



Regional Medicines Optimisation Committee (RMOC)

Homely remedies

For Use in Care Homes by adults

November 2018

Position Statement

At its meeting on 8th August 2018 the Regional Medicines Optimisation Committee (RMOC) (Midlands and East) reviewed issues pertaining to homely remedies in care homes. This topic had come to the RMOC from a request from a care home pharmacist group for advice in this area and had been discussed at a previous RMOC meeting in December 2017. This position statement relates specifically to care homes but it is recognised that many of these recommendations can be applied in other settings where residents do not have ready access to over-the-counter medicines.

Definitions used:

- Homely remedy—a non-prescription medicine that a care home can purchase over-the-counter (i.e. the medicines are owned by the care home) for the use of its residents
- Self-care—self-care or self-management is a term used to include all the actions taken by people to recognise, treat and manage their own health. They may do this independently or in partnership with a care provider.
- Minor conditions—self-limiting minor health problems such as headache, toothache, occasional diarrhoea, symptoms of a cold, sore throat.

People living in a care setting will, on occasion, need treatment for minor conditions and should have access to a range of homely remedies in a timely and safe manner.

Homely remedies are kept in the care home to allow residents access to medicines that they would commonly use at home to treat minor self-limiting conditions.

The RMOC recommendations relate specifically to homely remedies although the committee recognised there is a wider issue that care home residents may not have ready access to other over-the-counter medicines for self-care unless there is a locally agreed process in place to enable them to do so.

The RMOC discussed the issues around timely access, barriers to access and ensuring safe use of medicines.

Recommendations

- Care homes should ensure that residents have access to homely remedies for the management of minor conditions—this recommendation is in line with Care Quality Commission (CQC [Homely Remedy Guidance](#) (updated July 2018), NICE Guidance ([Managing Medicines in Care Homes](#), NICE Good Practice Guidance, March 2014), and the National Care Forum ([Safety of Medicines in Care Homes: Homely Remedies Guide](#), 2013).
- Access to homely medicines should be enabled through a specific policy, which forms part of an overall medicines policy for the care home. This is an important aspect of good medicines governance.
- The homely remedy policy should describe how residents can access over-the-counter medicines that would commonly be available in any household. Advice from a healthcare professional on the use of homely remedies should be taken for each resident in advance, or at the time of need. This can be provided by the GP, pharmacist (care home or community), or care home nurse.
- The RMOC acknowledges the guidance provided by NHS England on [Conditions for which over the counter items should not be routinely prescribed in primary care](#). However, this guidance should not prevent care home residents from accessing appropriate treatments for minor self-limiting conditions as part of their own self-care.
- Commissioners should take into account the particular circumstances and needs of care home residents when developing local commissioning policies for self-care and self-management.

In addition to this position statement, the RMOC has produced a template homely remedy policy. The template policy is available through the RMOC resources section of the SPS website as an example that can be adapted for local use.

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