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Module name: INTRODUCTION TO HEALTH AND SOCIAL CARE

Module code: LCHS4003

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PHARMACY SERVICES

Brief history of pharmacy

Pharmacy services in the UK have been an integral part of the NHS since it was established in 1948. In 1968, medicines regulation and the modern licensing system were created.

By the 1980s-1990s, community pharmacists began offering broader services such as health advice and medication reviews.

In the 2000s-Present, pharmacy shifted from a dispensing-focused role to a clinical, patient-centred profession. They introduced services such as medicine reviews, vaccinations and public health services, and independent prescribing rights for pharmacists.

In the 2020s-2026, expansion of pharmacy first for minor illnesses, vaccination programmes and urgent care (NHS England 2025).

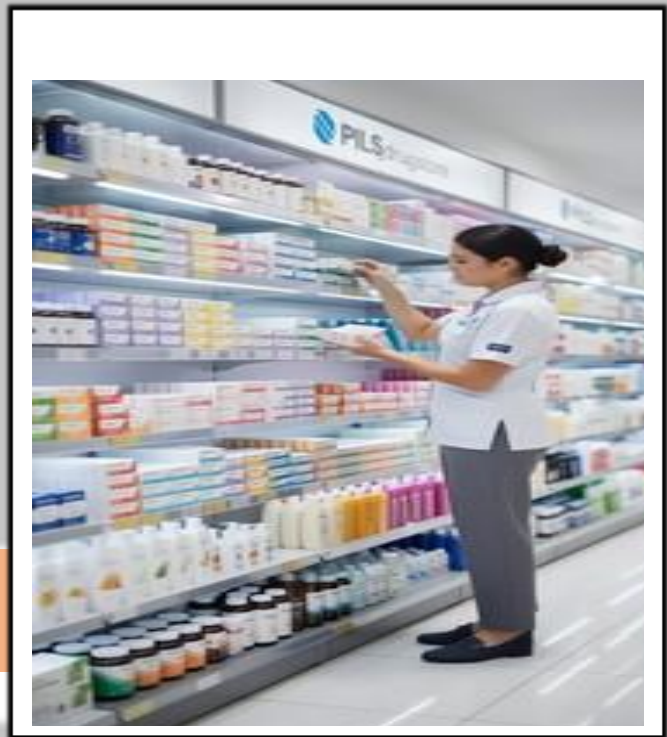
Explanation of Pharmacy Services

Pharmacy services are part of healthcare services, providing prescription dispensing by pharmacists, health consultations, and advice on self-care and treatment, without the need to visit a GP for common conditions.

They are extending their services to include vaccinations, smoking cessation, and blood pressure checks.

Also, the UK government is implementing new strategies to strengthen lines of communication between community pharmacies and GP practices (NHS England).

A pharmacy employs a range of staff, including registered pharmacists, pharmacy technicians, and assistants, who provide clinical and public health services. They work in collaboration with other healthcare services, such as doctors and GPs (The King's Fund), to provide safe, effective, and coordinated patient care.



Current functioning

Pharmacy services in England are an integral part of the NHS, providing accessible healthcare, medicines management and public health interventions.

They support people with long-term conditions, newly prescribed a medicine to help improve medicines adherence.

The community pharmacy is in close contact with patients by assisting them to make the best use of their prescribed medicines and advising them on the self-management of self-limiting and minor conditions. They are in close collaboration with other members of the healthcare and social care team such as GPs, doctors, nurses and specialists (Bond 2019).



Two challenges faced by the pharmacy

1. **Medicine supply shortages:**
Medicine chains are long and complex, and they are heavily regulated products for good reasons, to ensure they are safe, effective, high-quality, and used appropriately. The UK is currently experiencing medicine shortages and is at risk of negating the efforts of the national teams who work with supply chain partners to tackle these shortages early on (GOV.UK, 2025).
2. **Workforce shortage:**
The work environment has become increasingly stressful because of increased workloads in community pharmacy. This is harming pharmacists and the services they provide (Gidman 2011)
Vacancy rates for pharmacists and pharmacy technicians have risen over the past five years. Over 70% of pharmacies struggle to recruit pharmacists and over 80% struggle to recruit pharmacy technicians (NHS England 2025).

Element 2 RESIDENTIAL CARE HOME

1. Investigate the origin of the Residential Care Home and explore the historical context that shaped its development.

For thousands of years, the care home did not exist. The local community and family were responsible for caring for the elderly, disabled, and ill.

Until 1601, care homes, aside from friends and family, were accessible only to the wealthy. However, there were Monasteries providing shelter and long-term care for the elderly, ill, and disabled. (Care home, 2025).

The First long-term care hospital, called St. John's Hospital in Canterbury, cared for temporary patients and permanent residents.

The New Poor Law in 1834 introduced a stricter approach to helping the poor, in which elderly women served as untrained nurses to other inmates. (Care home, 2025).

In the 1980s, Residential care homes became big business; most of them were run by local authorities.

The number of self-funded care homes increased, and the Registered Homes Act 1984 ensured that all private care homes remained regulated (Care Home, 2025).

In 2000, The Legislation established care councils in England and Wales, which regulated care workers and required training, and introduced a new set of minimum standards that all care homes were legally obliged to comply with.

In Addition, the Care Quality Commission, which inspects medical practices and care homes in England, began in 2009.

In 2010, a new system for registering and regulating health care and adult social care in England came into effect, as a result of the Health and Social Care Act 2008.

For the first time, there is one set of national standards of quality and safety that all registered health care and adult social care providers must meet.

2. Critically evaluate how the service functions today

Residential care homes usually offer personal care services and support for those who can no longer live independently. It does not provide nursing care, as it does not offer specialist or complex medical care from qualified nurses.

The staff are trained to administer medications but not to treat medical. They support residents 24 hours a day according to individual care plans.

They are linked with local health professionals such as GPs, dentists, and physiotherapists who can visit residents if necessary, but appointments outside the care home are arranged by care staff.

Each Residential care home is subject to regular inspection by the Care Quality Commission, which inspects services, enforces standards, and publishes ratings (outstanding, good, requires improvement, or inadequate) to help families make informed decisions. (CQC, 2025).

3. Discuss its significance in enhancing the quality of life of service users

Residential care homes play a significant role in enhancing the quality of life of adults with social needs. Care Outcomes Framework (ASCOF).

It provides a measure of how well care and support fulfil a crucial purpose for people who require care and support (GOV.UK, 2025).

These measures are:

- Quality of life by supporting people's daily living, such as washing, dressing, meals, and reducing anxiety by providing some routines and activities to improve health and well-being.
- Independence by encouraging people to make choices in their daily routines.
- Empowerment by providing information and advice to empower people in decision-making.
- Safety by providing 24-hour supervision and safeguarding to protect users from harm.
- Social connection by providing community activities to improve well-being and avoid loneliness.
- Continuity and quality of care by ensuring staff stability and consistent support. (GOV.UK, 2025).

In conclusion, Residential care homes play an important role in supporting people who can no longer live independently. They provide personal care, promote independence, ensure safety, and improve the overall quality of life through person-centred support, and deliver high-quality care that meets residents' physical, emotional, and social needs.

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