

Good Practice Guidance: Prescribing Over-The-Counter Medication to Individuals in Receipt of Social Care

Introduction

This good practice guidance sets out the NHS Herts Valleys Clinical Commissioning Group (CCG)'s approach to the prescribing of over-the-counter (OTC) medicines for patients in receipt of any type of social care (care home and home care patients) with self-limiting conditions and to promote self-care where possible. This is in line with the HVCCG OTC Policy. Individuals will now be expected to purchase OTC medicines for conditions that can be managed through self-care and this includes groups that currently receive free prescriptions (such as children, elderly and those on low incomes). This policy does not cover long-term conditions.

For further details, please see [HVCCG OTC Policy](#).

Exceptions to the OTC policy

Some products including vitamin and mineral supplements, eye vitamins, glucosamine and chondroitin, homeopathy, rubefacients (i.e. muscle rubs, examples include Movelat gel® or Algesal cream®) and herbal treatments will no longer be prescribed and instead, they can be purchased. The National Institute for Health and Care Excellence (NICE) does not recommend prescribing these medicines as there is a lack of strong evidence to support their efficacy. These medicines have limited clinical value and are poor value for money.

Some medicines for **self-limiting conditions** (which do not require medical advice or treatment as it will clear up on its own) will no longer be routinely prescribed unless there are 'red flag' symptoms. However some patients may wish to purchase OTC medicines for symptomatic relief, e.g. acute sore throat, infrequent cold sores. Refer to section on 'Purchasing OTC Medicines' on page 4.

Patients in receipt of social care may still receive OTC medicines on prescription for a **self-care condition**, where clinically appropriate, if they meet one or more of the exceptions defined by NHS England:

- Patients prescribed an over-the-counter treatment for a **long term condition** (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of **more complex forms of minor illnesses** (e.g. severe migraines that are unresponsive to over-the-counter medicines).
- For those patients that have symptoms that suggest the **condition is not minor** (i.e. those with red flag symptoms for example indigestion with very bad pain.)
- Treatment for **complex patients** (e.g. immunosuppressed patients).
- Patients on prescription only treatments.

- Patients prescribed over-the-counter products to ***treat an adverse effect or symptom of a more complex illness*** and/or prescription only medications should continue to have these products prescribed on the NHS.
- Circumstances where the ***product licence doesn't allow the product to be sold over the counter to certain groups of patients***. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly.
- Patients with a minor condition suitable for self-care that has ***not responded sufficiently*** to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would ***not be considered a minor condition***.
- 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. Please note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. Consideration should also be given to safeguarding issues.

For patients registered to a GP practice in Herts Valleys ONLY: For patients who are not an exception to this policy (as described above) but where a clinician believes that, in their clinical judgement, exceptional circumstances exist that warrant deviation from self-care and a product should be prescribed on a repeated basis rather than purchased, a *Double Red Drug Request* form may be completed by the clinician and submitted to Herts Valleys CCG Pharmacy and Medicines Optimisation Team for consideration for approval for on-going prescribing. It is important to note that this process is reserved for cases which do not require immediate resolution and that no additional funding for prescribing will be provided.

For examples on the application of Herts Valleys CCG OTC policy in different social care settings, please refer to 'Application of Scenarios' on pages 5-6.

Patients who do not meet one of the exception criteria

Care home patients

There are two pathways whereby a patient in a care home may obtain OTC medicines:

A) Patient-led self-assessment of ailment with support from carers:

There is provision for the patient to self-assess the ailment with support from carers or relatives. If the ailment can be treated with a homely remedy, for the indication stated within the home's Homely Remedy Procedure, then this OTC medicine can be administered according to the instructions on its box. Please note: It is the responsibility of the senior carer or duty nurse to check that the administration of the homely remedy is appropriate. If there is any uncertainty, the GP or pharmacist should be consulted and the discussion documented. Care homes are reminded that

they are expected to have a homely remedy policy in place for appropriate treatments required for up to 48 hours. For more information, see the [HVCCG Homely Remedies Guidance](#).

If your care home does not have a 'homely remedy' policy in place, please contact the Herts Valleys CCG pharmacy team and who will advise you.

Herts Valleys CCG: 01442 284088.

Alternatively, following self-assessment of the ailment, an OTC medicine may be *purchased* (see Purchasing OTC medicines below on page 4).

B) Assessment of ailment requires input from a health care professional:

If the carer or patient is unable to self-assess the ailment, the pharmacist or GP can be consulted. The consultation may be verbal e.g. over the telephone or face to face (at the home, pharmacy or GP practice) and this can be directly with the patient or with the carer acting as a patient advocate (consent must be sought for advocacy).

Pharmacist	GP
The pharmacist may recommend the purchase of a suitable OTC medicine or may refer to the GP.	The GP may recommend the purchase of a suitable OTC medicine from the pharmacy/ shop. The GP may hand a ' No Prescription Needed ' form to the patient/carer to instruct purchase of the OTC product.

Please note that any verbal advice to carers regarding the choice of OTC product should be followed up in writing (fax or email) by the health care professional. The pharmacist may wish to use the '[No Prescription Needed](#)' form to annotate the OTC product chosen.

Home care patients

Patients are encouraged to take ownership of their health needs and may be able to self-assess the ailment with support from carers or relatives, however, if they are unable to assess, the pharmacist or GP can be consulted as described in the care home patients section, above.

Learning disability (LD) patients

Where a patient is identified as having a LD, there are variations to the extent to which this will affect the individual's ability to make informed decisions around their health and how they self-manage their conditions.

It is a requirement of The Equality Act (2010) to protect and empower those who may not have the mental capacity to make their own decisions. An individual with a learning disability must be assumed to have capacity, unless it is established that he/she lacks capacity. It is also a legislative

requirement to take into consideration how a physical or mental disability can impact a patient's ability to complete normal day to day activities.

Irrespective of the type of social care the patient is in receipt of, all LD patients requiring access to OTC medication for a minor ailment condition should be assessed on a case by case basis by their prescriber, in order to determine if the patient, in line with the HVCCG OTC policy, can be referred to purchase the required OTC medication. GPs should record the capacity assessment and best interests decision (if applicable) in the patient record. If the patient is deemed as having the capacity to make a decision and self-assess their ailment with help from their carer or relative, they can be advised to seek advice from a healthcare professional as described in the care home patients section, above. If an individual is making a decision on behalf of a patient with learning disabilities who lacks capacity, this must be done or made in the patient's best interest (Mental Capacity Act, 2005).

Purchasing OTC medicines

OTC medicines are available to purchase in pharmacies, supermarkets and shops. In the interest of identifying any issue or potential interactions, it is encouraged that the purchase of OTC medicines should be from the same pharmacy serving the patient. Anyone purchasing medicines on behalf of a patient, including the patient themselves, should be encouraged to consult with a pharmacist to ensure the medicine is appropriate for the patient. Additionally, it is recommended that a photocopy of the Medication Administration Record (MAR) chart, repeat prescription or equivalent is presented to enable a safe supply.

Documentation and administration of non-prescription medication

Care homes patients

MAR charts and non-prescription medicines:

There is a common misconception that care homes are unable to administer medicines that are not prescribed. A process must be in place for carers or residents to safely administer non-prescription medicines. Some homes will need to update their policies and upskill staff to enable this. Non-prescribed medicines should be recorded in the care plan and entered on the MAR, transcribing the directions as stated on the medicine box. For guidance around care home staff administering medicines to residents, see NICE Managing Medicines in Care Homes Social Care Guidelines 2014.

Administering a non-prescription medicine:

The OTC medicine can be administered in accordance with the MAR chart. Administration of a *homely remedy* should not continue for more than 48 hours before consulting the GP. If administration of the purchased OTC medicine is predicted to go beyond the end of that medication cycle, the care home should inform the pharmacy of the medication requirement for that resident, so that an accurate MAR chart can be produced for the next 28 day cycle.

Home care patients

Home care staff who have received training from their employer, may be able to help their clients to take their medication (for example, putting in eye drops or applying creams if the patient has had this recommended by the GP/community pharmacist in line with instructions written on the product packaging). Staff must abide by their home care provider's written medication policy and the correct procedures must be followed. They should also make a clear record in the patient's individual care plan. As per NICE guidance NG21 on home care, there should be a clear process for matching the care workers' skills to patients' needs. Care workers should also have the skills and knowledge to carry out their duties safely. This can be achieved by providing, as part of a full induction or on-going training package, specific training on areas such as safe care policies and procedures. Family members/carers may be able to support with medication and can help in purchasing and administration.

If home care staff see that a prescription for a medicine has been stopped and the client/family are unable to administer the medication, please contact the patient's GP.

Application of scenarios

Care home scenarios

- ***When reviewing a patient in a care home, the patient requests for a mouthwash to be prescribed to help with their oral hygiene***

You assess the patient and see there is no clear clinical rationale for the patient to be prescribed a mouthwash. You believe their oral hygiene can be maintained by ensuring adequate fluid intake. **In this case, prescribing is not recommended.** A mouthwash can be purchased should the patient wish to use one.

- ***An elderly patient in a care home has dry skin. The patient has no history of eczema and the care staff normally applies a body moisturiser onto the patient on daily basis which the patient's relatives purchase. The patient's family are now requesting for an emollient to be prescribed.***

In line with HVCCG's OTC policy, in cases where there is no chronic skin condition diagnosed, the prescribing of an emollient cream is not recommended. In general, elderly care home residents are recognised as being prone to dry skin. It is important for elderly patients to maintain their skin health and this can be achieved by ensuring the care home staff are adhering to the patient's current daily skin regime. If required, more frequent application of the patient's current moisturiser could also be recommended, especially during winter months. **In this case, prescribing is not recommended.**

- ***Your local care home raises a concern regarding a patient of yours who has developed stickiness in their left eye. You advise for the care home to keep cleansing the eye with sterile saline water. Two days later, when visiting the home, the staff highlight that the patient's eye stickiness has worsened and has now spread to his right eye. This has resulted in the patient having poor visibility. You believe the patient has developed bacterial conjunctivitis.***

Treatment for bacterial conjunctivitis would not be covered by a care home's homely remedies policy, as treatment is required for more than 48 hours. Most cases of bacterial conjunctivitis are self-limiting and resolve within 5–7 days, so it may be acceptable to not treat. Pharmaceutical advice should be sought if red flag symptoms such as visual disturbances or eye pain develop. If the patient wishes, they may purchase chloramphenicol 0.5% eye drops from the local pharmacy. Refer to section on 'purchasing OTC medicines' on page 4.

- ***A diabetic resident and his carer at a residential care home have identified what looks like a verruca on the sole of his right foot. He and his carer decide to visit the local pharmacy which is only a short walk from the care home.***

The community pharmacist speaks to the resident and carer and is concerned about the verruca as the resident has a diagnosis of diabetes. It would not be appropriate for the community pharmacist to recommend the patient to purchase an OTC medicine such as Bazuka® gel as this product is not licenced for use in diabetic patients. The community pharmacist refers the resident to the GP.

Home care scenarios

- ***An immobile elderly patient requires treatment for a sore throat which she has had for the last 3 days. Her care worker has already purchased some sore throat lozenges, but they are not providing sufficient symptomatic relief. From further discussion between the patient's care worker and the healthcare professional, it comes to light that the patient was recently started on carbimazole by the hospital to treat her overactive thyroid.***

In line with HVCCG OTC policy, a sore throat is recognised as a self-limiting condition, which often resolves without medical intervention. However, carbimazole can cause immunosuppression and therefore would be 'red flag' indicator that this patient requires urgent medical attention. **Under such circumstances, OTC treatment would not be appropriate and the patient should be referred to her GP.**

- ***An elderly patient has recently been advised by his optician to use hypromellose 0.3% eye drops for mild eye dryness. The patient has no chronic eye conditions. The patient visits the surgery to drop in a prescription request for hypromellose 0.3% eye drops as per the optician recommendation with a note requesting that the prescription is sent to the pharmacy, where his care worker will pick up the medication.***

In line with HVCCG OTC policy, dry eyes is classified as a self-care condition. Although the patient has a care worker, he is mobile (able to visit the opticians and the surgery). Furthermore, the patient does not appear to have any long-term eye conditions nor complications associated his dry eyes. In this type of situation; **prescribing is not recommended and the patient should be advised to purchase treatment over the counter.**

References

1. National Institute of Health and Care Excellence (2015). *Home care: delivering personal care and practical support to older people living in their own homes*. Available at: <https://www.nice.org.uk/guidance/ng21/chapter/Recommendations#delivering-home-care>.
2. National Institute of Health and Care Excellence (2014). *Managing Medicines in Care Homes*. Available at: <https://www.nice.org.uk/guidance/sc1>
3. NHS England (2015). *Liaison and diversion manager and practitioner resources learning disability*. Available at: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/ohc-paper-05.pdf>
4. Prescqiip (2015). *The PrescQIPP DROP-List 2015 (Drugs to Review for Optimised Prescribing)*. Available at: <https://www.prescqiip.info/component/jdownloads/send/52-drop-list/2047-bulletin-117-drop-list>.
5. Royal Pharmaceutical Society of Great Britain (2007). *The handling of medicines in social care*. Available at: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>.
6. The National Archives (2005). *Mental Capacity Act*. Available at : <https://www.legislation.gov.uk/ukpga/2005/9/contents>.
7. The National Archives (2010). *Equality Act 2010*. Available at: <https://www.legislation.gov.uk/ukpga/2010/15/section/6>.
8. Yorkshire and Humber Commissioning Support (2015), *Good practice guidance: Medication administration records (MAR) in carehomes and domiciliary care*. Available at: https://www.northyorks.gov.uk/sites/default/files/fileroot/Business%20and%20economy/Tenders%20and%20procurement/Good_practice_-_medication_administration_records_in_care_settings.pdf

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