

## Homely Remedy Information for GPs

The NICE Guideline Development Group (GDG) for the management of medicines in care homes states that where a care home provider offers residents treatment for minor ailments with homely remedies, advice from a healthcare professional, such as a GP or pharmacist on the use of homely remedies should be taken for each resident in advance, or at the time of need.

If the advice is taken in advance it should be **clearly documented and reviewed periodically (especially if there is a change to the prescribed medication)**. The patient record should **identify which homely remedies are appropriate for individual residents**.

- This can be done when the resident initially goes to reside at the care home. This should be kept either with their care plans or with their current medicine administration record (MAR) chart.
- It is left to the healthcare professional's discretion whether certain drugs are excluded from the list.

See 'BSW MOCH Example of homely remedy agreement' document for an example of an advance agreement.

If the advice is sought at the time of need, there should be an agreement with the care home of how this can be done in a timely manner.

- If a homely remedy protocol is in use it is good practice for the GP to be aware of this and to agree the duration of time treatment with the homely remedy can continue before the resident needs to be referred to the GP.
- No products requiring invasive administration e.g. suppositories should be included nor is it appropriate to include products that take up to 48 hours to work e.g. lactulose.
- External preparations are best excluded from the homely remedy policy as they should ideally be used by an individual to avoid cross contamination.
- Dressings and items for first-aid are not classed as homely remedies neither are vitamin supplements, herbal or homeopathic preparations. (Note this does not include residents who wish to purchase vitamin supplements, herbal or homeopathic preparations for their own use long-term, this should however be discussed with the GP).

### Review

- The resident should be reviewed if the homely remedy is required beyond the agreed period, usually 48 hours (or 24 hours if symptoms of diarrhoea are present and fluid intake is poor).
- If the resident is not examined by the GP but it has been agreed that treatment should continue, the GP should confirm that treatment is to continue.
- If the homely remedy is required for regular treatment, for a long-term condition, a prescription should be provided.

All Information obtained from PresQIPP:

<https://www.presqippp.info/our-resources/bulletins/bulletin-72-care-homes-homely-remedies/>