



Hertfordshire and
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Care System

Best Practice Guidance Homely Remedies

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for a healthier future



Learning Objectives

What are Minor Ailments?

What is a Homely Remedy?

Why do we need homely remedies at the home

GP Authorisation Forms

Administration

Documentation and Review

Receipt, storage and disposal

Homely remedies v Self-care



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Minor Ailments

Minor ailments are defined as “common or self-limiting or uncomplicated conditions which can be diagnosed and managed without medical intervention.”

Examples of minor ailments include: **Headaches, Colds, Cough, Diarrhoea and Constipation.**

Residents should be able to take care of these conditions without waiting for medical intervention. Such conditions can be managed with over the counter (OTC) medications.



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OTC products may be obtained by residents and their carers via two methods: either through a homely remedies or self-care protocol.

In this webinar we will look at the use of homely remedies.

Residents are also able to purchase items as part of self-care but this is covered at a later date. See Self-care and Over the Counter Products - 13th November Webinar.



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Background

In March 2018 NHS England produced guidance advising that OTC products should not routinely be prescribed for **35 conditions** that are either considered self-care conditions or a minor ailment.

Your GP, nurse or pharmacist will not generally give you a prescription for certain medicines that are available to buy in a pharmacy or supermarket, even if you qualify for free prescriptions.

This applies to treatments for these conditions:

Acute sore throat	Conjunctivitis	Coughs, colds and nasal congestion
Cradle cap	Dandruff	Diarrhoea (adults)
Dry eyes / sore tired eyes	Earwax	Excessive sweating
Haemorrhoids	Head lice	Indigestion and heartburn
Infant colic	Infrequent cold sores of the lip	Infrequent constipation
Infrequent migraine	Insect bites and stings	Mild acne
Minor burns and scalds	Mild cystitis	Mild dry skin
Mild irritant dermatitis	Mild to moderate hay fever	Minor pain, discomfort and fever (e.g. aches and sprains, headache, period pain, back pain)
Mouth ulcers	Nappy rash	Ringworm / athlete's foot
Oral thrush	Prevention of tooth decay	Teething / mild toothache
Sunburn	Sun protection	Warts and verrucae
Threadworms	Travel sickness	



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Background

The Care Quality Commission states that as a matter of equality care home residents should have access to OTC products to enable them to self-care and manage minor ailments and that care homes should have systems in place to allow this to happen in a **timely manner**.

Homely remedies are OTC products that can be kept as stock in a care home to give people access to medicines that would commonly be available in any household.



Homely Remedies

All care homes have a medicines policy and which should contain a homely remedies protocol.

All care home staff using a homely remedies protocol should be named in it and that they should sign to confirm they are competent to administer the medicinal product.

Are you familiar with your medicines policy?



The home should make the GP aware that a homely remedy protocol is being used for residents and be in agreement.



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Which do you think are suitable homely remedies?



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A list of medications that can be given in the home as a homely remedy is normally agreed on and is usually the following items:

Paracetamol

Oral Rehydration Sachets

Gaviscon

Senna

Simple Linctus

Other OTC items may also be added to this list – If agreed with the GP or GP Clinical Pharmacist.

Liquid/effervescent alternatives should also be made available.



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Care Home Name:	
Resident Name:	

I _____ agree that a suitably trained senior person on duty at _____ may administer the medication I have authorised in this form for the indications stated, at the dose stated and for appropriate patients at _____

This agreement does not remove the requirement that staff involved in the administration of homely remedies must ensure that the medicine to be administered is suitable for the resident's particular circumstances at the time of administration.

Healthcare Professional Authorising	
Name and Date	
Review date:	

Residents Weight and Date:

The homely remedy **should not be used for longer than 48 hours** without seeking medical attention.

Product	Indication	Adult dose	Maximum daily dose	Additional information	Please indicate which products have been authorised (and annotate those that are excluded)
Gaviscon Advance oral suspension	For the relief of heartburn or indigestion	5 to 10 mls after meals and at bedtime	40mls in divided doses	Sodium and potassium content should be taken into consideration if a highly restricted salt diet is recommended.	
Senna 7.5mg	For the relief of	2 to 4 tablets			

To implement homely remedies, the resident's GP, GP Clinical Pharmacist or other appropriate health care professional involved in the resident's care should authorise homely remedy use and complete an individual agreement form.



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Agreeing Homely Remedies of Individual Residents

When authorising the homely remedy the healthcare professional will consider:

- What medicines are already prescribed for that resident.
- What 'over the counter' medicines they may be taking as regular medicines prescribed by the GP.
- Other factors such as weight, kidney or liver function, medical and drug history.
- Allergy status.
- Any interactions with prescribed medications.

It is left to the healthcare professional's discretion whether certain drugs are excluded from the list.



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Using the Individual agreement forms

Each form will highlight what medication can be given as a homely remedy, for what indication and at what dose. It also states if a medication should not be given as a homely remedy for that resident.

Only the named preparations listed in the policy may be administered without a prescription.

What medication requires a dose adjustment depending on the residents weight?

A. Senna

B. Gaviscon

C. Paracetamol

D. simple linctus



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Paracetamol



Drug	Paracetamol
Indication for use	Relief of mild pain
Strength	500mg tablets
Dose	Two tablets up to four times a day if body weight over 50kg. One tablet up to four times a day if body weight under 50kgs.
Maximum dose in 24 hours	8 tablets (4g) in divided doses (maximum of two tablets or 1g, in any four hours) If body weight under 50Kg, 4 tablets (2g) in divided doses (maximum of one tablet or 500mg in any four hours)
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice from the GP, who will decide if a prescription is required, if the medicine may be continued from Homely Remedies until this arrives, or advise otherwise accordingly.
Cautions	Do not administer with other paracetamol containing products (check all current medication taken). Not suitable if history of severe liver disease or alcohol abuse. If body weight is <50kg, give one tablet up to four times a day.
Additional information	Many medicines also contain Paracetamol. If in doubt check with pharmacist.



I can give a resident a homely remedy for up to how long before I need to contact their GP or request medical intervention?

a. 48 Hours

c. 24 Hours

b. 72 Hours

c. 4 Hours



**You can administer a homely remedy to a resident for up to 48 hours
before seeking advice from a GP**



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Obtaining

Homely remedies can be purchased from any community pharmacy, supermarket or other retail stores by the care home.

The receipt of purchase should be kept by the care home for the duration the homely remedy is kept at the home as a minimum.

The purchase should be recorded as part of a running balance of stock.

**Remember to:
keep a stock sheet
for each item**



Storage

Each homely remedy should be labelled clearly by the home 'homely remedy'.

All homely remedies must be stored in their original packaging.

All homely remedies should be stored securely in a lockable cupboard or trolley and kept separate to the resident's prescribed medication.

Follow the same storage requirements as with other medications.

Note: The date of opening should be marked on liquid medicines these should be replaced before expiring.



Administration

The administration of a homely remedy can be either in response to a request from the resident or from a member of care home staff.

If a person lacks capacity to make decisions then the decision to use homely remedies should be made at a best interest meeting/discussion.

It is important to check there has been no changes to the medication or the resident's health since the homely remedies authorisation sheet was last reviewed.

Follow instructions from the residents individual agreement form and administer medications, but do not exceed 48 hours of use.



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Recording Administration of a Homely Remedy

The administration of a homely remedy must be clearly entered on the residents MAR chart and in their care plan.

The entry on the MAR chart must be clearly marked 'homely remedy' as well as documenting the following:

- Name, strength, and form of the medicine
- Dose and frequency
- Reason for use (should additionally be documented in the care plan)
- Date and time administered
- Signature of the staff member administering the medication. [a second signature for checking administration is required]

NAME		D.O.B.		ALLERGIES			
ADDRESS (Room Number, Care Home)							
DOCTOR		START DATE		END DATE		START DAY	
MEDICATION PROFILE		COMMENCING	WEEK 1	WEEK 2	WEEK 3	WEEK 4	
		TIME:DOSE					
Dr Sig.		Carried forward					
Commenced	route	recd.	quant.	by	returned/destroyed	quant.	by

The dose administered must not exceed the dose detailed on the individual resident's 'Homely Remedies Authorisation Sheet'



Documentation

1. List of Staff Authorised to Administer Homely Remedies.

2. Individual Agreement Form: The individual agreement form should be kept within the MAR Charts or kept in a clearly marked folder if the home uses electronic MAR charts.

3. Stock Check Sheet/Audit Sheet.



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Review

Individual homely remedy forms should be reviewed **at least annually** usually as part of the structured medication review.

If there is a change in circumstances or in the medicines prescribed, a review of this form may be needed sooner.

If the homely remedy is required for regular treatment, a prescription should be provided.



Audit and Disposal

Monthly stock checks are advised

Care home staff should remove and replace (if required) any expired stock immediately. Some products may have a shorter shelf-life once opened, advice on this can be found in the product's literature.



Expired stock should be disposed of in line with the care home's policy on the disposal of medication



Do NOT:

- ✗ Reuse prescribed medicine as a homely remedy (e.g. by removing a medication label for a deceased resident and placing with homely remedies).
- ✗ Use homely remedies for staff.
- ✗ Include external preparations as homely remedies.
- ✗ Include dressings, items for first-aid, vitamin supplements, herbal or homeopathic preparations (residents can purchase these as part of self-care though).



Tips:

It is good practice on admission to discuss health needs and medicines with the resident and their family. This should also include the use of homely remedies.

Follow your Medicines Policy.

If unsure about anything speak to a pharmacist:

Pharmacists will also provide advice on the best treatment and give advice on its use.



Adverse reactions



In the rare event of any adverse reactions immediately inform GP or 111 for advice.

In the event of a serious life-threatening adverse reaction call 999

**Report reaction to the MHRA via the yellow card scheme website
<https://yellowcard.mhra.gov.uk/>**



Homely Remedy vs Self-Care Comparison table

	Homely Remedies	Products for Self-care
Obtaining	Purchased by care home.	Purchased by a resident or their carer/family, on their behalf.
Duration of Use	Administered at the discretion of a carer to a resident for up to 48 Hours,	Determined by the condition being treated. May be used short or long term.
Medication Choice	Limited list of medications usually for a smaller number of conditions (e.g. pain, constipation, indigestion/heartburn etc).	More extensive list of medications, covering a larger number of conditions.
Storage	Locked away from other medicines, clearly annotated as homely remedies.	Locked away from other medicines, clearly annotated as a self-care product with the resident's full name.
Record Keeping	Administration recorded on the MAR/eMAR chart as 'homely-remedy' for duration of treatment.	Administration recorded on the MAR/eMAR chart as 'self-care' for duration of treatment. Note: This is not required for some personal care products.



Medicine System Process Review

11.1 Is there a homely remedies staff signature sheet in place? Only trained, named staff are allowed to give homely remedies.

11.2 Does the policy contain a list of medicines which can be stocked by the care home as homely remedies and for what indication? Is the care home complying with this list and are deviations approved by a healthcare professional?

11.3 Is there a homely remedies authorisation sheet in place for each resident? Is each resident assessed individually for the suitability for each homely remedy?

11.4 Is duration of use assessed (usually 48 hours) before referring to the residents GP?

11.5 Are homely remedies reviewed regularly (at least annually or at medication/care plan review or if change in circumstances/medication)?



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Medicine System Process Review

- 11.6** Are the receipt of homely remedies recorded into a homely remedies record book/sheet and a running balance documented?
- 11.7** Are homely remedies stored separately from prescribed medicines?
- 11.8** Is the administration of homely remedies recorded in the homely remedies record book/sheet and on the resident's MAR?
- 11.9** Entry on the MAR is clearly marked 'homely remedy' and documents name, strength, form, dose, frequency of medicine, reason for use, date, time and signature?
- 11.10** Are processes in place for the disposal of homely remedies (included in the disposal of medicines policy) and records are made for the disposal e.g. on the homely remedies record book/sheet?
- 11.1** Is there up to date staff training in relation to homely remedies?



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Quiz

Patrick a resident at your home has just been prescribed Co-dydramol four times daily by his GP. Patrick complains he has knee pain and asks for some paracetamol as a homely remedy. Which is a true statement:

- A. Patrick cannot use homely remedies
- B. Patrick cannot have paracetamol from the homely remedies
- C. Patrick can have one dose of paracetamol from the homely remedies only
- D. You should purchase some ibuprofen gel as a homely remedy and use it for Patrick



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Mrs Ashraf has had a significantly raised temperature and has started vomiting and has become increasingly unwell very quickly what is the best course of action:

- A. Give Mrs Ashraf oral rehydration sachets and paracetamol from homely remedies and wait 48 hours to see if there is any improvement.**
- B. Seek medical intervention/inform GP**
- C. Offer Mrs Ashraf oral rehydration sachets and paracetamol from homely remedies and inform her GP also**
- D. Do nothing, wait for 48 hours to see if there is improvement**



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For residents with diabetes which of the following drug would you need a sugar free version for?

- A. Simple Linctus**
- B. Paracetamol Tablets**
- C. Gaviscon**
- D. Senna Tablets**



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Which of these two statements is false?

- A. Do not use homely remedies for staff**
- B. Do not use dressings as homely remedies**
- C. You can bulk prescribe homely remedies**
- D. An adult dose (2 tablets of paracetamol four times daily) is appropriate for a resident who is 48Kg**



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Any Questions?



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please leave us
feedback

