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TASK 1: GUIDED SCENARIO RESPONSE – SHORTAGE OF DOMICILIARY CARE SERVICES

To: Councillor Nosheen Khalid, Cabinet Member for Health and Social Care, Birmingham City Council

Council House, Victoria Square, Birmingham B1 1BB

Introduction

Domiciliary care means getting care and support in your own home and covers an individual's personal care, medication support, mobility support, and reablement. It has particular implications for those with aging and disability or who are frail or living with long-term conditions, as support at home can help them remain independent, living in the community and maintaining their dignity. When one is lacking, "unmet needs" or needs" occur, also known as "unmet needs (Allan, 2022). The Care Act 2014 is the main act for adult social care in England and is underpinned by the principles of wellbeing, prevention, assessment, independence, and personalization. Capacity may be insufficient to ensure prevention and, as a result, assessed needs and well-being.

Impact of the Issue on the Community

Lack of domiciliary care could directly affect service users. Late deliveries can result in the person not having the support they need to get them up and moving, to give them medicine, or to feed them (Bennett *et al.* 2022). There may then be a deterioration in the level of needs for independence, and needs for independence may become more complex. Early help can help maintain people's functioning and help avoid unnecessary escalation of people's care needs and is important.

When formal support is not in place, unpaid carers might also have to take on more duties. Other care responsibilities may impact work, health, and social inclusion. If the support needs of individuals' own homes are poor, it can result in avoidable crises and be a burden on health and social-care services (Rand *et al.* 2022). This situation therefore has an impact on the community-wide care system.

It may also manifest itself in a variety of ways in various individuals. Those who are not supported by family or do not have any savings might be at a disadvantage, and there are fewer area providers and fewer options for getting proper support. A shortage can therefore limit choice and help create access inequalities (Longo *et al.* 2023). Local assessment for Birmingham should determine if there are capacity pressures across specific communities, geographical areas, or types of care needs and be used to direct commissioning resources to where the unmet need is highest.

Recommended Response to Address the Issue

Birmingham City Council to work in a coordinated way looking at all three of these aspects (demand assessment, commissioning, and workforce planning). The capacity and demand should be assessed with respect to waiting times, unmet demand, demographic changes, availability of providers, and workforce capacity (Bach-Mortensen *et al.* 2024). This would help identify where there was a mismatch in terms of the assessment of need and provision and would allow for targeted commissioning.

Costs and viability of providers, quality, and continuity (not the costs of the package itself) should be considered for sustainable commissioning. Unsustainable arrangements can cause an unhappy provider and problems with the workforce, and therefore reduced additional capacity is delivered (Semark and McFarlane, 2026). Workforce development should facilitate the recruitment, induction, and employment of apprenticeships, qualifications, and career progression. Retention is also key, with limited qualified workers having a negative impact on capacity and continuity of care.

Recovery or maintenance should always be sought and offered in the form of reablement to encourage independence wherever possible, and longer-term care should be available. Furthermore, direct payments and person budgets should be encouraged, as these options might give more choice and control, and care could be more responsive to individual needs (O'Rourke and Beresford, 2022). This approach is in line with the Care Act principles of wellbeing, independence, and being involved in decisions about care.

Waiting times, unmet need, continuity of care, workforce turnover, and reablement outcomes and experience should be included as indicators of effectiveness. These would be to establish whether investments lead to access and outcomes or to additional packages being commissioned.

Conclusion

Limits in independence, wellbeing, unpaid carers, and the broader health and social care services are all impacted by the lack of domiciliary care. A well-being, prevention, needs-led, and personal approach takes center stage in the Care Act 2014. A coordinated response for Birmingham should encompass demand assessment, sustainable commissioning, development of the workforce, reablement, and personalized support. Success can and should be measured against the reduction in unmet needs, a lack of avoidable escalation, continuity of service, and service-users' experience.

TASK 2: THE DEVELOPMENT, CONTEMPORARY FUNCTION AND SIGNIFICANCE OF COMMUNITY PHARMACY SERVICES

Introduction

The community pharmacy is no longer just about dispensing medicines but a broader aspect of community health care services. The dispensing and medicines advice core skills will continue to be important, as will modern services to assist with prevention, health promotion, medicines optimization, and selected medicine management. Professionalization, the establishment of the NHS, the needs of the population, and primary care emphasis are all factors affecting this change (Tew *et al.* 2025). It can thus be used with traffic value, that is, by demand for access, and can be used in a clinically safe and coordinated manner.

Origins and Historical Context

In the nineteenth century, the professionalization of pharmacy led to a growing regulation and recognition of the work of pharmacists, such as the setting up of the Pharmaceutical Society of Great Britain in 1841. Since 1948, when the NHS was founded, community pharmacies have become much more important in publicly funded healthcare, especially for dispensing prescriptions and providing medicines supply. The job title was modified to include advising on medicines and optimization over time, health promotion, and prevention.

These advances are important as a community pharmacy is changing increasingly from a product-based to a patient-based service. There's been a greater focus on the usage of medicines, understanding what treatment is and if prevention and early intervention can be provided locally. Thus, the present-day role is not just an expansion of the volume of services provided but a change in the purpose of the profession.

How the Service Functions Today

The community pharmacies are still offering prescription dispensing services with guidance on safe and effective use of medicines. Existing services are vaccinations, contraceptive services, case finding for hypertension, the New Medicine Service, and health promotion activities. Pharmacy First is a significant shift, as it allows pharmacists to properly evaluate and treat well-known conditions using well-defined pathways, which could mean that fewer patients have to visit other health care providers.

It's more than the provision of treatment. A service user may come with a health concern, be assessed, be offered advice and treatment, and then be signposted to someone else for further investigation or treatment of the concern if necessary (Kamei *et al.* 2024). Community pharmacy therefore fits into a larger health care pathway, and referral/communication is paramount.

Critical Evaluation and Significance for Quality of Life

One of the strengths is the accessibility of the community pharmacies that can offer local access to advice and treatment. But access doesn't always mean equal access. In practice, access can vary in terms of coverage and availability, as well as staffing and capacity of services. Having a service does not mean it is guaranteed that there will be equitable or equal access to it. More than a pharmacy in the locality, the meaningful accessibility is the availability of the service, the opening time of the pharmacy, and the professional capacity of the pharmacies during the time it is needed.

Many clinical tasks cause difficulty too, due to an increase in number. Access to prevention and early treatment can be improved through the provision of more services, which must be provided by appropriately trained personnel and have sufficient time, equipment, and management (Bach-Mortensen *et al.* 2024). Pressure in operation will result from an increase in responsibility if the staffing is inadequate. Thus, making it possible to integrate with GP and other health care providers is important.

Communication and information sharing can help achieve continuity and reduce duplication and facilitate referral. Community pharmacy therefore has the best opportunity to make a contribution if services are seen as part of the wider primary care.

Its impact on quality of life can be demonstrated by a number of outcomes. Prescribed medication and access to medicines will help to support physical well-being and safe handling of medicines (Rand *et al.* 2022). Preventive services could go a long way towards getting at health risks earlier, and local treatment could go a long way to reducing the access difficulties. Medicines support can also help to foster independence in medicines knowledge and management.

However, convenience does not mean the quality of life! Safe assessment, confidentiality, continuity, appropriate referral, and effective communication and equitable access are required to achieve sustainable benefits. Community pharmacies can therefore play a large role in enhancing people's lives if they manage to do so and get accessibility, competence, and good integration right.

Conclusion

Increasingly, community pharmacy has evolved from a primarily dispensing role to a more general clinical and preventive/public health role. This evolution has been supported by the professionalization of health, and the emergence of the NHS and services now provided further reinforces its contribution to primary care. In quality of life, medicines management, prevention, treatment, and accessible health care, there's ample opportunity for a community pharmacy to

make a difference. Effectiveness is dependent on the capacity of personnel, safe practice, correct referral, communication, continuity of services, and integration with other extended health care services.

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