



integrated working

Homely Remedies Policy

Endorsed by GPs in WSCCG for use in care homes in West Suffolk

For adult service users in care homes with or without nursing

Name of care home	
Signature of care home manager	

Definition

A homely remedy is a medication that can be purchased over-the-counter from a pharmacy for the relief of a minor condition without the need for a prescription. Although some homely remedies can be purchased from supermarkets, WSCCG strongly recommends that all homely remedies are purchased from pharmacies with the advice of a pharmacist.

Care homes should ensure that their service users have access to homely remedies as they would in their own homes. The Care Quality Commission agrees that care homes may stock a small range of homely remedies for the relief of minor conditions. **It is the responsibility of care homes to keep a reasonable stock of homely remedies and GPs should not be asked to prescribe over-the-counter medications for the management of minor conditions.**

Aims

- To identify minor conditions for which medications can be purchased over-the-counter from a pharmacy for use as homely remedies in care homes
- To identify examples of medications (Table 1), woundcare products (Table 2), emollients, barrier preparations and soap substitutes (Table 3) recommended to be stocked by care homes

Medications

When purchasing over-the-counter medications for a service user care home staff should ensure that they provide the pharmacist with an accurate description of the service user's condition and a list of medications they currently take (if any). This is to help the pharmacist make the right decision and recommend the appropriate over-the-counter medication.

Records of over-the-counter medications brought into the care home by a service user should be made by care home staff and the medication(s) should be stored appropriately. Records should include details of the medication (e.g. name, strength, form, quantity and expiry date) and the indication for which the service user is taking it. Such medication(s) must be used by that service user only.

It is recommended that over-the-counter medications for the relief of minor conditions such as those listed in WSCCG's **'Treating minor conditions: Think Pharmacist' leaflet** (pages 2 and 3) are purchased for appropriate use in response to symptoms and **not routinely requested on prescription.**

Treating minor conditions



Think Pharmacist

THE BEST OF HEALTH FOR WEST SUFFOLK

Treating minor conditions

Minor conditions are generally not a serious health problem and can be treated with Over The Counter medications available from your local pharmacy.

Examples of minor conditions that do not require a visit to your doctor or a prescription, and that your local pharmacist can help you with include:

- Aches and pains (minor)
- Acne (mild)
- Athlete's foot
- Back pain (one-off)
- Blocked nose
- Cold sores
- Colic
- Common cold
- Constipation (one-off)
- Coughs
- Cystitis (mild)
- Diarrhoea (one-off)
- Dry eye
- Dry or irritated skin
- Ear wax
- Eczema (mild)
- Eye infection (minor)
- Fungal skin and nail infections
- Hay fever
- Headaches (one-off)
- Head lice
- Heartburn
- Indigestion
- Insect bites and stings
- Migraines
- Mouth ulcer (minor)
- Nappy rash
- Period pain
- Piles
- Ringworm
- Scabies
- Skin rash
- Sleep problems (short-term)
- Sore throat
- Teething
- Temperature (small increase)
- Threadworms
- Toothache
- Travel sickness
- Vaginal thrush
- Verruca
- Warts

This list is not exhaustive and your local pharmacist may be able to help you with other minor conditions too. **If you are not sure whether your condition is minor or serious, speak to your pharmacist first.** By asking a few questions, your pharmacist will be able to advise if you need to see a doctor.

For more information on minor conditions visit:
<http://www.nhs.uk/Livewell/Pharmacy/Pages/Commonconditions.aspx>

Your local pharmacist

As soon as you become concerned about your condition **ask your local pharmacist first for advice because:**

- Pharmacists are qualified health professionals and have the knowledge and skills to help and advise you on the best course of action. You may not need to see a doctor, but can get helpful advice or buy a treatment for your condition. Hence you could save time and start to feel better quicker.
- Pharmacies are accessible and convenient as many of them are open late nights and weekends. They can be found in local communities, on the high street, in some supermarkets and in shopping centres.
- There is no need for an appointment to speak to the pharmacist; just pop in any time and they will be happy to help you.



If you can't get to your local pharmacy yourself, ask someone to go for you or call your local pharmacy. Details of your local pharmacy and their opening times can be found here: www.nhs.uk/chemist

Write down details of your local pharmacy here:

Telephone number:

Address:

Opening times:

Monday	to
Tuesday	to
Wednesday	to
Thursday	to
Friday	to
Saturday	to
Sunday	to

What may happen if I go to see my doctor when I have only a minor condition?

Your doctor may not give you a prescription but advise you to buy an appropriate treatment from your local pharmacy. These are often cheaper to buy than the charge for an NHS prescription.

Patients should not request prescriptions for medicines to treat minor conditions.

What if I don't feel better?

If at any time you are concerned about your condition or if your symptoms are not improving after a few days of treatment with Over The Counter medication, you should contact your pharmacist or doctor for more advice.

Look after yourself, look after your NHS

The time spent by doctors treating minor conditions which could be treated at home costs the NHS an average of £2 billion per year¹. This is the equivalent of 45 million doctor consultations² which could have been used instead for patients with complex health problems and long term chronic illnesses. Seeking advice from your local pharmacist first will minimise the time spent by doctors on minor conditions, hence it may be easier for you to get an appointment with your doctor when you have a more serious condition.



Think Pharmacist

References

- ¹ Proprietary Association of Great Britain. The campaign for real self care. 2010. <http://www.pagb.co.uk/publications/pdfs/annualreview2010.pdf> Accessed 28/07/2015
- ² Units Health and Social Care report from the Personal Social Services Research. 2013. <http://www.pssru.ac.uk/project-pages/unit-costs/2013/> Accessed 28/07/2015

If you would like this information in another language or another format, including audio tape, braille or large print, please call 01473 770 014.

Jeżeli potrzebujesz pomocy w zrozumieniu tych informacji w swoim języku zadzwoń na podany poniżej numer. **Polish**

Se precisar de ajuda para ler estas informações em outra língua, por favor telefone para o número abaixo. **Portuguese**

Jeigu jums reikia suprašti šia, informacija, kita kalba prašom skambinti šiuo numeriu apačioje **Lithuanian**

Kung kailangan mo ng tulong para maunawaan and inpormasiy on sa pamamagitan ng ibang salita, maaaring tumawag sa **Tagalog**



Ci vous avez besoin d'aide pour comprendre cet information an une diferente langue, s'il vous plait contacter le numero ci dessous. Merci. **French**

এই লেখাটি যদি অন্য ভাষায় বুঝতে চান তাহলে নিচের নম্বরে ফোন করুন **Bengali**

Published by NHS West Suffolk Clinical Commissioning Group

West Suffolk House, Western Way
Bury St Edmunds, Suffolk, IP33 3YU

Telephone: 01284 758 010
getinvolved@westsuffolkccg.nhs.uk
www.westsuffolkccg.nhs.uk

 @NHSWSCCG
 /nhsWSCCG



integrated working

Administration

Homely remedies should be administered as per the manufacturer's patient information leaflet contained in the product pack; the manufacturer's recommended maximum duration of treatment should not be exceeded without obtaining medical advice. If symptoms persist, or give cause for concern, medical advice should be obtained as the symptoms may indicate a more serious underlying condition. **Care home staff should always refer to the patient information leaflet before administering a homely remedy.** Administration of a homely remedy must only be undertaken by care home staff that have undertaken the appropriate medication training and signed the relevant form (Appendix 1) stating that they have read and understood the Homely Remedy Policy.

Care home staff should ensure that they obtain the service user's consent before administering a homely remedy, if possible, and confirm that the patient has no allergies to the remedy. If unable to obtain consent, or if in doubt, care home staff should act in the service user's best interest. If the service user is taking regular medication, an appropriately trained nurse/carer must check the patient information leaflet to ensure that the homely remedy they intend to administer will not interact with the regular medication. If in doubt, care home staff must check with a pharmacist.

All care home staff must recognise and act within the parameters of safe practice. The care home manager is responsible for ensuring that all care home staff involved in the administration of medicines receive the appropriate on-going training and support to maintain and update their knowledge on the use and administration of the homely remedies.

Named service user homely remedy

Homely remedies purchased for a named service user must be labelled for that individual and must not be administered to other service users. They must not be administered to the named service user if their prescribed treatment has changed since the remedy was purchased unless an appropriately trained nurse/carer has checked the patient information leaflet to ensure that administration of the medicine is safe. If in doubt, care home staff must check with a pharmacist.

Stock homely remedy

Homely remedies purchased for stock must not be administered to a named service user until an appropriately trained nurse/carer has checked the patient information leaflet to ensure that the administration is safe, e.g. in combination with other medications that the individual may be taking/using. If in doubt, care homes staff must check with a pharmacist.

Storage of Homely Remedies

A locked medicine cupboard or trolley is required for the storage of all homely remedies (locked fridge for items that need to be stored under low temperatures). They should be separated from all prescribed medicines and clearly marked as homely remedies. Where purchased for a particular service user, they should be labelled with the individual's name and the date purchased.

Recording of Homely Remedies

It is essential that each dose of a medicine that is given to a service user is recorded accurately on their medication administration record (MAR) sheet. The following details should be recorded on each occasion:

- The full name, form and strength of the medication, e.g. paracetamol tablet 500mg
- The dose administered, e.g. two tablets
- The reason that the homely remedy has been administered, e.g. headache
- The date
- The time

Checking Stock

When a dose of a homely remedy is given to a service user it must be logged out of the stock sheet (Appendix 2) and a running balance maintained so a clear audit trail of these items can be maintained. Stock should be counted every week to maintain an audit trail of usage and to check expiry dates. A separate stock sheet should be held for each individual homely remedy stocked by the care home.

Expiry Dates

The expiry dates of all the homely remedies stocked in the care home must be checked regularly (at least every 6 months). All liquids and suspensions for internal use should have the date of opening recorded on the bottle, and should be discarded no longer than 6 months after this date. Individual preparations may specify a shorter expiry.

Table 1: Examples of over-the-counter medications recommended to be stocked by care homes for the management of minor conditions

(See WSCCG '*Treating minor conditions: Think Pharmacist*' leaflet – pages 2 and 3 – for other minor conditions for which over-the-counter medications can be purchased from pharmacies with the advice of a pharmacist)

Medication	Example indications
Loperamide	Diarrhoea relief
Non-steroidal anti-inflammatory drug (NSAID) gels e.g. diclofenac gel, ibuprofen gel etc.	Minor aches and pains
Antacids e.g. Gaviscon [®]	Heartburn, indigestion
Antihistamines e.g. cetirizine	Hayfever, insect bites and stings
Paracetamol	Headaches (one-off), minor aches and pains

Table 2: Examples of woundcare products recommended to be stocked by care homes

(See the Suffolk '[GP Practice Woundcare Formulary](#)' for other options)

Name	Comments
Saline	
Irripod	<ul style="list-style-type: none"> To clean wounds Tap water is preferred for leg ulcers and to irrigate clean wounds
Non adherent dressings	
N-A Ultra	<ul style="list-style-type: none"> To encourage moist wound healing Use under compression or retention bandages on granulating wounds Lasts up to 7 days; requires a secondary dressing Suitable for use on fragile/ delicate skin
Adhesive dressing with absorbent pad	
Mepore Ultra	<ul style="list-style-type: none"> Low to moderate exudate Suitable for surgical wounds, cuts and abrasions Low-adherent wound contact layer Do not apply under tension
Cosmopor E	<ul style="list-style-type: none"> Primary dressing to cover wounds without the need for additional tape or bandages For use on lightly exuding wounds e.g. post-operative wounds or minor injuries and epithelialising wounds Not suitable for use on leg ulcers
Adhesive tapes	
Micropore	<ul style="list-style-type: none"> Dressing retention on non-flexing areas
Mefix	<ul style="list-style-type: none"> Dressing retention on areas prone to rubbing e.g. elbows, heels
Retention bandages	
K-Band stretched	<ul style="list-style-type: none"> Light bandage for securing dressings When applying on legs, apply from toes to knee to prevent oedema When applying on oedematous limbs make sure K-soft is applied first to prevent the bandage cutting into the skin
Elasticated tubular bandages	
Comfifast	<ul style="list-style-type: none"> To secure dressings and bandages 5m and 3m lengths are less wasteful than 1m and can accommodate various limb sizes Consider if blue (7.5cm) line size will suffice before requesting a yellow (10cm) line bandage Do not use Tubigrip or crepe as a retention bandage
Absorbent dressing pads – For moderate to heavily exuding wounds	
Zetuvit E (non-sterile)	<ul style="list-style-type: none"> Use as secondary dressing Not suitable for application under compression
Zetuvit E (sterile)	<ul style="list-style-type: none"> Use as secondary dressing

	<ul style="list-style-type: none"> • Not suitable for application under compression
Kerramax care	<ul style="list-style-type: none"> • Primary or secondary dressing; stackable to increase absorption
Swabs	
Non-woven fabric swab (sterile)	<ul style="list-style-type: none"> • For cleaning wounds and providing protection to boney prominences
Non-woven fabric swab (non-sterile)	<ul style="list-style-type: none"> • Do not use as a dressing
Dressing pack	
Dress It	

Table 3: Examples of emollients, barrier preparations and soap substitutes recommended to be stocked by care homes

(See the Suffolk '[Catheter, Stoma and Skincare Formulary](#)' for other options)

Emollients (leave on preparations)	Emollients with urea	Barrier preparations	Soap substitutes
Epimax [®]	imuDERM [®]	Conotrane [®] Cream	Emulsifying ointment BP
Isomol [®] gel		Sudocrem [®]	Zero AQS [®] Cream
White soft paraffin 50% / liquid paraffin 50% ointment			
Ultrabase [®] cream			

Appendix 1

Authorisation to administer a medication under the Homely Remedies Policy

Name of Care Home.....

The care home staff named in Part A of this policy (below) have the authority to decide whether a service user is able to receive a dose of a medication to treat a minor condition as described in this policy, consulting a pharmacist as appropriate:

Part A

Print name	Signature	Date

The care home staff named in Part B of this policy (below) have read and understood the Homely Remedies Policy and are now able to administer a homely remedy in accordance with the policy. However, they can only administer a homely remedy to treat a minor condition under the direction of a member of staff listed in Part A (above).

Part B

Print Name	Signature	Date

Appendix 2

Homely remedies stock audit sheet

Name, form and strength of medication:

Please note: a weekly stock check must be performed for all medications

Entry no.	Date	Time of administration	Dose administered	Name of resident receiving the medicine	Initials of nurse or carer administering the medicine	Balance
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						