

Self-care Toolkit

Version 1.1

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For local adaptation to fit within individual Care Home medication policies

Document produced by: Care Home Medicines Optimisation Team,
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

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Version Control

Version	Date	Reviewer (s)	Revision Description
Version 1.0	12/08/2021	BLMK Care Home Medicines Optimisation Team	
Version 1.1	14/12/2023	BLMK Care Home Medicines Optimisation Team	<p>Updated to include further guidance on items not to be prescribed.</p> <p>Added - risk assessment if self-administration.</p> <p>New 'Six step process'.</p> <p>Administration – new step.</p> <p>Record keeping – further advice on carrying forward for future treatment.</p> <p>Appendix 1 – new flow chart showing summary of self-care process in care home.</p> <p>Appendix 4 – new table showing differences between homely remedy and self-care.</p>

Committee where guidance was discussed/approved/ratified

Committee/Group	Date	Status
BLMK Primary Care Prescribing committee	12/8/2021	Approved Version 1.0
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Self-care Toolkit

What is 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. This includes both pharmacological (e.g. using medication) and non-pharmacological (e.g. having good sleep hygiene) actions.

This toolkit is a guide for care homes to support residents in self-caring for selective conditions by buying over the counter treatments.

Medicines that can be purchased fall into two legal categories, GSL (General Sales List), which are available widely, or P (Pharmacy only medicines) which are available only from a pharmacy. Together they are commonly known as OTC (over the counter) products.

Background

Following a public consultation, NHS England in March 2018 published [guidance](#) on conditions for which OTC medicines should not routinely be prescribed in primary care and that may be treated as self-care. These include:

Conditions that are considered to be **self-limiting** and so do not need treatment as they will heal or be cured of their own accord, although the person may still want to purchase an OTC medicine to treat symptoms until the condition has resolved

Conditions which lend themselves to **self-care**, i.e. where the person suffering does not normally need to seek medical advice and can manage the condition by purchasing OTC items directly

The guidance also recommended that **products** for which there is **little evidence of clinical effectiveness**, for example, vitamins, minerals and probiotics should not be routinely prescribed in primary care and these may be purchased for self-care. Further [guidance](#) was published in 2023 and included additional products which should not be prescribed in primary care, for example, glucosamine and chondroitin.

The conditions and products can be found on the following page.

List of conditions and products for which prescribing should be restricted

Medical condition	Example of OTC product	Medical condition	Example of OTC product
Acute sore throat	Lozenges or throat sprays	Acne (mild & under 65 years)	Products containing benzoyl peroxide or salicylic acid
Cold sores of lip (if infrequent)	Antiviral cold sore cream (e.g. aciclovir)	Dry Skin (mild)**	Emollient creams and lotions
Conjunctivitis	Antibacterial eye drops or ointment (e.g. chloramphenicol)	Sunburn**	Multitude of after sun creams
Coughs, colds, nasal congestion*	Non-drowsy cough mixture (e.g. glycerol), saline nasal drops,	Insect bites/stings	Antihistamine tablet (e.g. chlorphenamine, cetirizine or loratadine) or mild steroid cream (e.g. hydrocortisone)
Haemorrhoids (piles)	Haemorrhoid cream or ointment	Mild Irritant Dermatitis	Emollients or steroid cream (e.g. hydrocortisone)
Cystitis (mild)	Sodium bicarbonate or potassium citrate sachets	Burns and scalds (minor)	Antiseptic Burns cream, Cooling burn gel
Hayfever, allergic rhinitis (mild/moderate)	Antihistamine tablets or liquids (e.g. chlorphenamine, cetirizine or loratadine); steroid nasal sprays	Pain*, discomfort*, fever – associated with minor conditions	Paracetamol tablets or suspension, Ibuprofen 400mg tablets,
Dandruff	Anti-dandruff shampoo (e.g. coal tar shampoos)	Mouth ulcers	Antiseptic mouthwash (e.g. chlorhexidine), gels (e.g. choline salicylate)
Diarrhoea* (Adults)	Loperamide 2mg capsules, Rehydration sachets	Oral Thrush	Antifungal oral gel (e.g. miconazole)
Dry/sore/tired eyes	Eye lubricants (e.g. hypromellose 0.3%)	Prevention of dental caries**	Normal fluoride toothpaste, mouth washes
Earwax	Drops containing sodium bicarbonate, hydrogen peroxide, olive/almond oil	Ringworm/athletes foot	Athletes foot cream, antifungal creams, and sprays (e.g., clotrimazole or terbinafine)
Excessive sweating (mild/moderate hyperhidrosis)	Aluminium chloride sprays or roll-on solutions	Threadworm	Mebendazole tablets/suspension
Head lice	Creams and lotions for head lice	Travel sickness	Travel sickness tablets (e.g. hyoscine hydrobromide)
Indigestion and Heartburn*	Antacid tablets or liquids, OTC proton pump inhibitors (e.g. Omeprazole 10mg caps)	Warts and Verruca	Creams, gels, skin paints and medicated plasters containing salicylic acid
Constipation* (infrequent)	Bisacodyl tablets 5mg, Senna tablets, Ispaghula husk granules or Lactulose solution	Probiotics**	Probiotic tablets, sachets, yoghurts
Sun protection**	Multitude of skin protection cream	Vitamins, minerals and herbal treatments	Multivitamin and minerals, Vitamin C tablets, Vitamin D tablets 400 - 1000 units, glucosamine, chondroitin

* Refer to homely remedy policy if in place as some products for this condition may be kept as a homely remedy in the care home for up to 48 hour use.

** These conditions/items are considered to fall under 'Personal care' and do not necessarily have to be discussed with a healthcare professional; in addition administration does not need to be recorded on the MAR chart, but should be noted in the individual's care plan.

Exceptions to the recommendation to self-care

There are some general exceptions to the recommendations to self-care and these residents should continue to have their treatments prescribed. The exceptions are listed below:

Possible exception	Further details	Example
Long-term conditions	Patients prescribed an OTC treatment for a long-term condition	Regular pain relief for chronic arthritis or treatments for inflammatory bowel disease
Complex minor illness	For the treatment of more complex forms of a minor illness	Severe migraine that is unresponsive to OTC medicines
Conditions that are not minor	For those patients that have symptoms that suggest the condition is not minor i.e. those with red flag symptoms	Indigestion with very bad pain
Complex patients	Treatment of complex patients	Immunocompromised patients
Prescription only medicines	Where a prescription only medicine is required to treat the condition	Higher strengths/longer term use of opiates
Treatment of an adverse effect or symptom	Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medicines	Laxative prescribed as also on opiate medication
Product licence restrictions	Circumstances where the product licence does not allow the product to be sold OTC to certain groups of people	Treatment of cystitis in men
Not responding to OTC product	Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product	Mouth ulcer not healing after 3 weeks
Exceptional circumstances exist	Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care	Exceptional use of Vitamin B compound strong
Ability to self-manage is compromised	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. Consideration should also be given to safeguarding issues.	*Financially vulnerable

*Exemption from prescription charges does not warrant an exception to the guidance.

*A social services allowance does not necessarily mean financially vulnerable

Self-care in Care Homes

CQC has produced guidance for Adult social care providers on ['Over the counter medicines and homely remedies'](#). The guidance states that people who receive social care should be supported to access OTC products to enable them to self-care with appropriate safeguards in place. Access to OTC medicines to self-care is an issue of equality and therefore care homes should have policies in place, and adjustments should be made to support residents who wish to access OTC products in a timely manner. Staff must be trained and competent to support a resident to self-care.

It is good practice on admission to the care home to discuss health needs and medicines with the resident and/or their relatives or representatives. This should include making them aware that OTC products may be suggested for self-care and confirming individual arrangements regarding covering the cost of the product.

If a resident has been assessed as lacking capacity and it has been established that they are unable to self-care (e.g. due to advanced dementia), then a best interest's judgement can be made by consulting with their family, those that hold Lasting Power of Attorney (LPOA) for health or with their GP about the use of self-care during their stay. Any decisions made should be documented and reviewed when needed as capacity may change. The general exceptions in the ICB guidance may apply in some circumstances.

The resident/relative leaflet ([Appendix 3](#)) may be provided and used to support these discussions.

Do not confuse medicines for self-care with Homely remedies.

Self-care medicines are where people who receive social care are supported to enable them to self-care with appropriate safeguards in place and are purchased for an individual resident for their use only, whereas Homely Remedies are purchased for administration to any resident where appropriate in accordance with the Homely Remedy toolkit and for a limited period of time (usually 48 hours).

For further information on Homely Remedies, please refer to the [BLMK ICB Homely Remedies Toolkit](#) which can be accessed via the 'Care Homes' page on the BLMK Medicines Management website: [Care Homes – BLMKICB Medicines Management](#)

Additionally, the table in [Appendix 4](#) highlights the differences between Self-care and Homely remedies.

Responsibilities and Accountability for self-care in Care Homes

To ensure the safe and effective use of self-care within care homes, everyone involved must be aware of their responsibilities within the process.

Responsibilities of Residents/Relatives/Resident representatives

- It is the responsibility of residents/relatives/resident representatives to inform the care home of any self-care products they purchase and bring into the care home. This is so the care home can arrange for the self-care product to be checked as suitable to be taken/used with any other medication.
- Residents or their relatives or representatives are responsible for the cost of any self-care products that are purchased for their individual use.
- **It is the responsibility of residents/relatives/resident representatives to contact the GP/Health Care Professional (HCP) or inform the care staff who can contact the GP/HCP if symptoms worsen or there is a change in condition. In each case the GP/HCP should be informed of what products are currently being taken/used or what has already been tried.**

Responsibilities of Care Home staff

- It is the responsibility of care home staff to monitor and report any ailments the resident may present to a GP or HCP.
- Care home staff should report the ailment to a GP or HCP within an appropriate timeframe.
- It is the responsibility of care home staff to ensure all products purchased by the residents/relatives/representatives are safe to be taken with any other medicines by checking with an appropriate HCP.
- Care home staff are responsible for ensuring a risk assessment has been undertaken should the resident wish to self-administer a self-care product.
- **It is the responsibility of care home staff to contact the GP/HCP if symptoms worsen or there is a change in condition whilst using a self-care product. Care staff should let the GP/HCP know what products are currently being taken/used or what has already been tried.**

Responsibilities of GP/Health Care Professionals

- If a GP/HCP makes a recommendation of a product or treatment to be bought over the counter, instructions should be communicated by the GP/HCP and written into the individual care plan by the care staff. Ideally communication should be in writing – the GP/HCP may choose to use the self-care advice pad (Appendix 2), which is also available via the 'OTC medication' template on Ardens. The completed advice pad can be sent via secure email on SystmOne (e.g., NHSmail). Alternatively, the GP/HCP may confirm the above in a written communication via secure NHS email if the advice pad is not used.

The GP/HCP should specify:

- Name, address, and DOB of resident
 - Name of product and indication
 - Directions for use
 - Duration of treatment
 - Name, signature, and profession of HCP
 - Date of recommendation
-
- If the surgery has been informed of a regular OTC medication being taken by a resident for self-care (e.g. Vitamin D supplement), this should be recorded in an appropriate place in the individual's record on SystmOne. This may be added under the 'Medication' tab under 'Record Other Medication'. This will allow any drug interactions with prescribed medication to be 'flagged' and will also appear on the medication record for the resident, so if needed can be shared with third parties.
 - If the condition/product falls under exceptions to self-care, this should be recorded on SystmOne to indicate the item is not suitable for self-care.

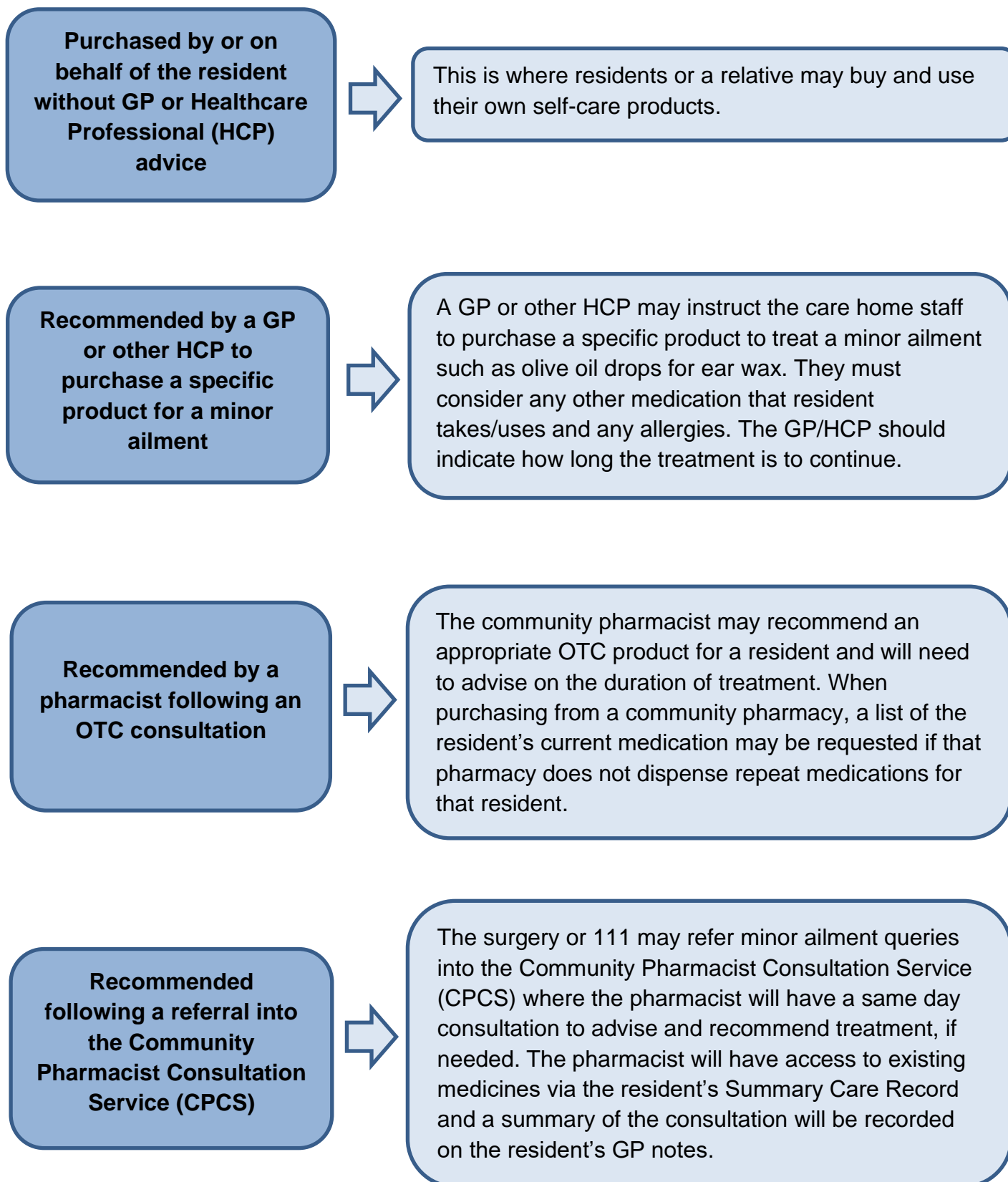
Process for self-care within a Care Home

The following pages outline the steps involved in supporting residents who may wish or be advised to self-care.

A summary process can be found on the flow-chart in [Appendix 1](#).

Step 1: Initiation of Self-care for a Resident in a Care Home

Self-care products used to treat minor ailments can be bought over the counter and do not require a prescription. Self-care products may be:



Step 2: Sourcing the self-care product

The product may be sourced in the following ways:

1. If required for less than 48 hours use and is a listed homely remedy, then medication can be sourced from homely remedies, following the homely remedy toolkit. This would not require the resident to finance the product.
 2. Following recommendation from the GP, HCP or pharmacist, the care home could source from the usual supplying pharmacy OR from a local supermarket/shop or pharmacy.
 3. Residents or relatives can purchase the product directly themselves or bring the product from their home.
- It is the care home staff's responsibility to ensure the product is of suitable standard to use and matches the GP/HCP recommendations. All products purchased on behalf of residents or brought into a care home setting should be checked to make sure they are suitable for use, in date and stored according to the manufacturer's guidance.
 - **Residents, their relatives, or representatives will be responsible to fund the cost of the OTC product.** It is good practice for the care home staff to retain receipts for purchases of self-care products made on behalf of residents.

Step 3: Storage of self-care products

- Self-care products are the property of an individual resident and should be clearly identifiable with the resident's name.
- All self-care products must be stored in their original packaging together with any information supplied with the product about the medicine use.
- They should be stored securely in a lockable cupboard or trolley as stated in the care home medicine policy and according to the manufacturer's guidance.
- If the self-care product is kept in a resident's room (e.g., if the resident is self-administering) then it should be stored in a lockable cupboard or drawer.

Step 4: Administration

- Staff in a care home may administer self-care medication in response to a request from the resident or in accordance with the directions of a GP or HCP.

- Care home staff should check that the administration of the self-care medication is appropriate. If there is any uncertainty, the GP or HCP should be consulted, and the discussion documented.
- Care home staff should administer as directed on the 'self-care advice pad' or as per the directions on the product package/within the Patient Information Leaflet.

Step 5: Record Keeping

Records should be kept in respect of receipt, administration, and disposal of products used within self-care.

- **Receipt:** Medicines should be counted into the care home and receipt recorded as for other medication, for example by adding to the MAR (Medicines Administration Record) chart. All products should be checked to make sure they are suitable for use and in date.
- **Administration:** Where care home staff are responsible for administration, this should be recorded on the MAR chart clearly indicating that the product is a self-care/OTC product (for exemptions to this requirement please see page 5). It is good practice to keep a copy of the written advice from the GP/HCP with the MAR chart.
- **Disposal:** the care home medicine policy should be followed for disposal of self-care medicines.
- **Carrying forward self-care products after treatment is finished:** Certain self-care products may be considered suitable to keep and carry forward the supply for future use (e.g., olive oil drops). This must be clearly documented in the care plan and/or MAR chart. Appropriate date checking procedures should be followed as per the care home policy, and staff should ensure the medicine is stored in accordance with the manufacturer's guidance. If the product is required for future treatment of a recurring problem, HCP advice should be sought before administration and use, and any advice given should be documented.

Step 6: Review

There should be a clear care plan that includes how and when to trigger a review. This will make sure that the use of OTC products is safe and still appropriate.

Further support

The BLMK ICB Care Home Medicines Optimisation team provides pharmacist and pharmacy technician advice and support in implementing this guidance. They can be contacted via email:

Bedfordshire: blmkicb.bedsmocarehometeam@nhs.net

Luton: blmkicb.lutoncarehometeam@nhs.net

Milton Keynes: blmkicb.mkcarehomespharmacy@nhs.net

Community pharmacies are also aware of this guidance and their role in supporting OTC advice and sales.

Frequently Asked Questions (FAQs)

Some Frequently Asked Questions and responses can be found in [Appendix 5](#). Additionally, an example of implementing self-care can be found in the FAQs.

Useful websites

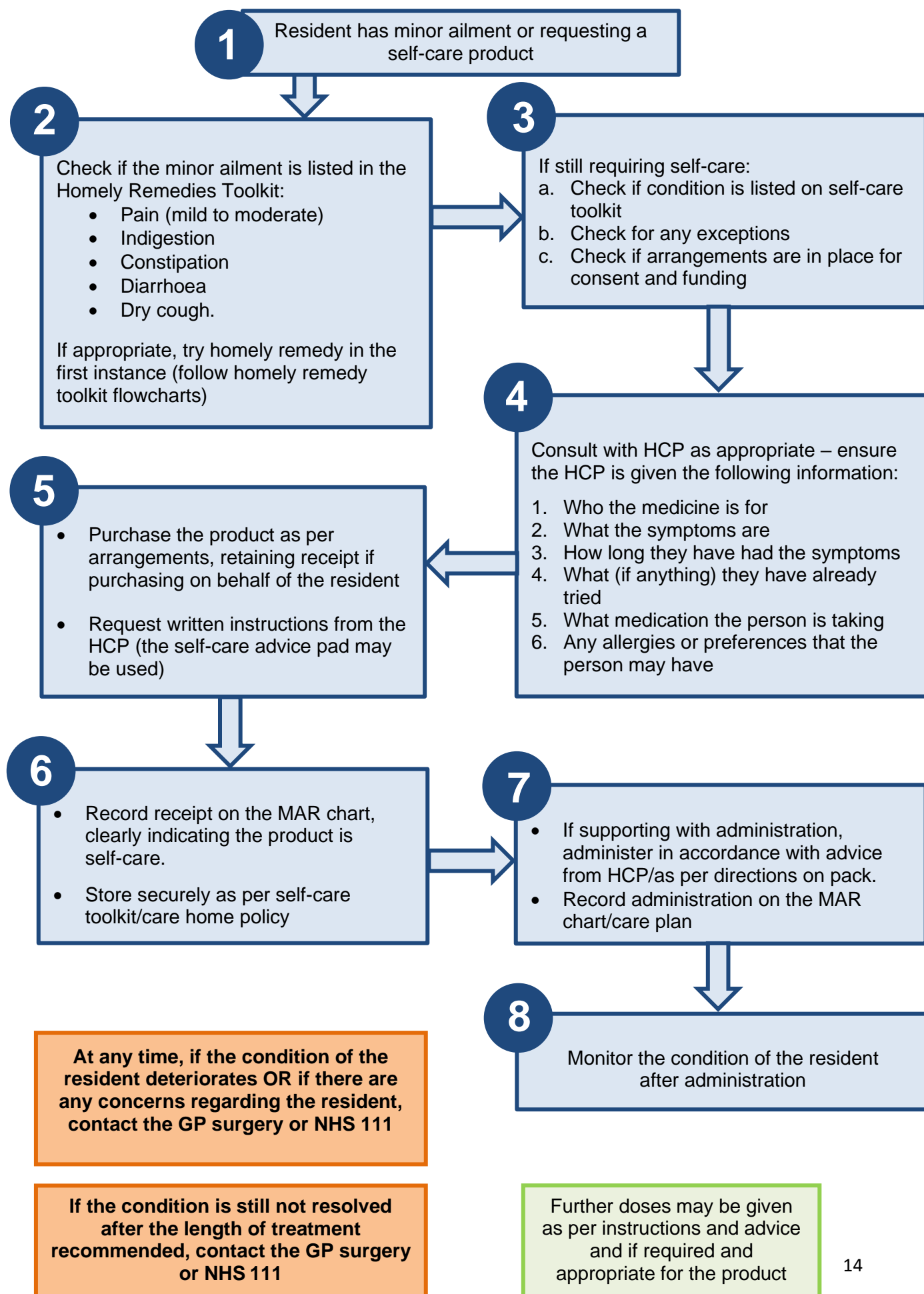
[Self-care forum - www.selfcareforum.org/](http://www.selfcareforum.org/)

[NHS Choices - https://www.nhs.uk/](https://www.nhs.uk/)

[NHS.uk – Why can't I get a prescription for an OTC medicine?](#)

[Find a pharmacy](#)

Appendix 1 - Flowchart for process of self-care in care homes



Appendix 2 - Self Care advice pad for product purchase*

Resident name:	D.O.B
Care Home:	
Location of HCP (e.g. surgery/pharmacy):	
HCP Name:	HCP Signature:
Role of HCP:	Date:

Medical condition	Treatment suggested	Directions – either:		Duration of treatment
		Tick “as per packet” or if other specify		
Acute sore throat	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Infrequent cold sores of lip	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Conjunctivitis	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Coughs and colds and nasal congestion	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Haemorrhoids (piles)	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mild cystitis	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mild Irritant Dermatitis	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Dandruff	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Diarrhoea (Adults)	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Dry eyes/sore tired eyes	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Earwax	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Excessive sweating	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Head lice	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.

Indigestion and Heartburn	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Infrequent Constipation	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Insect bites/stings	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mild acne (under 65 years)	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mild Dry Skin	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Sunburn	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Sun protection	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mild to moderate hay fever/allergic rhinitis	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Minor burns and scalds	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Minor conditions associated with pain, discomfort and/fever	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Mouth ulcers	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Oral Thrush	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Prevention of dental caries	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Ringworm/athletes foot	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Threadworm	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Travel sickness	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Warts and Verruca	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Probiotics	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Vitamins and minerals	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.
Glucosamine and Chondroitin	Choose an item.	As per packet <input type="checkbox"/>	Other:	Choose an item.

***Please note: this is not a prescription and the recommended product will need to be purchased**

Appendix 3 - Resident/Relative leaflet template

Prescribing of over the counter (OTC) medicines is changing

In March 2018, NHS England carried out a public consultation on reducing prescribing of over-the-counter (OTC) products for minor, short term health concerns.

Subsequently, NHS England produced guidance which aims to provide a consistent, national framework to support with curbing the routine prescribing of OTC products that may be used for:

- A **self-limiting condition**, which may not require medical advice or treatment as it will clear up on its own e.g. sore throat, cough or cold
- A **minor condition that is suitable for self-care**, which can be treated with items that can easily be purchased over the counter from a community pharmacy. Examples include remedies for mild to moderate hay fever, emollients for mild dry skin/eczema, ear wax softeners and eye drops for dry/sore tired eyes.

GPs, nurses, or pharmacists will generally not be providing a prescription for certain medicines that are available to buy in a pharmacy or supermarket, even if you qualify for free prescriptions. Additionally, items such as probiotics and some vitamins and minerals will not be routinely prescribed, as these can be obtained from eating a healthy, varied balanced diet, or you can buy them at your pharmacy or supermarket.

It will be up to you (the resident) or your relative to fund the cost of the OTC medicine. Care home staff may purchase the item on your behalf, however they cannot fund the cost of the item. It is also your (the resident) or your relative/representative's responsibility to inform the care home staff of any self-care products purchased and brought into the home.

There may be instances where OTC medicines still need to be prescribed (**general exceptions**) such as treatment needed for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease) or more complex conditions, or where minor illnesses are a symptom or side effect of something more serious (e.g. constipation when taking certain painkillers).

By reducing the amount the NHS spends on OTC medicines, priority can be given to treatments for people with more serious conditions, such as cancer, diabetes, and mental health problems.

Bedfordshire, Luton and Milton Keynes (BLMK) ICB have adopted the new guidance locally. It will apply to everyone who is not covered by the general exceptions listed in the guidance document. BLMK ICB have developed guidance for care home managers and staff to make sure they have safe processes in place to comply with the NHS England policy.

We hope that you will support this initiative and help the NHS to use resources sensibly.

Further information on self-care conditions can be found by accessing the [NHS leaflet: 'Prescribing of over the counter medicines is changing'](#). An [Easy Read 'over the counter' leaflet](#) has also been developed to support conversations with people with learning disabilities.

Bedfordshire, Luton and Milton Keynes ICB – Care Homes Medicines Optimisation team

Appendix 4 - Differences between Homely Remedies and Self-care

The following table summarises the differences between Homely Remedies and Self-care and indicates when it would be appropriate to use each Toolkit.

	Homely Remedy	Self-care
What is it?	Product used to treat a minor ailment which can be bought over the counter and does not require a prescription.	Action taken by people to recognise, treat and manage their own health – includes purchase of over the counter medicines
When would it be purchased?	Homely Remedies are kept as stock in the care home to allow access to products that would commonly be available in any household	A self-care product is purchased for or by an individual in response to a specific medical condition
Who can it be given to?	Can be administered to any appropriate resident as per Homely Remedies toolkit	Can only be given to the individual resident for whom it was purchased
What products are included?	Only the named preparations listed in the Homely Remedies policy	Products for conditions listed in Self-care toolkit
Who pays for it?	Funded by Care home	Funded by resident or their representative
Does the GP need to approve before administration?	Provided the care home follows the BLMK ICB Toolkit, care home can start without consulting a GP/HCP. GP/HCP sign off is not required if the BLMK ICB approved list of products and toolkit is used	GPs or HCPs do not need to approve administration; care home staff should follow the toolkit for guidance on when advice should be sought from GPs or HCPs
How long can it be used for?	Used for limited period of time (usually 48 hours)	Duration of use dependent on condition and/or GP/HCP advice
Who can administer it?	Care home staff who have been trained in how to use Homely Remedies	Care home staff in accordance with Self-care Toolkit and any appropriate GP or HCP advice
Whose property is it?	It is care home property	It is the property of the individual resident
Exceptions	Care home staff should follow the flowcharts in the Toolkit and seek further guidance as indicated	The self-care toolkit has a table listing exceptions to self-care

Appendix 5 - Frequently asked questions

- 1. I have a resident who has no next of kin, family or friends and they would struggle financially to purchase their own self-care items, would our care home have to purchase the item(s) for them?**

No, the care home is not responsible for purchasing any self-care item for their residents. If the resident is unable to finance their self-care item this may be an exception to the recommendation to self-care as this may be considered as a significant social vulnerability. In this case a prescription may need to be issued as their health and/or wellbeing could be adversely affected if reliant on self-care.

- 2. What if a resident has no family or next of kin to purchase an item on their behalf?**

A staff member from the care home may purchase the self-care item on the resident's behalf if this is appropriate. However, the staff member should retain the receipt as it is good practice.

Another option is to purchase the item from your dispensing pharmacy and ask if they are willing to deliver the item to the care home, on same day if item is required urgently.

- 3. What if a resident does not have the capacity to make decisions about self-care and self-care products? Can we still treat with a self-care product?**

Yes, you can still treat someone with a self-care product if they do not have capacity.

For residents who lack capacity, it is recommended that relatives/representatives and those with Lasting Powers of Attorney (LPOA) are aware that self-care remedies may be suggested and approve this also. A best interest's judgement can be made by consulting with their family, LPOA or GP about what to do. Any decisions made should be documented and reviewed when needed as capacity may change. The general exceptions in the ICB guidance may apply in some circumstances.

The resident/relative leaflet ([Appendix 3](#)) may be used to support these discussions.

- 4. What about residents who have learning disabilities?**

An assessment would need to take place to determine whether a resident has the ability to self-care and they should be supported to do so. If they do lack capacity, then a best interest's judgement can be made as in FAQ 3. The general exceptions in the ICB guidance may apply in some circumstances.

An [Easy Read 'over the counter' leaflet](#) has also been developed to support conversations with people with learning disabilities.

5. We have residents who are prescribed Paracetamol which is an over the counter product for self-care, will the GPs stop prescribing this for the residents?

This will depend on what the medication has been prescribed for. For example, if the Paracetamol has been prescribed for regular pain relief for chronic arthritis then this should be continued to be prescribed by the surgery. If the Paracetamol is for an occasional headache, then this should not be prescribed and instead self-care or homely remedy supply may be used.

6. We have residents prescribed emollients for dry skin, will GPs stop prescribing these?

This will depend on what the emollient has been prescribed for. Emollients should only be prescribed for a dermatological condition such as eczema or psoriasis. They may also be prescribed for dry/fragile/itching skin associated with ageing. Emollients are used to rehydrate and maintain skin integrity.

Emollients should not be prescribed for cosmetic purposes. Residents with mild dry skin symptoms should purchase any emollients they wish to use as part of self-care.

7. Our GP has suggested purchasing some olive oil drops to soften ear wax for one of our residents who has dementia. What do we do next?

Assuming there has been a discussion between the care home and the resident and/or their relatives or representatives about the possible use of self-care products and this has been approved, the next steps would be as follows:

- ✓ *Ensure there is appropriate documentation to support the use of the olive oil drops. In this case the GP has suggested the drops and so the care home should document the advice in the resident's care plan or similar document. The GP may provide written confirmation using the ICB self-care advice pad or instructions via NHS mail.*
- ✓ *Purchase the olive oil drops from a pharmacy. These could be bought by relatives or representatives or by care home staff. If staff have purchased for the resident, then the receipt should be retained by the care home.*
- ✓ *Add the olive oil drops as a handwritten entry on to the MAR chart indicating that it is a 'self-care/OTC product', with clear dosage instructions and treatment duration as per instruction. The handwritten entry should be counter-signed by a second person.*
- ✓ *The olive oil drops should be clearly identifiable with the resident's name as the product is their property.*
- ✓ *They should be stored securely in a lockable cupboard or trolley as per care home medicines policy and according to the manufacturer's guidance.*
- ✓ *Administration of the drops should be recorded on the MAR chart. It is good practice to keep a copy of the written advice from the GP with the MAR chart.*
- ✓ *Once treatment has been completed for the suggested duration, any remaining drops can be disposed of as per care home policy or carried forward if this is appropriate.*

- ✓ *It is the responsibility of care home staff to contact the GP if symptoms worsen or there is a change in condition whilst using a self-care product. Care staff should let the GP know what products are currently being taken/used or what has already been tried.*

8. We have a resident who buys an anti-dandruff shampoo and we as carers use this twice weekly when carrying out personal care, does this need to be checked by a GP/HCP and does it need to be included on the MAR chart?

No, as dandruff is a condition considered to fall under 'personal care' and therefore does not necessarily have to be discussed with a healthcare professional; in addition the shampoo would not need to be recorded on the MAR chart, but should be noted in the individual's care plan.

9. Who is clinically accountable for the treatment of the resident?

If the resident is able to self-care, then they are clinically accountable as is the case for people living in their own home. However, if the condition is not responding to treatment or the condition is getting worse then a referral to the GP or HCP is required. If a GP or HCP is prescribing/recommending a medication then they would be clinically accountable.

10. We have a new resident who has brought in an OTC cream that was purchased and they would like to continue using it whilst at our care home. However, the cream is out of date and is in poor condition, but the resident would still like to keep this for use and does not wish to purchase a replacement. What should we do?

Care home staff should advise the resident of the potential risks of using a product which is in poor condition and past its expiry date and encourage the resident to purchase a replacement cream. If the resident wishes to continue to self-administer the original cream, a risk assessment should be conducted jointly between care home staff and the resident. The assessment should include a discussion about the potential risks (e.g. skin irritation, infection etc.) of using a cream past its expiry date and that it may not be as effective. Care home staff may wish to seek further advice and information from a pharmacist.

The risk assessment should be clearly documented and included in the care plan and it is good practice to inform the resident's surgery of the advice given, especially if the resident still refuses to stop using the product.