

Component 1: Coursework Portfolio

Assignment Title: Pharmacy Services Poster and Domiciliary Care Services Essay

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PHARMACY SERVICES IN THE UK

Supporting Health, Wellbeing and Access to Healthcare

WHAT ARE PHARMACY SERVICES	SERVICES INCLUDE
Pharmacy services support the health and wellbeing of individuals by providing accessible healthcare within the local communities. They play an important role in helping patients manage their medicine and access appropriate care (NHS, 2024).	• Medicine guidance • Pharmacy first service • Common illness treatment • Healthcare referrals
MODERN PHARMACY SERVICES	
Pharmacy services offer a range of essential and advanced services that improve access to treatment and support patient care. Many services can be accessed without appointment, helping to reduce pressure on GP surgeries and other NHS healthcare services (The King’s Fund, 2024)	
Essential Services	Advanced Services
• Dispensing medicines • Self- care advice • Medicine disposal • Promoting health	• Flu vaccination • Blood pressure check • Contraception • New medicine (NMS)
BRIEF HISTORY OF PHARMACY SERVICES	

In the early 1800s, Medicines were largely unregulated with growing concerns about public safety. In 1841, the Pharmaceutical Society was established to improve professional standards and pharmacist education. Over time, pharmacy developed into a regulated profession, helping to ensure the safe supply of medicines. Today pharmacists play an important role in healthcare by providing medicines, clinical advice, health promotion and patient support (Royal Pharmaceutical Society, 2024).

- **1841** The Pharmaceutical Society of Great Britain established.
- **1852** The Pharmacy Act introduced regulation of pharmacists.
- **1924** First pharmacy degree approved.
- **2010** Royal Pharmaceutical society became the professional leadership body for pharmacists in England, Scotland and Wales.
- **2020** RPS launched its consultant pharmacist credentialing programme.



CHALLENGES IN THE PHARMACY SERVICES

STAFF SHORTAGES	MEDICINE SHORTAGES
Many community pharmacists across the UK are experiencing difficulties in recruiting and retaining qualified staff. Workforce shortages have increased pressure on pharmacy teams and affected the service delivery (Community Pharmacy England, 2024).	Medicine shortages have become an increasing challenge for community pharmacies throughout the UK. Pharmacists often spend additional time managing supply issues to ensure patients receive the appropriate treatment (Community Pharmacy England, 2024).
The Impacts include: • Recruitment difficulties • Increased workload • Reduced service • Longer waiting times	The Impacts include: • Supply disruptions • Treatment delays • Increased workload • Alternative medicines

Domiciliary Care Services Within the Community

Domiciliary care is a social care service that provides support to people in their own homes. It is designed to help individuals who may be elderly, disabled, living with long-term health conditions or recovering from illness to maintain their independence while receiving support with daily tasks such as personal care, medication, meal preparation and other household activities.

Domiciliary care can be traced back to a time before formal social care services even existed. Care was mainly provided by family members, neighbours and local communities. The Poor Relief Act 1601 then introduced a more organised support system for people who were elderly, ill or unable to care for themselves, making local parishes responsible for assisting those in need. Some support was delivered through outdoor relief, which allowed people to receive help while remaining in their own homes. During the 1800s, charities and religious organisations became increasingly involved in providing care and support within local communities (Munson, 2025).

Early home care relied heavily on families and charities, meaning the level of support available often depended on where a person lived and the resources available in their area. This suggests that access to care was not always equal and some vulnerable individuals may have received less support than others (Munson, 2025).

A significant development in domiciliary care came with the National Health Service and Community Care Act 1990. This legislation moved care away from long-term institutional settings and increased the focus on providing support within the community. Local authorities became responsible for organising community care services, helping people to remain independent in their own homes (Health Foundation, n.d.).

The Care Act 2014 further developed domiciliary care by promoting person-centred care, personal budgets and direct payments. This gave service users greater choice and control over how their care and support services were arranged. The Act built on this approach by supporting people to live independently within their communities rather than relying on institutional care (Bottery, 2025).

Today, domiciliary care plays an important role in improving quality of life. It allows people to remain in familiar surroundings, maintain relationships with family and friends and to maintain a sense of independence. The Care Quality Commission (2022) highlights the importance of respecting and involving service users in decisions about their care, safeguarding them from abuse, supporting their welfare and monitoring the quality of services provided. These factors help ensure that people receive safe, effective and person-centred care.

However, domiciliary care also faces several challenges, including funding pressures, increasing demand and workforce shortages which can affect both the availability and quality of services. Bottery (2025) highlights ongoing concerns regarding access to social care, funding arrangements and workforce development. This is further supported by the Department of Health and Social Care (2025), which reported that 74.0% of domiciliary care providers reported difficulties in recruiting staff, while 58% reported challenges retaining workers. Despite the benefits of domiciliary care, workforce shortages and financial

pressures continue to make it difficult for providers and local authorities to deliver services to a growing number of people who require support.

In addition to staffing and funding challenges, concerns have also been raised about the quality of some domiciliary care services. The Local Government and Social Care Ombudsman (2023) found that some service users were receiving 15-minute care visits, despite guidance suggesting that these visits are often insufficient to meet people's needs. The Ombudsman stated that fifteen minutes is rarely enough time for care workers to properly assist individuals with activities such as washing, dressing or eating. This highlights how time pressures can affect the quality of care that service users receive and reduce the time available for care workers to provide a good standard of person-centred support.

In conclusion, domiciliary care has developed from informal support provided by families and charities into an essential part of modern social care services. Legislation has increased independence, choice and person-centred care for service users. However, challenges relating to funding, staffing and service quality remain. Despite these issues, domiciliary care continues to play a vital role in helping people remain independent and maintain a good quality of life within their own homes.

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