 2018)¹ <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-cggs.pdf> accessed 1/2/2022

9. Patients where the clinician considers the presenting symptom is due to a condition that would not be considered a minor condition.
10. Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected if reliant on self-care.
11. Consideration of safeguarding issues.

Medicines that can be purchased fall into two legal categories, GSL (General Sales List), which are available widely, or P (Pharmacy Only Medicines) which are available only from a pharmacy. Together, they are commonly known as OTC products.

The Medicines Optimisation Care Homes Support provides pharmacist and pharmacy technician advice and support in implementing this guidance. Contact: cwicb.carehomessupport@nhs.net

Community pharmacy services supporting care homes with regular supplies of prescribed medicines are also aware of this guidance and their role in supporting OTC advice and sales.

Also refer to the CQC national guidance “Over the counter medicines and homely remedies”²

NHS England Regional Medicines Optimisation Committee (RMOC) has published a Homely Remedy position statement in November 2018 that has also been considered³.

This guide is divided into three sections:

Part 1: Self-care treatment for specific person guidance

Part 2: Homely remedy guidance

Part 3: Personal care guidance

Appendix 1: Self-care advice pad

Appendix 2: MARs templates

Appendix 3: Resident/relative letter template

² CQC national guidance <https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies> accessed 1/2/2022

Part 1: Self-care treatment for individual person guidance

Self-care products are medicinal preparations used to treat minor ailments, which can be **bought OTC and do not require a prescription**. In this situation, they are **specific to that person** and may be used for a **short term condition** e.g. earwax, or longer term e.g. hay-fever. The **timeframe is guided by the product information and/or Healthcare Professional**.

- **Purchased by or on behalf of service user without GP or HCP advice**

Service users or relatives may buy and use their own “self-care products”.

- **GP or other HCP request to purchase a self-care treatment**

A GP or other healthcare professional may instruct the home staff to purchase a specific product to treat a minor ailment such as olive oil for ear wax, vitamins for maintenance. They must consider any other medications that person takes/uses and any allergies.

The GP or other HCP should indicate how long the treatment is to continue. This may be longer term e.g. hay-fever tablets for the duration of the summer season, or short term e.g. mild cystitis.

Appendix 1 contains a suggested care home self-care advice pad which can supply the care home with the information needed. This information can be recorded in the care plan.

- **OTC community pharmacist consultation**

The community pharmacist may recommend an appropriate OTC treatment for a service user and will need to advise the care home around duration of treatment. A community pharmacist can also advise on the appropriate use of an OTC self-care product that has been recommended by a GP or other HCP and consultation is encouraged. When purchasing from a community pharmacy, a **list of the person's current medications may be requested** if that pharmacy do not dispense repeat medications for that person.

Key points for self-care treatments for an individual service user

- The medicines are **not for general use** in the home and must remain **specific to that service user**.
- The medicines should be **counted into the home, stored and recorded as for other medication**, by adding to the MAR (Medicines Administration Record) chart to ensure regular dosing and stock control. For further information on handwriting standards, please refer to Care Home Medicines Support Website.
- The instructions for the treatments should be communicated (written / email / verbal) by the surgery or pharmacy and written into **the individual care plan**; they only apply to the individual named.
- **If symptoms worsen**, the GP, other HCP or community pharmacist should be informed earlier than the initial recommended duration.

NHS England guidance (March 2018)³ has provided a list of common minor ailments that may be treated as self-care at the recommendation of a GP or prescriber.

Medical conditions and examples of OTC products from the Homely Remedy section (Part 2) can also be included here; where no Homely Remedy protocol is used or self-care is preferred.

Products below should be recorded on a MAR to enable Healthcare Professionals to view all medications used or taken at one time.

Medical condition	Self-care with Healthcare Professional advice specified	Example of OTC product
Insect bites/stings	✓	Antihistamine tablet/mild steroid cream
Infrequent cold sores of lip	✓	Antiviral cold sore cream
Conjunctivitis	✓	Antibacterial eye drops or ointment
Haemorrhoids (piles)	✓	Haemorrhoid cream or ointment
Mild cystitis	✓	Sodium bicarbonate or potassium citrate sachets
Dry eyes/sore tired eyes	✓	Eye lubricants e.g. hypromellose 0.3%
Earwax	✓	Drops containing sodium bicarbonate, hydrogen peroxide, olive oil, almond oil
Mild acne (under 65 years)	✓	Products containing benzoyl peroxide or salicylic acid
Mild to moderate hay fever/allergic rhinitis	✓	Antihistamine tablets or liquids; steroid nasal sprays; sodium cromoglicate eye drops
Ringworm/athletes foot	✓	Athletes foot cream, antifungal creams and sprays
Threadworm	✓	Mebendazole (chewable) tablets/suspension
Travel sickness	✓	Travel sickness tablets
Vitamins and minerals	✓	Multivitamin and minerals*, Vitamin C tablets, Vitamin D tablets 400- 1000 units

*Anyone at medium (MUST 1) or high (MUST 2 **and above**) risk of malnutrition, consider an OTC one a day multivitamin and mineral tablet.

³ NHS England guidance (March 2018)¹ <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>

Providers should use this guidance in conjunction with Medicine Patient Information Leaflets, NICE Guidance 'Managing Medicines in Care Homes' SC1 and should check the CQC website for recent updates. Prepared by Care Home Support, Medicines Optimisation Team, NHS Coventry & Warwickshire April 2019, reviewed July 2022. Adapted from Self-care toolkit – NHS Sussex Community NHS Foundation Trust, Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG.

Part 2: Homely remedy guidance (where in use)

A homely or household remedy is another name for a non-prescription medicine which is **purchased and kept as stock by the care home** and used **for any appropriate service user** for the **short term management of minor, self-limiting conditions**. Minor conditions will include cold symptoms, headache, occasional pain or indigestion.

Homely remedies aim to ensure that access to treatment for minor ailments is the same as it would be for a patient living in their own home. For an example of a Homely Remedy template please refer to Care Home Medicines Support website.

Key points for homely remedies

- This template may be used by care homes with or without nursing who decide to stock the approved list of products to treat minor ailments.
- Homely remedies must be purchased by the care home and must not be labelled for individual service users.
- Homely remedies should usually only be given for up to 48 hours, before referring to the GP if symptoms persist. If required for longer than 48 hours, the GP will need to assess and advise.
- Medicines for use as homely remedies should not be requested on prescription from GPs or non-medical prescribers. Stock is purchased by the care home.
- Dressings and items for first-aid are not homely remedies.

The conditions and products agreed for homely remedies are tabled below.

Minor illness requiring treatment	Drug/ Medicine	Maximum dose to be taken at one time	Directions
Pain relief for mild to moderate pain &/or fever	Paracetamol 500mg tablets/soluble tablets OR Paracetamol sugar free suspension 250mg/5ml	Over 50kg: One to two 500mg tablets (or 10ml to 20ml of 250mg/5ml suspension) Under 50kg: One 500mg tablet (or 10ml of 250mg/5ml suspension)	Four to six hours between doses, up to maximum FOUR times a day Maximum dose in 24 hours: Over 50kg: 4g (eight 500mg tablets or 80ml of 250mg/5ml suspension) Under 50kg: 2g (four 500mg tablets or 40ml of 250mg/5ml suspension)
Constipation	Senna 7.5mg tablets OR 7.5mg/5ml syrup	One to two tablets or one to two 5ml spoonfuls of syrup	Once a day - usually at bedtime
Diarrhoea	Oral rehydration sachets	One sachet reconstituted according to manufacturer's product information	To be given after each loose stool. Do NOT exceed dose recommended in manufacturer's product information
Indigestion/ Heartburn	Gaviscon Advance Suspension	One to two 5ml spoonfuls	After meals & at bedtime. Maximum four times daily.

Part 3: Personal care guidance

Conditions and remedies listed as personal care are deemed to be outside the scope of medical care. They include remedies that are easily available “off the shelf” from supermarkets in the health aisle or community pharmacy, and do not necessarily require pharmacist advice to support the sale, although consultation with a pharmacist is recommended if available. Many of the conditions and items listed have been historically used in care homes in this manner.

If symptoms worsen, the GP or pharmacist should be contacted for advice. Care staff should let the Healthcare Professional know what products have been taken/used already and currently.

NHS England has provided a list of common minor ailments that may be treated as self-care and the CCGs have agreed that they do not necessarily have to be discussed with a GP or Pharmacist.

Similarly, recording the product use does not always have to be added to the MAR chart, but does have to be recorded in the care plan and daily personal care log e.g. use of shampoos, emollients.

It is recommended that regular items e.g. vitamins and minerals, should be added to a self-care MAR chart to ensure regular dosing and stock management. See Appendix 2 MARs templates.

This list is not exhaustive but reflects the current emphasis on moving from prescribed to self-care items.

	Personal Care	Example OTC products
Acute sore throat	✓	Lozenges e.g. Locketts
Coughs and colds and nasal congestion	✓	Non-drowsy cough mixture e.g. glycerol, saline nasal drops, menthol vapour rub
Dandruff	✓	Anti-dandruff shampoo e.g. Neutrogena, Polytar
Head lice	✓	Creams and lotions for head lice e.g. Hedrin
Mild Acne (under 65 years)	✓	Multitude of skin care options
Mild Dry Skin	✓	Emollient creams and lotions e.g., Diprobase, Hydromol, Cetraben, E45
Sunburn	✓	Multitude of after sun creams
Sun protection	✓	Multitude of skin protection creams
Mouth ulcers	✓	Antiseptic mouthwash e.g. Corsodyl, Listerine, Bonjela <i>Refer to GP if not resolved in 7 days or multiple/painful/red</i>
Prevention of dental caries	✓	Normal fluoride toothpaste
Warts and Verruca	✓	Creams, gels, skin paints and medicated plasters containing salicylic acid <i>Refer to GP or podiatrist if diabetic</i>
Probiotics	✓	Probiotic sachets, yoghurts
Vitamins and minerals*	✓	Multivitamin and minerals, Vitamin C tablets, Vitamin D tablets 400- 1000 units

*Record on self-care MAR

Appendix 1 – Self-Care advice pad for product purchase

Name:	D.O.B:
Care Home:	
Surgery/Pharmacy:	
HCP Name:	HCP Signature:

Medical condition	Treatment suggested	Duration suggested (e.g. 7 days, 2 weeks, hayfever season...)
Insect bites/stings		
Infrequent cold sores of lip		
Conjunctivitis		
Haemorrhoids (piles)		
Mild cystitis		
Dry eyes/sore tired eyes		
Earwax		
Mild acne (under 65 years)		
Mild/moderate hayfever/allergic rhinitis		
Ringworm/athletes foot		
Threadworm		
Travel sickness		
Multivitamin and minerals		
Vitamin D tablets 400-1000 units		
Other		

Appendix 2 – Self-Care Medicine Administration Record chart templates

- Conjunctivitis
- Dry Eye
- Dry Skin
- Ear Wax
- Haemorrhoids
- Hayfever
- Infrequent Indigestion & Heartburn
- Infrequent Pain (suspension)
- Infrequent Pain
- Multivitamins & Minerals
- Vitamin D
- MASTER copy – for other Self-care medicine recording

Appendix 3 – Resident/relative letter template

Dear Resident / Relative

NHS England carried out a public consultation on reducing prescribing of over-the-counter (OTC) medicines for minor, short-term health concerns. In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines which can be purchased over the counter from a Community Pharmacy and other outlets.

NHS England has produced guidance for Clinical Commissioning Groups (CCGs) which aims to provide a consistent, national framework for them. The new OTC guidance will curb the routine prescribing of products that are for:

- A self-limiting condition, which may not require medical advice or treatment as it will clear up on its own. Such as a sore throat, cough or cold.
- A condition that is suitable for self-care, which can be treated with items that can easily be purchased over the counter from a Community Pharmacy. Such as remedies for dandruff, mouth ulcers and travel sickness.

The guidance will not affect prescribing of over the counter medicines for longer term or more complex conditions or where minor illnesses are a symptom or a side effect of something more serious.

Former NHS England chief executive Simon Stevens said: “Across the NHS our aim is to: ‘Think like a patient, act like a taxpayer’. The NHS is probably the most efficient health service in the world, but we’re determined to keep pushing further. Every pound we save from cutting waste is another pound we can then invest in better A&E care, new cancer treatments and much better mental health services.”

John O’Connell, chief executive of the Taxpayers’ Alliance, said: “It’s great news that NHS England will save a vast amount of taxpayers’ money by curbing prescriptions for basic items that are much cheaper to buy in [a Community Pharmacy or other outlet] than they are to prescribe. Taxpayers should not be footing the bill for items like anti dandruff shampoo or athlete’s foot powder, so cutting out wasteful spending like this will mean that precious resources can be focused on frontline services”.

NHS Coventry and Warwickshire have adopted the guidance. It applies to everyone who is not covered by the general or condition-specific exceptions listed in the guidance document. There are already a number of ways that someone living in a care home can access medicines. There is guidance for care home managers and staff to make sure these processes reduce risk and comply with the NHS England policy.

Yours sincerely

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