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Pharmacy Services

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Explanation of the chosen healthcare service

I chose community pharmacy services because they are one of the easiest parts of the NHS for people to use. Pharmacies are on most high streets and in supermarkets, and people can walk in without an appointment to get advice, medicines and help with minor health problems (NHS, 2024).



Current functioning of pharmacy services

Most community pharmacies in England now work under an NHS contract. Their main work is dispensing prescriptions, checking doses and interactions, and giving advice on how to use medicines safely and effectively (NHS, 2024). They also sell treatments for minor illnesses such as colds, headaches and skin rashes.

Brief history of the service

Pharmacy in the UK has changed a lot over time. It began with apothecaries who prepared and sold remedies, usually based on traditional knowledge rather than formal science. A key moment was the creation of the Pharmaceutical Society of Great Britain in 1841, which started to regulate training and set professional standards. This helped pharmacy move from a trade towards a recognised profession.

Another turning point came in 1948 with the start of the NHS. Community pharmacies became independent contractors within the new health service, paid by the state to dispense prescriptions and offer basic advice about medicines.

- 1841 – Pharmaceutical Society founded, pharmacy becomes more regulated.
- 1948 – NHS created, community pharmacies integrated as contractors.
- 2000s–present – Expansion of clinical and public health roles (medication reviews, vaccinations, Pharmacy First).

Two challenges faced by the service

One major problem is funding has not kept up with rising costs and workload, and many pharmacies are under financial pressure (House of Commons Library, 2025). Which has caused to reduced opening hours, cuts to some local services and, in some cases, permanent closures, especially in more deprived areas.

A second key challenge is workforce and medicines supply. Surveys show high workloads, staff shortages and low morale, with many pharmacies struggling to recruit and keep enough pharmacists and support staff (Community Pharmacy England, 2025).



Element 2

Domiciliary care services within the community

INTRODUCTION

Domiciliary care, often called home care, is a really important part of community health and social care in the UK because it helps people stay in their own homes instead of going into hospital or a care home. The main idea is that care workers go out to people's houses to support them with day-to-day tasks and personal care, so they can stay as independent as possible for longer (homecare.co.uk, 2025). This fits with wider "care in the community" policies, which focus on keeping people in familiar surroundings and avoiding unnecessary admissions to residential care.

THE ORIGINS

The origins of domiciliary care are mainly informal. For many years, most care at home was provided by family, neighbours and charities, and there was a strong belief that families should "look after their own". As the population aged and more women went into paid work, this became harder to manage, and there was more pressure on services. After the creation of the NHS in 1948, more formal home-based services began to develop, such as district nurses, health visitors and basic home help for older or disabled people. These early services were not the same everywhere and often depended on what local councils chose to fund (homecare.co.uk, 2025). From the 1960s onwards, the government started to talk more about "community care", aiming to reduce long-stay hospitals and large institutions and replace them with support in people's own homes and communities. Community care reforms in the early 1990s asked local authorities to commission more home care from independent agencies, which helped shape the modern domiciliary care system (Means, 1999).

SERVICE FUNCTIONS

Today, domiciliary care usually involves carers visiting people in their homes to help with things like:

- Washing
- Dressing
- going to the toilet
- taking medication
- preparing meals
- light housework.

Many people using these services are older adults with frailty, dementia or several long-term health conditions, but younger adults with physical disabilities, learning disabilities or mental health needs also get support at home. In a lot of cases, the local authority does a needs assessment and then arranges or funds the care, although some people pay privately or use a personal budget to choose their own provider. On the positive side, there has been a big growth in the number of home care hours funded by councils, most of it delivered by independent agencies, which shows that home care is now a major service and not just a small extra (Means, 1999). However, the way the service works is not perfect. Many

agencies struggle with short visit times, low wages and high staff turnover, which can make it hard for care workers to do more than basic tasks. It can also make it difficult to build trusting relationships with service users or to provide truly person-centred care. Coordination with GPs and community nurses can be uneven too, so people do not always experience their support as joined-up.

Even with these problems, domiciliary care can have a really positive impact on quality of life when it is done well. Being supported at home allows people to keep their normal routines, stay close to family and friends and remain part of their local community, which can help them feel more in control and less isolated. Many older people say they would rather “age in place” than move into a care home, and flexible home care visits can help make that possible by matching the level of support to what the person actually needs (homecare.co.uk, 2025). Regular visits from care workers also give social contact and another pair of eyes on the person’s health and safety, which can help pick up problems earlier and reduce the risk of crises or unplanned hospital admissions (National Voices, 2015).

SIGNIFICANCE IN ENHANCING THE QUALITY OF LIFE

For families, domiciliary care can share the physical and emotional workload of caring, while still allowing them to stay closely involved in decisions and everyday support. Overall, although the sector faces funding and staffing pressures, domiciliary care services in the community are very important because they can support dignity, independence and social participation for people who need care but want to remain in their own homes.

References

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