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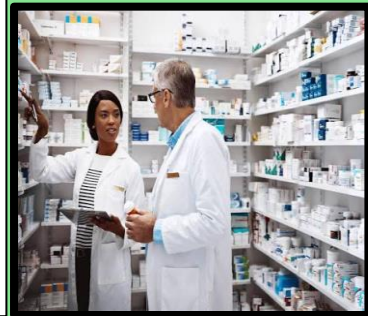
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Portfolio – Poster & Essay

Pharmacy Services

Explanation of Pharmacy Services

Pharmacy Services provide healthcare services to the general public, delivered by pharmacists and their teams to support patients with health maintenance and ongoing safe medication use. In addition to dispensing prescriptions, pharmacies offer clinical services such as advice for minor illnesses/injury, vaccines, medication reviews and ongoing support for long-term health conditions. These services help to improve healthcare access, self-care encouragement and also helps reduce pressure on GP services and hospitals, particularly in the NHS.



Brief history of Pharmacy Services

Pharmacy Services were historically in place for giving advice to the public and chemists used to prepare medicines by hand using natural ingredients. Gradually over time the role of the pharmacist has changed significantly, notably when the NHS was launched in 1948. The "National Health Service (NHS) entitling people to free prescriptions and therefore drastically increasing dispensing volumes within community pharmacies" (June 2018). Community Pharmacy Services have evolved since this time, from its primary focus dispensing medicine to providing a wider range of clinical services. In 1986 these services developed further when the Nuffield Inquiry report was established, the report outlined 96 recommendations and stated that clinical pharmacy should be practised in all hospitals within the UK, resulting in a 24-hour service with Accident and Emergency Pharmacy. "The Nuffield Report also strongly supported the development of specialist services, including drug information, quality assurance and radiopharmaceuticals, as well as recommending that pharmacists be involved in the reporting of suspected adverse drug reactions." (Anderson S, July 2026). In addition to this, the role of Pharmacists has been expanded over decades to improve primary care for patients within the NHS, offering services such as medication reviews, vaccination programmes and the introduction of the Pharmacy First Service.

Two challenges faced by Pharmacy Services

One challenge faced by community pharmacy services is increasing pressures on the workforce due to patient demand significantly rising and clinical services such as Pharmacy First expanding. Due to the function of Pharmacy First, Pharmacists are expected to deliver a wider range of healthcare services to patients, whilst still maintaining to dispense prescriptions in a safe manner and provide medicinal advice where necessary. This contributes to staff shortages and increased workloads, which can lead to reduced time availability for patient consultations, thus potentially affecting healthcare service efficiency and increases pressure on pharmacy staff.

Furthermore, another challenge is medicine shortages, recently this has become a more common issue within pharmaceuticals. Supply chain disruptions and manufacturing issues create difficulty for pharmacies to obtain specific medicines, resulting in additional workload for pharmacists due to medicine delays for patients. Pharmacists and their teams may need to carry out extra duties by explaining shortages to patients, and contacting prescribers such as the patients GPs to arrange for suitable alternatives to certain medicines. These challenges can create further strain on the NHS and pharmacy services. The improvement of medicine supply and strengthening workforce capacity are essential to maintaining accessible and safe effective pharmacy healthcare. (Health and Social Care Committee, 2024).

Current functioning of Pharmacy Services

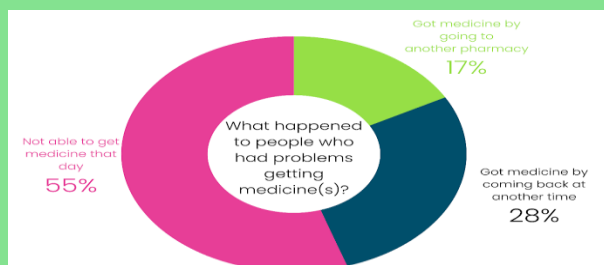
Currently, community pharmacies play an essential role in primary healthcare and are often today, the first point of contact for patients seeking healthcare advice and management for minor illnesses. Including dispensing prescriptions, many pharmacies also offer vaccinations, support for quitting smoking, blood pressure checks, and treatment through Pharmacy First services. Many of these services can be accessed without making an appointment and the need for seeing a GP prior, improving healthcare accessibility and the reduction of pressure on GP practices and Accident and Emergency departments. Pharmacists, GPs, nurses, and other healthcare professionals within the NHS work together collaboratively to ensure patients receive efficient safe and timely care and support for current and long term health needs.

Patient medication records are used by community pharmacies to ensure the accuracy and safety of medication dispensation. Prior to supplying medication, a pharmacist will carry out necessary clinical checks to identify any allergies the patient may have, safely check for potential drug interactions between medicines used and check doses are appropriate for that individual. Where necessary, a pharmacist will liaise with the GP prescribing the medication to clarify or amend prescriptions, ensuring there are no medication errors and to significantly improve patient safety.

Furthermore, pharmacists provide person-centred care by offering individual advice for each patient dependent on their needs. They educate patients on correct administration of medication, discuss possible side effects which may occur, and encourage following the correct treatment plans. Self-care support is also provided by pharmacies by helping patients to manage any minor illnesses they may have and advising if GP referral or another healthcare professional is required.

In modern day, the use of digital technology has increased for Pharmacy Services, including the Electronic Prescription Service (EPS), to receive prescriptions electronically which can improve efficiency. In addition to this, Electronic Health Records (EHRs) are used by pharmacies and across the NHS for access to both current and past historical health records for individual patients, this enables faster communication between the different healthcare providers.

More recently, the introduction of the Pharmacy First service has enabled pharmacists to assess and treat patients with more common conditions, without the need for a GP appointment. This service has reduced some pressure within the NHS as "with eight in ten patients living within a twenty-minute walk of community pharmacies with extended opening hours compared to the local GP surgery, the Pharmacy First service represents a pivotal shift toward community pharmacies playing a more active role in healthcare delivery, benefiting patients and the healthcare system." (Scutt, n.d). Offering this health service allows support for self-care, improves timely access and helps reduce pressure across NHS departments whilst still ensuring safe, effective treatment for every patient.



Community Mental Health Services

Introduction:

Community Mental Health Services supports individuals who experience mental health needs, it plays a vital role in providing care, treatment, rehabilitation and support within the community. This essay will be exploring the origins of the service and any historical developments; it will critically evaluate how the service is functioning today and further discuss the significance in enhancing the quality of life for services users within the Mental Health community.

Origins and Historical Development of Community Mental Health Services:

“Community mental health encompasses a diverse range of statutory, voluntary and informal care services” (Wright, Bartlett and Callaghan, 2008). Historically in the 18th and 19th century, mental health conditions would be treated within psychiatric institutions, also known as asylums in the United Kingdom. These institutions primarily focused on containing individuals with mental health conditions, rather than offering effective treatment for patients. Overtime community concerns arose regarding the independence of these patients, and overcrowded living conditions due to the increasing number of patients in these facilities.

A key turning point in Community Mental Health Services happened in the 20th century, particularly in 1980 with the introduction of the Care in the Community policy, later strengthened in 1990 by the NHS and the Community Care Act. “Over time different philosophical ideas have influenced mental health policy and service structure” (Wright et al., 2008). The UK government established the importance of moving away from long-term institutional care and towards community-based care with the aim in creating more independent living for those with mental health, whilst still having access to treatment and support closer to home from these healthcare professionals.

Since this time, significant change has continued, developing the Community Mental Health Services and expanded the professionals involved into multidisciplinary teams.

Collaboratively, psychiatrists, mental health nurses, social workers, occupational therapists and psychologists work together to provide person-centred care that supports individuals with early intervention, social engagement and mental health recovery as an alternative to institutionalisation.

Critical Evaluation of how Community Mental Health Services function today:

Multidisciplinary teams in the NHS work closely with GPs, hospitals, local authorities and voluntary groups to provide care for those with mental health conditions. A wide range of support is available to individuals experiencing and affected by conditions such as anxiety,

depression, bipolar disorder and schizophrenia, amongst others. These services include mental health assessments, prescribing and monitoring of medication, crisis intervention and recovery plans. Receiving this support within the local community brings a sense of familiarity and reduces social isolation, whilst improving independence. Overall, this integrated approach enables patients to receive time efficient, holistic and person-centred care, encouraging recovery whilst decreasing the need for hospital admissions, taking pressure off other healthcare services. However, although this model of care provides valuable support with its broad range of services, challenges remain due to increasing demand and staff shortages creating longer waiting times which can reduce the quality of care (NHS England, 2024), including delaying treatment and increased risk that mental health conditions may deteriorate before sufficient support becomes available, thus impacting the effectiveness of Community Mental Health Services.

Significance in Enhancing Quality of Life of service users:

The Multidisciplinary teams within Community Mental Health Services make a considerable contribution to the improvement of quality of life for service users. Promoting independence for individuals remaining in their home environment, creating a 'safe space' for emotional support, access to ongoing medication/ treatment and practical assistance nearby, to help individuals manage their mental health, whilst maintaining their dignity, employment and education and family lifestyle where necessary.

Early intervention delivered through community services can help reduce the escalation of mental health crises and decrease the need for hospital-based care. Furthermore, care planning with families and caregivers can strengthen the individuals support network, and improve long term recovery in mental health. Additionally, person-centred and collaborative care planning can help challenge stigma by encouraging empowerment, social inclusion and treating individuals as active participants in their self-management, supporting them to have more involvement in decisions with regards to their mental health care plan.

Conclusion

To conclude, although challenges are continuously faced in these services, such as workforce shortages and increased demand for person-centred and holistic care, Community Mental Health Services remain pivotal in modern mental health care by supporting recovery, reducing stigma, improving overall quality of life and helps individuals achieve increased confidence and independence within their communities.

References

Anderson, (2026).

Stuart Anderson BSc MA PhD FRPharmS FRHistS (1st July 2026) [Online] Available from: <https://hospitalpharmacyeurope.com/in-depth/views/how-national-inquiries-shaped-hospital-pharmacy-from-linstead-to-noel-hall/> [Accessed 10th July 2026].

Health and Social Care Committee (2024).

Pharmacy Report Summary UK Parliament [Online] Available from:

<https://publications.parliament.uk/pa/cm5804/cmselect/cmhealth/140/summary.html> [Accessed 15th July 2026].

NHS England (2026).

Community Mental Health Survey 2024: National qualitative report [Online] Available from: <https://www.england.nhs.uk/long-read/community-mental-health-survey-2024-national-qualitative-report/> [Accessed 17th July 2026].

Scutt, (n.d.).

Preparing students for technological advances in pharmacy, University of Brighton [Online] Available from: <https://www.brighton.ac.uk/studying-here/subject-areas/applied-sciences/pharmacy/technology-in-pharmacy.aspx> [Accessed 10th July 2026].

The Pharmaceutical Journal, (2018)

The Pharmaceutical Journal, PJ, [Online] June 2018, Vol 300, No 7914;300(7914):

DOI:10.1211/PJ.2018.20205049

Available from:

<https://pharmaceutical-journal.com/article/infographics/nhs70-major-moments-in-pharmacy-1948-2018> [Accessed 11th July 2026].

WRIGHT, N., BARTLETT, P. and CALLAGHAN, P. (2008).

“A review of the literature on the historical development of community mental health services in the United Kingdom,” *Journal of psychiatric and mental health nursing*. Oxford, UK: Blackwell Publishing Ltd, pp. 229–237. Available from: <https://doi.org/10.1111/j.1365-2850.2007.01218.x>. [Accessed 17th July 2026].