

LCHS4003 – Coursework Portfolio

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Task 1: Mini-report to a Local Councillor

Improving access to domiciliary care services in Birmingham

To: A Birmingham City Councillor

Subject: Addressing the shortage of domiciliary care in the local community

Introduction

I am writing to raise concerns about the shortage of domiciliary care services in Birmingham. Domiciliary care means that care workers visit people in their own homes to help them with everyday tasks. This can include washing, dressing, preparing meals, taking medicines safely and moving around the home. The service is important for older people, disabled adults and people who have health conditions that make daily life difficult. When there are not enough care workers or visits, people may not receive the support they need. This report explains how the shortage affects the community and suggests ways the local authority could improve the service.

Impact of the issue on the community

A shortage of domiciliary care can have a serious effect on people who depend on support at home. For example, a person who cannot wash or dress without help may have to wait for a visit or try to manage alone. This can affect their dignity, comfort and safety. If a person does not receive help with meals or drinking enough fluids, they may become weak or unwell. Missed or late visits can also mean that medicines are not taken at the right time.

The problem can also affect family members. Relatives may have to reduce their working hours or give up work to provide care. This can cause stress, money worries and tiredness, especially

when family members already have other responsibilities. Some people do not have relatives living nearby, so they may become lonely or feel unsafe in their own homes. If support is not available early, a person's needs may increase and they may eventually need emergency treatment or a hospital stay. This can put extra pressure on the NHS as well as on social care services.

The Care Act 2014 is relevant because it says local authorities must promote people's wellbeing and take steps to prevent or delay the development of care and support needs. Wellbeing includes dignity, physical and mental health, relationships and control over everyday life (Care Act 2014, ss. 1–2). Therefore, access to suitable home care is not only about completing tasks; it can help people remain independent and stay connected with their community.

Recommended response

I recommend that Birmingham City Council reviews the level of unmet need for domiciliary care and develops a practical plan to improve access. First, the council could work with care providers to identify areas where visits are regularly delayed, cancelled or unavailable. It should ask service users, family carers and frontline care workers about the problems they experience. This would help the council understand which communities are most affected and what support is missing.

Second, the council should support recruitment and retention of care workers. This could include offering training, clear opportunities for career development, reliable working hours and appropriate pay for travel time between visits. Care workers need enough time to provide respectful and safe support rather than rushing from one person to another. Better support for staff may help reduce turnover and make the service more reliable.

Third, the council should improve cooperation between social care, GPs, community nurses, hospitals and voluntary organisations. The Care Act 2014 encourages local authorities to integrate care and support with health services where this improves wellbeing and outcomes (s. 3). For example, when someone is discharged from hospital, services should share relevant information and arrange the support needed at home before the person returns. With the person's consent and appropriate privacy safeguards, professionals should communicate clearly about changes in their needs.

Fourth, the council should make it easier for people and carers to find information and ask for help. A clear contact point, accessible information and prompt care needs assessments could

help people understand their options. The council should also work with community groups to identify people who may be isolated or unable to request support themselves. Any assessment and care plan should take account of the person's wishes, culture, communication needs and daily routine.

Finally, the council should monitor progress. Useful measures could include the number of people waiting for a service, missed visits, complaints, staff vacancies and feedback from service users. Publishing regular updates would help the public see whether improvements are being made.

Conclusion

Domiciliary care helps people live safely and with dignity in their own homes. A shortage can affect health, independence and family life, and may lead to avoidable hospital admissions. Birmingham City Council should review unmet need, support the care workforce, improve cooperation between services and monitor results. These actions would help the council work towards the wellbeing and prevention aims set out in the Care Act 2014.

Task 2: Essay

Community pharmacy services and their importance in healthcare

Introduction

Community pharmacies are an important part of healthcare because they are often easy for people to reach without making a GP appointment. Pharmacists and pharmacy teams provide medicines, explain how to use them safely and give advice about common health problems. The service has developed from mainly supplying medicines into a wider role in prevention and support for patients. This essay looks at the development of pharmacy services, how they work today and how they can improve people's quality of life.

Origins and historical development

The practice of preparing and supplying medicines has existed for many centuries. In the past, medicines were often prepared by apothecaries, who supplied remedies and gave advice. As medical knowledge and science developed, pharmacy became more specialised. The preparation of medicines increasingly depended on scientific knowledge, accurate

measurements and standards to protect patients. Pharmacists developed a professional role focused on the safe supply and use of medicines.

The creation of the National Health Service in 1948 changed how many people in Britain accessed healthcare. Community pharmacies became part of a wider public health system, supplying prescribed medicines and offering advice to local residents. Over time, pharmacy practice expanded as medicines became more complex and long-term conditions became more common. Pharmacists were increasingly expected not only to dispense prescriptions but also to help people understand treatment, avoid medication errors and use medicines appropriately.

More recently, policy in England has encouraged pharmacies to provide more clinical support within primary care. NHS England introduced the Pharmacy First service in 2024, allowing participating community pharmacies to assess and manage certain common conditions under agreed rules. This is an example of how the role of pharmacy continues to develop and how patients may receive treatment more conveniently (NHS England, 2024).

How community pharmacy services work today

One of the main responsibilities of a community pharmacy is dispensing prescriptions. The pharmacy team checks the prescription, supplies the correct medicine and provides instructions about how it should be used. Pharmacists can explain possible side effects, interactions with other medicines and what a patient should do if they have concerns. This is especially important for people who take several medicines or have long-term conditions.

Pharmacies also provide advice about minor illnesses and self-care. Depending on the service and the patient's needs, staff may recommend suitable over-the-counter treatment or advise the person to contact a GP or another service. Under Pharmacy First in England, participating pharmacies can assess certain conditions and provide treatment where appropriate. They can also direct people to further care if symptoms suggest a more serious problem. This can make access to advice quicker and may reduce unnecessary pressure on GP appointments (NHS England, 2024).

Another important role is health promotion and prevention. Pharmacies may offer services such as blood pressure checks, support to stop smoking, contraception advice and vaccinations, depending on local arrangements. Because pharmacies are based in local communities, some people may find them less intimidating or easier to visit than other healthcare settings.

Pharmacy teams can also help patients understand how lifestyle choices may affect their health.

Pharmacy staff need to communicate clearly and protect confidential information. They should check that patients understand their medicines, use language that is easy to follow and consider communication needs such as hearing difficulties or limited English. If a pharmacist is concerned that a patient needs more urgent care, they should explain this and direct the person to the right service. Working with GPs, nurses and other professionals can help make treatment safer and more joined up.

Importance for quality of life

Community pharmacy can improve quality of life by helping people manage their health and stay independent. Clear advice about medicines may reduce confusion, missed doses and avoidable side effects. For someone with a long-term condition, regular access to medicines and support can make it easier to follow a treatment plan and continue with daily activities.

Pharmacies can also improve access to healthcare. People may be able to ask for advice close to home, including people who have difficulty travelling or who cannot easily get a GP appointment. Early advice can help a person decide whether they can manage a minor illness at home or need further assessment. Preventive services can also help identify health risks before they become more serious.

However, pharmacy services have limits. A pharmacist cannot replace every service provided by a GP, nurse or hospital. Some conditions need examination, tests or specialist treatment. Pharmacies may also face challenges such as staff shortages, heavy workloads and differences in the services available locally. It is important that patients are referred promptly when a problem is outside the pharmacy team's role. Services should be properly staffed and accessible to people with disabilities, language needs or limited digital skills.

Conclusion

Community pharmacy has developed from a service mainly focused on supplying medicines into an important part of modern primary healthcare. Today, pharmacy teams support safe medicine use, give advice about common illnesses and contribute to prevention and health promotion. These services can improve convenience, confidence and independence for patients. Although pharmacies cannot replace all other healthcare services, good communication and cooperation with the wider NHS can help people receive the right care at the right time.

References

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