

East and North Herts CCG Good Practice Guidance:

Prescribing Over-The-Counter Medication in Social Care Settings

Introduction

This guidance sets out the approach of East and North Hertfordshire Clinical Commissioning Group (CCG) to the prescribing of over-the-counter (OTC) medicines for patients living in social care settings (care home and home care patients) with self-limiting conditions and to promote self-care where possible. 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 the East and North Herts CCG [OTC Policy](#).

Exceptions to the OTC policy

Some medicines for **self-limiting conditions** (which do not require medical advice or treatment as they will clear up on their 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 of the lip.

Patients living in a social care setting 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.

Some products including vitamin and mineral supplements, eye vitamins, glucosamine and chondroitin, homeopathy, rubefacients and herbal treatments will no longer be prescribed in any circumstances as there is not enough evidence of effectiveness. They can all be purchased.

Patients who do not meet one of the exception criteria

1. 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 a healthcare professional (pharmacist, nurse or GP) 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 [homely remedies guidance](#) for care homes.

If your care home does not have a 'homely remedy' policy in place, please contact the CCG pharmacy team who will advise you. (East and North Herts CCG: 01707 685207)

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). Please note that any verbal advice to carers regarding the choice of OTC product should be followed up in writing (such as email) by the health care professional (pharmacist, nurse or GP).

2. 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.

3. 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 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 social care setting the patient is in, 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 local OTC policy, can be referred to purchase the required OTC medication. 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

Over-the-counter (OTC) medicines are available to purchase in pharmacies, supermarkets and shops. In the interest of identifying any issues 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 healthcare professional in line with instructions written on the product packaging). Staff must abide by their homecare 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. Family members may also be able to help in administering medication. 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.

References

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Frequently asked [questions](#) have been developed to support Clinical Commissioning Groups (CCGs) to implement the NHS England guidance for people living in care homes.

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