Safety of Medicines in Care Homes

# Homely remedies guide:

## For local adaptation to fit within individual care home medication policies

Acknowledgements

This work has been undertaken as part of a task group. We would like to thank all

the individuals and organisations that have freely contributed and given permission for the use of their materials. Special thanks to Jackie Smith, Care Home Lead Pharmacist, NHS Bedfordshire.

05 What is a homely remedy?
06 Why stock homely remedies?
07 Managing homely remedies

09 Flow chart list

10 Chart 1: Indigestion/heartburn
11 Chart 1 product information
12 Chart 2: Pain (mild or moderate)
13 Chart 2 product information
14 Chart 3: Dry cough
15 Chart 3 product information
16 Chart 4: Constipation
17 Chart 4 product information
18 Chart 5: Diarrhoea
19 Chart 5 product information
20 Chart 6: Skin problems
21 Chart 6 product information
23 References



## What is a homely remedy?

There are many times at which a resident may develop a minor ailment that needs to be treated. It is important that staff are able to respond in a timely way and help the resident to feel well. Many people living in their own home purchase remedies from the chemist or the local shop and generally do this without involving the GP. Pharmacists will also provide advice on the best treatment and give advice on its use.

For people living in a care setting, which is their own home, we now refer to this approach as using homely remedies. A homely remedy is a medicinal preparation used to treat minor ailments; it is purchased over the counter and does not require a prescription. These homely remedy products are kept in the home to allow access to products that would commonly be available in any household.

Homely remedies fall into two legal categories, GSL (general sales list), which are available widely and sometimes referred to as over the counter medicines or pharmacy (P) medicines which are available only from a pharmacy. Medicines falling into these categories may be prescribed for service users at the discretion of the resident's GP. Any such medicines, which are obtained on prescription, must only be administered to the individual specified on the container label. They are not to be used as a source of stock for the household remedy cupboard.

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. Residents and their families should always be involved in these discussions and the resident's consent should always be sought. If a person lacks capacity to make decisions then the decisions may be made by the family or at a best interest meeting.

It is advised that the manager discuss the use of homely remedies with the resident's own GP. An agreement is made on the particular medicines and the length of time they can be given without recourse back to the GP.

Residents or relatives may bring in their own homely remedies which have been approved by their own GP. These are not for general use in the home and must remain specific to that resident. They should be counted into the home and administered and recorded in the same way as all other medication on a mar sheet.

A GP may instruct the home staff to purchase a specific product to treat a minor ailment for a particular resident, such as olive oil for treatment of ear wax. This is no different to a person treating themselves in their own home and can be actioned, provided the instructions are written by the GP in the individual care plan (or faxed) and only apply to the individual named.

# Why stock homely remedies?

The Care Quality Commission agrees that a small range of products may be kept in stock in a care home for residents for the treatment of minor ailments. Homes who agree to stock such products must develop their own policies with an approved list of products and minor ailments which will be treated in this way.

Staff need to be able to respond quickly to symptoms of a minor nature, such as toothache or headache. This guidance is intended to help in such situations.

## Recommendations

- Only stock purchased by the care home for administration under the homely remedies policy may be used.
- Only the named preparations listed in the policy may be administered without a prescription.
- Products labelled for a particular resident (ie for whom a prescription has been issued), brought in by the resident or recommended solely for a particular resident must not be given to another service user as a homely remedy.
- All administered doses of homely remedies must be recorded and indicated as a homely remedy on the mar sheet and other medication recording documents in accordance with the medicines policy in the home.

At times residents may develop a minor ailment which in their own home would be easily treatable by accessing a local pharmacy for an OTC product. If a resident does not have a suitable remedy on their normal prescription the staff may feel that the only course of action is to call the GP or the out of hours service. This may be for something like a headache. By having homely remedies in the home, an immediate need can be met and the GP is only called if the symptoms persist.

Discussions and agreement with the GP about the use of homely remedies is essential. The pharmacist will also provide necessary advice. It is generally advised that homely remedies should only be used for 48 hours and then a referral to the GP will need to be made.

# Managing homely remedies

## Administration

This guidance helps to clarify the actions required by the senior staff of the home who are responsible for the administration of medicines. All staff must recognise and act within the parameters of safe practice. Professional accountability for updating knowledge of homely remedies will lie with the lead person for the management of medication within the home; this is usually the manager, deputy or lead nurse.

The manager is responsible for ensuring that appropriate training and support is made available to all staff involved in the administration of medicines.

## Storage

Homely remedies should be stored in the same location as all other medication but designated clearly to show they are not resident specific.

The contents of the homely remedies cupboard should be date checked at least every six months. The date of opening should be marked on liquid medicines which should then be replaced as advised by the manufacturer.

## Process

The use of homely remedies for the minor ailments named in this document is supported by a flow chart decision aid and it enables staff to use stocked medication appropriately.

Homes, individual residents or families may need to purchase the homely remedy.

If the staff are unsure if a homely remedy is suitable, they must seek the advice of the doctor or pharmacist before use.

The flow charts included in this document provide a decision making tool for some specific minor ailments.

When using the flow charts the carer/nurse must ascertain:

- that the resident has no potentially serious symptoms
- past medical and drug history
- any known allergies
- what the resident has used in the past for these particular symptoms
- that the resident consents and is aware that the medicine is not prescribed, but it has been agreed with the GP
- that the homely remedy medicine will be used for up to 48 hours only

The carer/nurse will regularly review and reassess the resident's response to the medication. Further doses can be administered in accordance within the medicinal products GSL or P licence guidelines, for a maximum of 48 hours. If the symptoms persist then a referral should be made to the GP.

## Record keeping

The carer/nurse will record details of the assessment, homely remedy administered and outcome in the resident's care plans and the mar sheet.

Monitor the usage of all homely remedies.

## Adverse reaction

In the rare event of any adverse reactions, the GP must be informed immediately.

The yellow card adverse drug reaction reporting scheme is a voluntary scheme through which doctors notify suspected adverse reactions to medicines. It is for the GP to decide, following discussions with the senior staff/nurse, whether to submit a yellow card to the Medicines Control Agency/Committee on Safety of Medicines.

In the event of a serious life threatening adverse reaction the nurse/carer will carry out emergency treatment and refer the resident direct to the accident and emergency department.



Flow charts relating to the following symptoms are provided below.

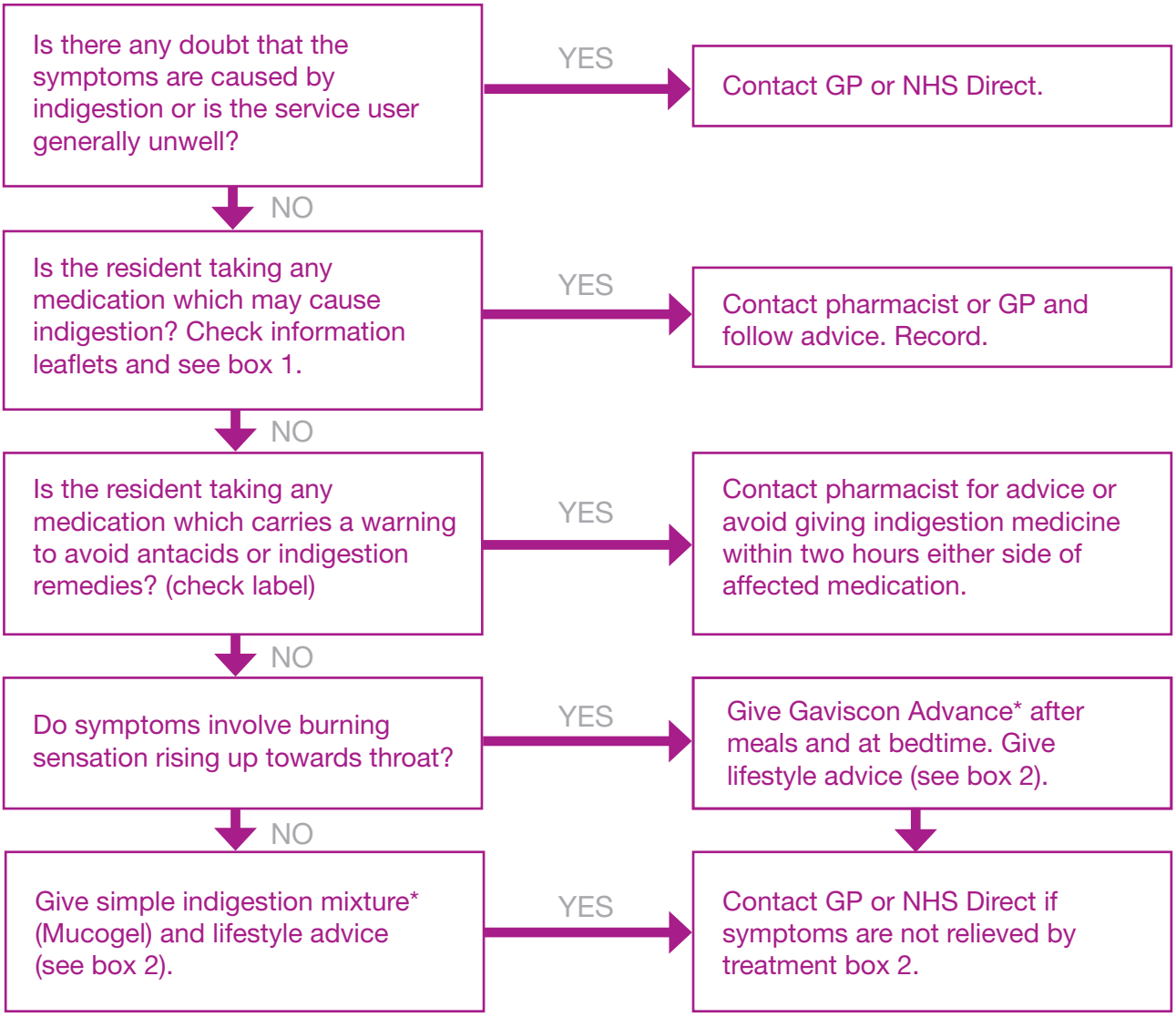
These charts should be used in conjunction with the homely remedies toolkit.

| CHART NO. | SYMPTOM | MEDICINE |
|---|---|---|
| 1 | Indigestion/heartburn | Mucogel (co-magaldrox)<br>Gaviscon Advance (low in sodium at normal doses) |
| 2 | Pain (mild to moderate) | Paracetamol (other medicines containing Paracetamol may have been prescribed for some residents and this must be carefully checked. |
| 3 | Dry cough | Simple linctus for non-diabetic residents, Pavacol D or sugar free simple linctus for diabetic residents. |
| 4 | Constipation | Senna, Movicol |
| 5 | Diarrhoea | Oral rehydration therapy, eg Dioralyte, Loperamide |
| 6 | Skin problems - dry skin and scalp, sweat rash, incontinence rash, insect bites and stings | E45 cream, Doublebase, Vaseline, olive oil, cocois ointment or coconut oil, calamine lotion or cream, hydrocortisone cream 1%, Cavilon cream |

# Chart 1

**Guidance for treatment of minor ailments with household remedies - INDIGESTION/HEARTBURN**

Indigestion is experienced as discomfort, or a burning pain in the central chest region. When this burning rises up towards the throat it is referred to as heartburn. Flow chart for use when resident has mild pain only. All cases of acute or severe pain must be referred immediately.




## Treatment box 1

Some medicines that commonly cause indigestion:

- Anti-inflammatory medicines, eg aspirin, ibuprofen, diclofenac, naproxen
- Oral corticosteroids, eg prednisolone

## Treatment box 2: Lifestyle advice

- Eat small regular meals, chew food well
- Avoid bending or stooping during and after meals
- Cut down or stop smoking, alcohol, caffeine (contained in coffee, cola drinks, tea and some pain killers) if possible
- Avoid spicy foods, eg curries
- Avoid clothing which is tight around the waist

* Homely remedy - Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

## PRODUCTS NAMED IN FLOW CHART 1 - INDIGESTION/HEARTBURN

| | |
|---|---|
| Drug | Gaviscon Advance suspension |
| Indication for use | Heartburn and indigestion |
| Strength | N/A combination product |
| Dose | 5-10ml after meals and at bedtime |
| Maximum dose in 24 hours | 40ml in divided doses |
| Maximum duration of treatment as homely remedy | Up to 48 hours then seek advice of GP |
| Cautions | Contains sodium (4.6mmol in 10mls), avoid in hypertensives or where sodium restriction is indicated |
| Additional information | Shake well before use<br>Sugar free so suitable for diabetics |
| Additional resources | BNF 1.1.2<br>Patient leaflet<br>http://www.medicines.org.uk/EMC/default.aspx |

| | |
|---|---|
| Drug | Mucogel (co-magaldrox) |
| Indication for use | Heartburn and gastric hyperacidity |
| Strength | N/A combination product |
| Dose | 10-20ml three times daily 20 minutes to one hour after meals, and at bedtime, or as required |
| Maximum dose in 24 hours | 100ml daily |
| Maximum duration of treatment as homely remedy | Up to 48 hours then seek advice of GP |
| Cautions | Should not be used in patients who are severely debilitated or suffering from kidney failure. Antacids inhibit the absorption of tetracyclines and vitamins and should not be taken together. Leave at least two hors between doses. |
| Additional information | Shake well before use<br>Sugar free so suitable for diabetics<br>Must be discarded 28 days after opening |
| Additional resources | BNF 1.1.1<br>Patient leaflet<br>http://www.medicines.org.uk/EMC/default.aspx |

# Chart 2

**Guidance for treatment of minor ailments with household remedies - PAIN such as headache**

Flow chart for use when service user has mild pain only. All cases of sudden onset severe pain must be referred.

**Has resident been given any medication containing paracetamol during last 24 hours?**

Remember that paracetamol is an ingredient of medicines such as co-codamol (includes Kapake, Solpadol, Zapain and Remedeine) co-dydramol, co-proxamol as well as many products purchased over the counter such as cough and cold remedies (check labels carefully). Don't forget to check liquid medicines.

YES → Paracetamol* may be given provided that the maximum dose in 24 hours is not exceeded and that it is at least four hours since the last dose.

NO ↓

**Can patient swallow tablets?**

NO → Give paracetamol suspension 250mg/5ml* For adults give 20ml per dose and repeat if necessary every four to six hours. Not more than 80ml (4 grams) must be taken in 24 hours.

YES ↓

Give Paracetamol* tablets/caplets 500mg. For adults give two tablets per dose and repeat if necessary every four to six hours.

No more than eight tablets must be taken in 24 hours.

Communication of pain is not just verbal. Look for facial signs, sighing, groaning, calling out, aggression and withdrawal which is out of character.

* Homely remedy. Available to purchase as tablets, capsules, caplets and liquid.

Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

## PRODUCTS NAMED IN FLOW CHART 2 - PAIN

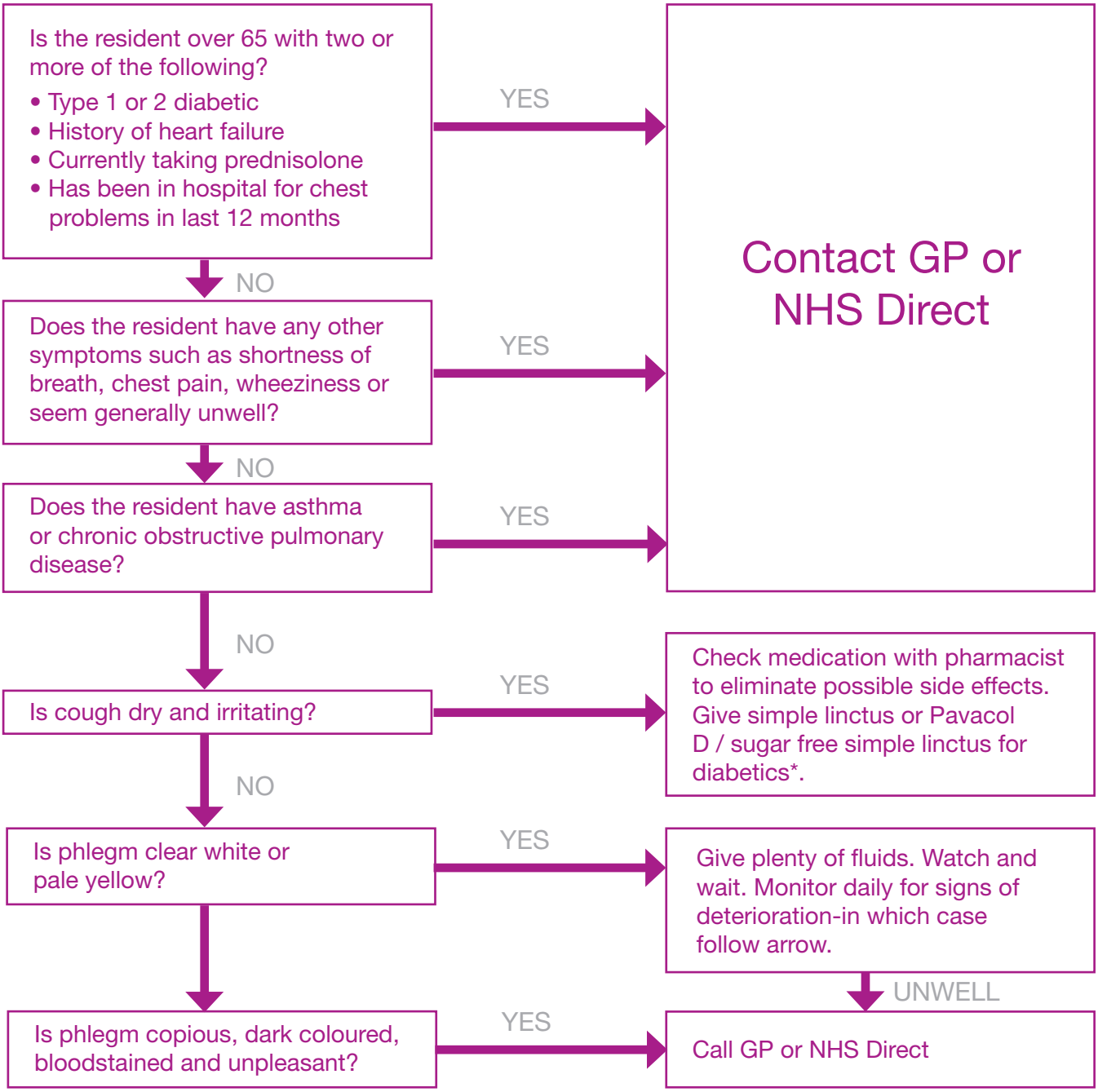
| Drug | Paracetamol |
|---|---|
| Indication for use | Relief of mild pain |
| Strength | 500mg tablets/capsules/caplets |
| Dose | Two tablets up to four times a day |
| Maximum dose in 24 hours | 8 tablets (4g) in divided doses<br>(maximum of two tablets or 1g, in any four hours) |
| Maximum duration of treatment as homely remedy | Up to 48 hours then seek advice of GP |
| Cautions | Do not administer with other paracetamol containing products (check all current medication taken).<br>Not suitable if history of severe liver disease or alcohol abuse if body weight is <39kgs, consider giving one tablet up to four times a day. |
| Additional information | Many medicines also contain Paracetamol. If in doubt check with pharmacist. |
| Additional resources | BNF 4.7.1 Patient leaflet<br>http://www.medicines.org.uk/EMC/default.aspx |

| Drug | Paracetamol |
|---|---|
| Indication for use | Relief of mild pain |
| Strength | 250mg/5ml suspension (Calpol six plus) |
| Dose | Four 5ml spoonfuls (20ml) up to Four times a day |
| Maximum dose in 24 hours | 80ml (4g) in divided doses<br>(maximum of 20ml or 1g, in any four hours) |
| Maximum duration of treatment as homely remedy | Up to 48 hours then seek advice of GP |
| Cautions | Do not administer with other paracetamol containing products (check all current medication taken).<br>Not suitable if history of severe liver disease or alcohol abuse If body weight is <39kgs, consider giving 10ml up to four times a day |
| Additional information | Many medicines also contain paracetamol. If in doubt check with pharmacist. Sugar free is also available for diabetics. |
| Additional resources | BNF 4.7.1 Patient leaflet<br>http://www.medicines.org.uk/EMC/default.aspx |

# Chart 3

## Guidance for treatment of minor ailments with household remedies - COUGH

Flow chart for onset of cough. Antibiotic treatment is not indicated for the majority of otherwise well patients with coughs.




* Homely remedy

Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

## PRODUCTS NAMED IN FLOW CHART 3 - COUGH

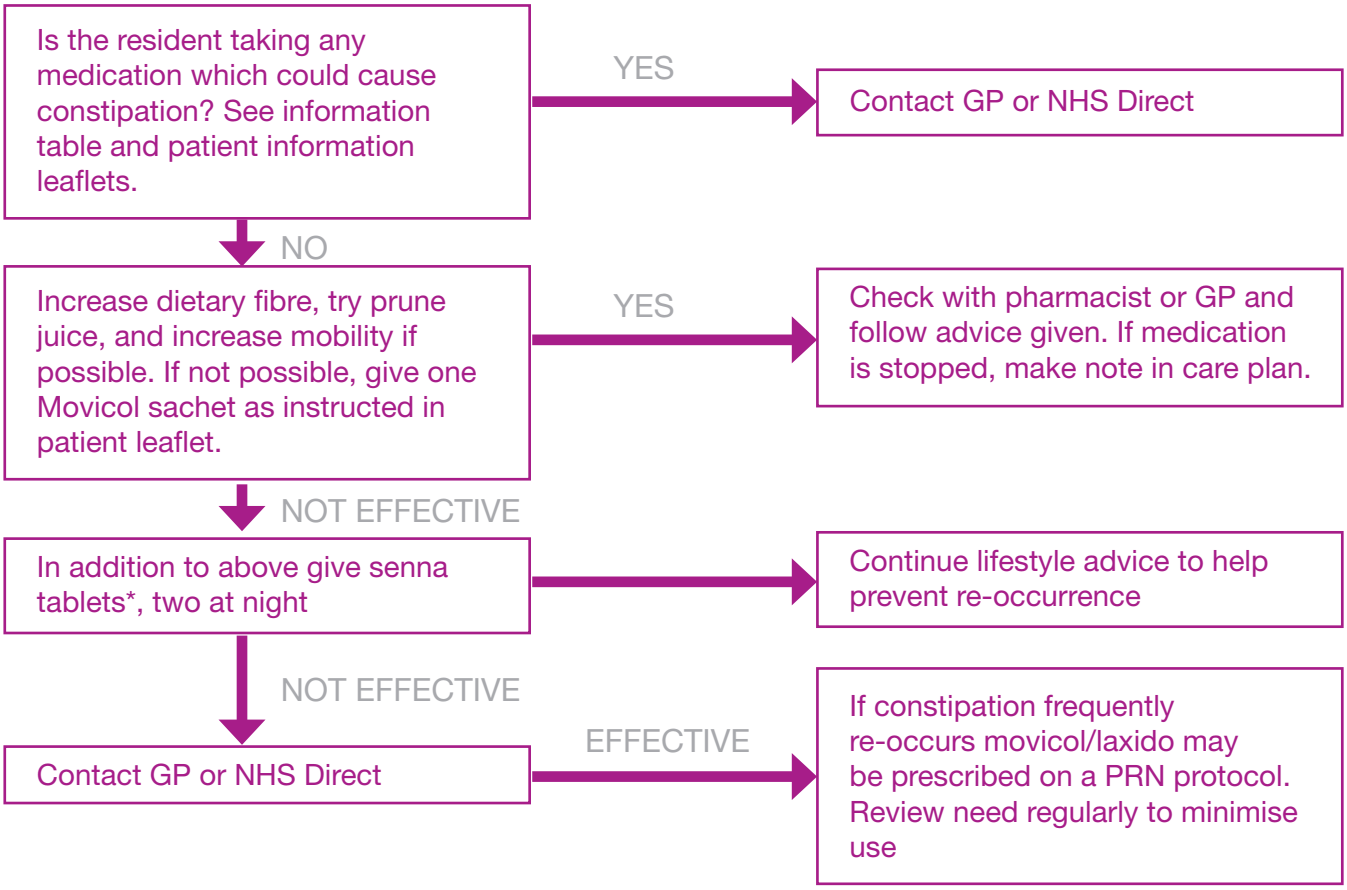
| Drug | Simple linctus |
|---|---|
| Indication for use | For relief of occasional non-persistent cough |
| Strength | N/A |
| Dose | 5-10ml up to four times a day |
| Maximum dose in 24 hours | 40ml |
| Maximum duration of treatment as homely remedy | Up to 48 hours then seek advice of GP |
| Cautions | High sugar content, do not use for diabetics |
| Additional information | More soothing if taken with warm water |
| Additional resources | BNF 3.9.2 Patient leaflet<br>http://www.medicines.org.uk/EMC/default.aspx |

| Drug | Pholcodine linctus Pavacol D |
|---|---|
| Indication for use | For relief of occasional non-persistent cough |
| Strength | 5mg/5ml |
| Dose | 5-10ml up to three or four times a day |
| Maximum dose in 24 hours | 40ml |
| Maximum duration of treatment as homely remedy | Up to 48 hours then seek advice of GP |
| Cautions | Not suitable for productive coughs<br>Not suitable for severe liver or kidney failure |
| Additional information | More soothing if taken with warm water, sugar free so suitable for diabetics |
| Additional resources | BNF 3.9.1 Patient leaflet<br>http://www.medicines.org.uk/EMC/default.aspx |

# Chart 4

## Guidance for treatment of minor ailments with household remedies - CONSTIPATION

Initial changes in bowel habits should be reported to GP. Bowel charts should be kept in care plans for monitoring purposes. Constipation in the elderly is often due to insufficient fluid intake so large glasses of fluid should be avoided. Little and often is more effective




### Information

Some common drugs which can cause constipation: • Indigestion remedies containing Aluminium • Antidiarrhoeals eg loperamide (Imodium) • Antihistamines eg chlorphenamine (Piriton), promethazine (Phenergan) • Antipsychotics • Cough suppressants eg codeine and pholcodine • Diuretics eg bendroflumethiazide, furosemide (if dehydration occurs) • Iron and calcium supplements • Pain killers containing opiates eg codeine, dihydrocodeine, morphine, tramadol • Some antidepressants eg amitriptyline, dosulepin, imipramine • Some Parkinson's drugs eg levodopa • Some drugs to treat high blood pressure

* Homely remedy

Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

## PRODUCTS NAMED IN FLOW CHART 4 - CONSTIPATION

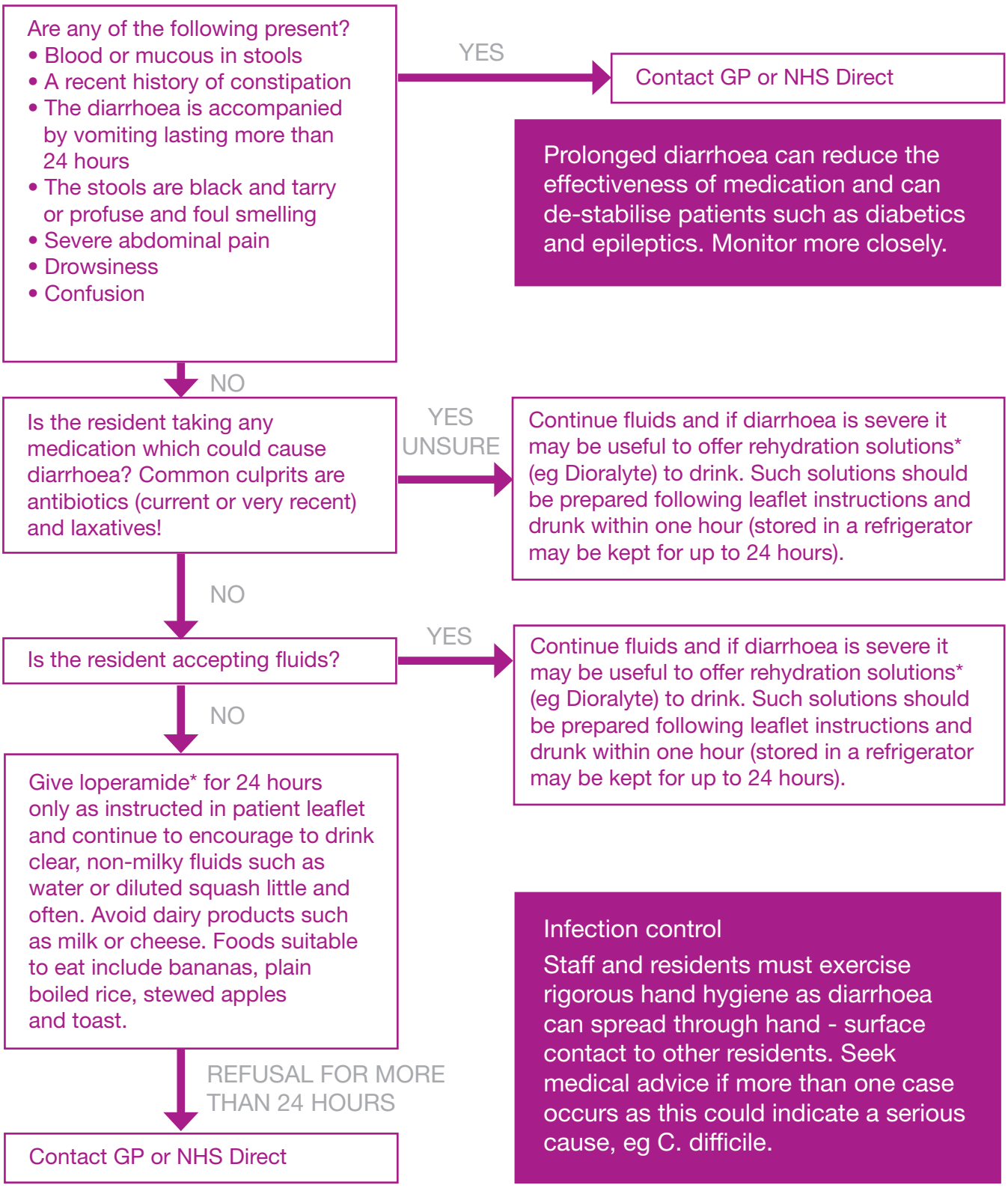
| | |
|---|---|
| Drug | Macrogols '3350' Movicol sachets |
| Indication for use | For relief of constipation |
| Strength | N/A |
| Dose | One sachet daily |
| Maximum dose in 24 hours | One |
| Maximum duration of treatment as homely remedy | Up to 48 hours then seek advice of GP |
| Cautions | As a precaution administer at least an hour after other medication. One sachet contains 65mmol/l of sodium and other electrolytes. |
| Additional information | Must be made up in 125ml of water (half a glass). Can be mixed with any juices of preference. Reconstituted sachets must be discarded after 6 hours if not taken. Can be chilled in fridge before giving. |
| Additional resources | BNF 1.6.4 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx |

| | |
|---|---|
| Drug | Senna tablets |
| Indication for use | For relief of constipation |
| Strength | 7.5mg |
| Dose | Two tablets at night |
| Maximum dose in 24 hours | Two |
| Maximum duration of treatment as homely remedy | Up to 48 hours then seek advice of GP |
| Cautions | |
| Additional information | Can cause abdominal cramps<br>Available as a liquid also as Senokot syrup for those who cannot take tablets |
| Additional resources | BNF 1.6.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx |

# Chart 5

## Guidance for treatment of minor ailments with household remedies - DIARRHOEA

Diarrhoea in the frail elderly can quickly lead to dehydration and deterioration in health.




* Homely remedy

Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

## PRODUCTS NAMED IN FLOW CHART 5 - DIARRHOEA

| Drug | Dioralyte sachets |
|---|---|
| Indication for use | For fluid and electrolyte replacement |
| Strength | N/A |
| Dose | One or two sachets after each loose stool |
| Maximum dose in 24 hours | N/A |
| Maximum duration of treatment as homely remedy | Up to 24 hours if refusing to drink<br>Up to 48 hours if diarrhoea is persistent then seek advice of GP |
| Cautions | |
| Additional information | Contents of each sachet should be dissolved in 200ml of drinking water. The solution may be stored for up to 24 hours in a fridge, otherwise any solution remaining an hour after reconstitution should be discarded. |
| Additional resources | BNF 9.2.1.2 Patient leaflet<br>http://www.medicines.org.uk/EMC/default.aspx |

| Drug | Loperamide capsules |
|---|---|
| Indication for use | For symptomatic treatment of acute diarrhoea |
| Strength | 2mg |
| Dose | Two capsules immediately then one after each loose stool |
| Maximum dose in 24 hours | 8 capsules |
| Maximum duration of treatment as homely remedy | Up to 24 hours then seek advice of GP<br>(see place in flow chart) |
| Cautions | Dehydration risk must be addressed first |
| Additional information | GP may suggest continued treatment but should be prescribed |
| Additional resources | BNF 1.6.2 Patient leaflet<br>http://www.medicines.org.uk/EMC/default.aspx |

# Chart 6

## Guidance for treatment of minor ailments with household remedies - MINOR SKIN PROBLEMS

The cause of a rash is often very difficult to identify and can be associated with bacterial or viral infections. Life threatening rashes are accompanied by systemic symptoms where the patient is clearly unwell but for minor skin problems there is rarely a need for immediate referral.

Disposable gloves must be used when applying any skin preparations. Dispose of gloves immediately after use and before treating another resident. Pump devices or tubes of ointments or creams are preferable to jars as they reduce risk of contamination and degradation of product. Always use a separate tube/jar for each resident. Never share.

### Dry skin

Dry skin often occurs in the elderly and can lead to problems (especially of the feet) if left untreated. An emollient such as E45* or Doublebase* can be tried. For continued need it can be prescribed. White soft paraffin*(Vaseline) is useful for dry lips. Dry, itchy scalps can be treated by rubbing olive oil* into scalp, leaving overnight and washing hair as normal.

### Incontinence rash

Cavilon* cream is recommended as a barrier cream. Sudocrem is not suitable for padded patients as it makes the pad ineffective.

### Sweat rash

Commonly occurs under breasts and in groin. Keep dry and if it becomes sore and inflamed contact GP.

### Pressure areas

Any sign of development of a pressure area must be referred to GP or district nurse without delay as it can rapidly deteriorate.

### Insect bites and stings

Bites and stings can be treated with calamine lotion* or cream*. A pain killing spray such as Wasp-Eze* may be useful especially on outings. Persons known to be allergic to wasp or bee stings must keep their emergency treatment with them at all times. If skin is unbroken and there is localised redness and itching, hydrocortisone 1% cream* can be applied. Severe swelling and redness must be referred to GP or NHS Direct.

* Homely remedy

Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

# PRODUCTS NAMED IN FLOW CHART 6 - MINOR SKIN PROBLEMS

Emollients – can be used to soothe the skin, reduce irritation, prevent skin from drying and may be directly applied to skin or added to bathwater. E45 cream and Doublebase are the named emollients but there are many others and resident preference and tolerance is important. As a homely remedy the emollient should be used as a trial to address an immediate need but continued use should be prescribed. For homely remedy use, purchase small tubes and when opened only use for the individual resident. Olive oil and Vaseline (white soft paraffin) are readily available OTC products.

Incontinence rash - Cavilon cream. No creams or powders should be used on residents who may at times be incontinent as this affects the absorbency of the incontinence pads. Residents with red excoriated skin should have their urine tested to exclude urinary tract infection. Residents should be washed with non perfumed soap, dried and pad applied. Small amounts of barrier cream can be used if excoriation continues but should be reviewed. Barrier creams do not prevent pressure sores, if redness is due to pressure, pressure assessment needs to be completed. Cavilon cream® is recommended for those residents who are faecally incontinent, as it can be applied every 12 hours and skin washed in between.

Insect bites and stings - a homely remedy treatment is used to soothe the associated irritation and itching. Complications of bites are allergic reactions, infection and cellulitis. These would need immediate referral. Look for excessive swelling and widespread hotness and redness. Calamine lotion and aqueous cream are unbranded OTC products which soothe by cooling.

| Drug | Hydrocortisone 1% cream |
|---|---|
| Indication for use | For symptomatic treatment of all insect bites and stings |
| Strength | 1%w/v |
| Dose | Apply sparingly to a small area, once or twice a day |
| Maximum dose in 24 hours | One finger-tip unit twice in 24 hours |
| Maximum duration of treatment as homely remedy | Up to 48 hours then seek advice of GP (see place in flow chart) |
| Cautions | The product should not be used on the eyes or face, the ano-genital area or on broken or infected skin including impetigo, cold sores, acne, athlete's foot, scabies or infected bites or stings. |
| Additional information | GP may suggest continued treatment but should be prescribed |
| Additional resources | BNF 1.6.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx |

# PRODUCTS NAMED IN FLOW CHART 6 - MINOR SKIN PROBLEMS

| | |
|---|---|
| Drug | Wasp-eze bite and sting spray |
| Indication for use | For symptomatic treatment of all insect bites and stings |
| Strength | Contains benzocaine 1% and mepyramine 0.5% |
| Dose | Spay locally onto skin |
| Maximum dose in 24 hours | Can be repeated once after 15 minutes |
| Maximum duration of treatment as homely remedy | Up to 48 hours then seek advice of GP (see place in flow chart) |
| Cautions | Do not use if you are sensitive to any of the ingredients. Do not apply to large areas of skin, eczematous, sunburnt or broken skin. Do not use the spray on the face. |
| Additional information | Hold nozzle approximately five inches from the skin and spray once for 2-3 seconds. Stop spraying immediately if a white deposit or 'frost' appears. Flammable. Do not use near fire or flame. Pressurised container. Protect from sunlight and do not expose to temperatures exceeding 50°C. Do not pierce or burn, even after use. Do not spray on a naked flame or any incandescent material. Do not use near or place container on polished or painted surfaces. |
| Additional resources | BNF 1.6.2 Patient leaflet http://www.medicines.org.uk/EMC/default.aspx |

# REFERENCES

British Pain Society and British Geriatrics Society, *Guidance on the assessment of pain in older people*, 2007, http://www.bgs.org.uk/Publications/Publication%20Downloads/Sep2007PainAssessment.pdf

Care Quality Commission, http://www.cqc.org.uk/standards

Care Quality Commission, 'What providers should do to comply with the Section 2.0 regulations of the Health and Social Care Act 2008' in *Essential Standards of Quality and Safety*, March 2010

Royal Pharmaceutical Society of Great Britain, *The handling of medicines in social care*, http://www.rpharms.com/support-pdfs/handlingmedsocialcare.pdf

Blenkinsopp A, Paxton P, Blenkinson, J. *Symptoms in the pharmacy: A Guide to the Management of Common Illness*, 2009, 6th ed. London: Wiley-Blackwell

## Notes

Improving medication management in care homes is a systemwide issue, which needs to be tackled by many different groups working together. This work is now being taken forward in an integrated programme led by the National Care Forum, funded by the Department of Health, working as part of a wider cross-sector partnership. This partnership involves:

Age UK

English Community Care Association

National Care Forum

Royal College of General Practitioners

Royal College of Physicians

Royal Pharmaceutical Society

Care Provider Alliance

National Care Association

Registered Nursing Home Association

Royal College of Nursing

Royal College of Psychiatrists

The Health Foundation

Printed on 100% Recycled Paper