

LEVEL 4 ASSESSMENT SPECIFICATION

Student name:	Esrath Jani	Student ID number:	2437565
Programme:	Certificate of Higher Education Skills for the Workplace (Health & Social Care)		
Module:	Introduction to Health and Social Care		
Module code:	LCHS4003	Contribution to Overall Module Assessment (%):	50%
Lecturer:	Dr Raheela Sheikh	Internal Verifier:	Dr Besty Jose
Assignment Title:	Portfolio – Two Tasks	Word count (or equivalent):	1,500 words Equivalent
Submission deadline:	Monday 20th October 2025, 10 am	Return date of provisional marks & written feedback:	17th November 2025
Submission method:	All written assessments, where practical and possible, must be submitted via Turnitin unless otherwise instructed by the Lecturer. (Please DO NOT put this assessment specification into Turnitin or it will match many similarities with other students' submissions.) Alternative submission method (if applicable): Late submission of the assessment will result in a late penalty mark. Work which is submitted up to 1 week late will be capped at 40% for the first attempt and will be awarded a mark of 0% for re-assessment. Late submission penalties may be lifted only if there is an approved extenuating circumstances claim. Work submitted more than 1 week late will be considered as a non-submission and will not be marked. The work may be considered as a submission for reassessment if offered by an Examining Board or if there is an approved extenuating circumstances claim.		
Academic honesty / referencing:	Academic honesty is required. In the main body of your submission, you must give credit to authors on whose research and ideas your work is based. Append to your submission a reference list that indicates the books, articles, etc. that you have used, cited or quoted in order to complete this assessment.		
Module Learning Outcomes (From module syllabus)			
Upon the successful completion of this module, the student should be able to:			
- Explain the health and social care system in the UK, its origin, and different challenges faced by the system. - Explain the importance of partnership working, effective communication, and record-keeping in health and social care. - Describe the important legislation and policies of health and social care.			

TASK DESCRIPTION

Component 1: 50% Coursework Portfolio (1,500 words Equivalent) – consists of **two tasks** as follows: -

Task 1: Create a poster (900 words Equivalent) that explains one healthcare service from the table below.

Health Care Services for the Essay
• Community antenatal midwifery services
• Ambulance services
• Pharmacy services
• Dentistry services

Your poster should clearly show:

- Explanation of the chosen healthcare service
- A brief history of the service
- Current functioning of the service
- Two challenges faced by the service
- Use clear, concise visual elements (example, diagrams, charts, images) to help communicate your message effectively.

Task 2: A 600-word Essay

- Discuss the origins of the National Health Service (NHS), exploring the historical context and key principles that led to its establishment. Critically examine the current structure of the NHS and its functioning.

Your work should be presented using **a single Microsoft Word document** for both tasks, which is uploaded into your final Turnitin link.

General Submission Guidance

1. All of your submissions must include **a title page** that clearly states **your name, your student number, the module code and title, your lecturer's name, and your assignment title**.
2. All of your submissions should be typed in Arial font, size 11.

3. All of your submissions should be **typed with 1.5 line spacing**.
4. All of your submissions should have an appropriate structure, include page numbers, **and** have a reference list.
5. **Please use a clear, visually appealing font and an appropriately sized text to ensure readability and attractiveness of the poster**

Use of Generative AI in Assessment

(Lecturer to indicate Yes or Not against each element)

RESEARCH	For this assessment, you can use Generative AI to support you in research, including searching for bibliography, using tools to summarise, compare and interrogate materials.	Yes ☐ No ☒
STRUCTURE	For this assessment, you can use Generative AI to support you in structuring your submission, including creating a draft argument structure, identifying parts and headings, etc.	Yes ☐ No ☒
PROOFREADING	For this assessment, you can use Generative AI to check your own text/creation for grammatical and syntactical mistakes, including rephrasing of your own work within specific standards.	Yes ☒ No ☐
WRITING	For this assessment, you can use Generative AI to create text for submission.	Yes ☐ No ☒
CREATIVE	For this assessment, you can use Generative AI to create creative materials, such as images.	Yes ☐ No ☒
PROGRAMING	For this assessment, you can use Generative AI to create and check code.	Yes ☒ No ☒
NONE	For this assessment, you are not allowed to use any type of Generative AI support. This includes research support, structure support, writing support and creative support.	☐

NOTE: The guidance offered below is linked to the five generic assessment criteria overleaf.

1. Engagement with Literature Skills

Your work must be informed and supported by scholarly material that is *relevant* to and *focused* on the task(s) set. You should provide evidence that you have accessed an appropriate *range* of sources, which may be academic, governmental and industrial; these sources may include academic journal articles, textbooks, current news articles, organisational documents, and websites. You should consider the *credibility* of your sources; academic journals are normally highly credible sources while websites require careful consideration/selection and should be used sparingly. Any sources you use should be current and up-to-date, mostly published within the last five years or so, though seminal/important works in the field may be older. You must provide *evidence* of your research/own reading throughout your work, using a suitable referencing system, including in-text citations in the main body of your work and a reference list at the end of your work.

Guidance specific to this assessment:

- Students must use and reference a minimum of 6 credible and reliable sources of information.
- Students must cite literature in their both tasks supporting the points that they made.
- A reference list should appear at the end of the poster and the written task and should follow the UWTSD Harvard referencing guidelines and standards.

2. Knowledge and Understanding Skills

At level 4, you should be able to demonstrate knowledge of the underlying concepts and principles associated with your area(s) of study. *Knowledge* relates to the facts, information and skills you have acquired through your learning. You demonstrate your *understanding* by interpreting the meaning of the facts and information (knowledge). This means that you need to select and include in your work the concepts, techniques, models, theories, etc. appropriate to the task(s) set. You should be able to explain the theories, concepts, etc. to show your understanding. Your mark/grade will also depend upon the *extent* to which you demonstrate your knowledge and understanding.

Guidance specific to this assessment:

- Students must show a basic understanding of each task in the portfolio.
- Students must demonstrate an understanding of the chosen service area from the lists provided, its functioning and challenges faced by the service.
- Students are expected to show an understanding of the origin of the NHS, structure and functioning.

3. Cognitive and Intellectual Skills

You should be able to present, evaluate and interpret qualitative and quantitative data, in order to develop lines of argument and make sound judgements in accordance with basic theories and concepts of your subject(s) of study. You should be able to evaluate the appropriateness of different approaches to solving problems related to your area(s) of study and/or work. Your work must contain evidence of logical, analytical thinking. For example, to examine and break information down into parts, make inferences, compile, compare and contrast information. This means not just describing what! But also justifying: Why? How? When? Who? Where? At what cost? You should provide justification for your arguments and judgements using evidence that you have reflected upon the ideas of others within the subject area and that you are able to make sound judgements and arguments using data and concepts. Where relevant, alternative solutions and recommendations may be proposed.

Guidance specific to this assessment:

- Students must justify the points that they make using relevant and credible literature.
- Students must demonstrate understanding and sound judgement in their work, which draws out the key elements of the assessment task.

4. Practical Skills

At level 4, you should be able to apply the basic underlying concepts and principles to evaluate and interpret these within the context of your area of study. You should be able to demonstrate how the subject-related concepts and ideas relate to real world situations and/or a particular context. How do they work in practice? You will deploy models, methods, techniques, and/or theories, in that context, to assess current situations, perhaps to formulate plans or solutions to solve problems, or to create artefacts. This is likely to involve, for instance, the use of real-world artefacts, examples and cases, the application of a model within an organisation and/or benchmarking one theory or organisation against others based on stated criteria.

Guidance specific to this assessment:

- You should demonstrate that you can produce an poster with a good layout and format in task 1.
- Students are expected to demonstrate a clear structure and functioning of the NHS with real-world examples.

5. Transferable Skills for Life and Professional Practice

Your work must provide evidence of the qualities and transferable skills necessary for employment requiring the exercise of some personal responsibility. This includes demonstrating that you can communicate the results of your study/work accurately and reliably, and with structured and coherent arguments; that you can initiate and complete tasks and procedures, whether individually and/or collaboratively; fluency of expression; clarity and effectiveness in presentation and organisation. Work should be coherent and well-structured in presentation and organisation.

Guidance specific to this assessment:

- All elements should have a coherent structure in the production of the work and follow the submission guidance.

STUDENT FEEDBACK FORM

This section details the *extent* to which the assessment criteria are demonstrated by you, which in turn determines your mark. The marks available for each category of skill are shown. Lecturers will use the space provided to comment on the achievement of the task(s), including those areas in which you have performed well and areas that would benefit from development/improvement.

Generic Assessment Criteria	Marks available	Marks awarded
1. Engagement with Literature Skills	10	
2. Knowledge and Understanding Skills	30	
3. Cognitive and Intellectual Skills	20	
4. Practical Application Skills	20	
5. Transferable Skills for Life and Professional Practice	20	

Assessment Mark (Assessment marks are subject to ratification at the Exam Board. These comments and marks are to give feedback on module work and are for guidance only until they are confirmed.)	Late Submission Penalties (tick if appropriate)		%
	Up to 1 week late (40% Max)		
	Over 1 week late (0%)		

GENERIC ASSESSMENT CRITERIA

Level 4

In accordance with the Framework for Higher Education Qualifications, at the end of Level 4 students will be expected to have demonstrated knowledge of the basic underlying concepts and principles of a subject, and an ability to evaluate and interpret these within the context of that area of study. They should be able to present, evaluate and interpret qualitative and quantitative data in order to develop lines of argument and make sound judgements in accordance with basic theories and concepts of their subject(s) of study. They will have learned how to evaluate different approaches to solving problems, and will be

able to communicate the results of their study/work accurately and reliably, and with structured and coherent arguments. They will be able to undertake further training and develop new skills within a structured and managed environment and will have the qualities and transferable skills necessary for employment requiring the exercise of some personal responsibility.

Level 4	FAIL	MARGINAL FAIL	SATISFACTORY (3 rd / Pass)	GOOD (2.2 / Pass)	VERY GOOD (2.1 / Merit)	EXCELLENT (1 st / Distinction)	EXCEPTIONAL (1 st / Distinction)
Category	0-29%	30-39%	40-49%	50-59%	60-69%	70-84%	85-100%
Engagement with literature (including reading, referencing, academic conventions and academic honesty)	Little or no evidence of reading and/or reliance on inappropriate sources. Views and findings mostly unsupported and non-authoritative. Referencing conventions used incoherently or largely absent.	Poor engagement with essential reading. No evidence of wider reading. Reliance on inappropriate sources, and/or indiscriminate use of sources. Heavily reliant on information gained through class contact. Inconsistent and weak use of referencing.	Engagement with a limited range of mostly relevant and credible sources but with some reliance on information gained through class contact. Some omissions and minor errors. Referencing conventions evident though not always applied accurately or consistently.	Engagement with an appropriate range of literature, including sources retrieved independently. Some over-reliance on texts rather than other sources. Referencing may show minor inaccuracies or inconsistencies.	Engagement with a wide range of literature, including sources retrieved independently. Selection of relevant and credible sources. Generally sound referencing, with no/very few inaccuracies or inconsistencies.	Engagement with an extensive range of relevant and credible literature. Consistently accurate application of referencing.	Exceptional engagement with an extensive range of relevant and credible literature. High-level referencing skills consistently applied.
Knowledge and understanding (Knowledge of the basic underlying concepts and principles of a subject.)	Major gaps in knowledge and understanding of the basic underlying concepts and principles of the subject matter. Inclusion of irrelevant material. Substantial inaccuracies.	Gaps in knowledge of the basic underlying concepts and principles, with flawed or superficial understanding. Some significant inaccuracies and/or irrelevant material.	Limited knowledge and understanding of the basic underlying concepts and principles within the subject area. Some elements may be missing.	Knowledge of the basic underlying concepts and principles is accurate with a good understanding of the field of study but lacks depth and/or breadth.	Competent knowledge of the basic underlying concepts and principles. Exhibits very good understanding.	Excellent knowledge and understanding of the basic underlying concepts and principles of the subject.	Exceptional, detailed knowledge and understanding of the basic underlying concepts and principles

Level 4	FAIL	MARGINAL FAIL	SATISFACTOR Y (3 rd / Pass)	GOOD (2.2 / Pass)	VERY GOOD (2.1 / Merit)	EXCELLENT (1 st / Distinction)	EXCEPTIONAL (1 st / Distinction)
Category	0-29%	30-39%	40-49%	50-59%	60-69%	70-84%	85-100%
make sound judgements.)	Minimal or no use of evidence to back up views.	statements made with scant evidence and unsubstantiated opinions. Ideas sometimes illogical and contradictory.	judgements but these may be underdeveloped or with a little inconsistency / mis-interpretation.	Mostly valid arguments and logical judgements.			
Practical skills (Different approaches to solving problems in particular contexts.)	Limited or no use of taught, basic methods, materials, tools and/or techniques. Little or no appreciation of the context of the application. Very weak evidence of different approaches to problem-solving in particular contexts.	Rudimentary application of taught, basic methods, materials, tools and/or techniques but without consideration and competence. Flawed appreciation of the context of the application. Weak evidence of different approaches to problem-solving in particular contexts.	An adequate awareness and mostly appropriate application of basic methods, materials, tools and/or techniques. Basic appreciation of the context of the application. Can identify problems in particular contexts and propose basic alternative approaches or solutions though there may be errors.	A good and appropriate application of basic methods, materials, tools and/or techniques. Clear appreciation of the context of the application. Good evidence of different approaches to problem-solving in particular contexts and proposes mostly appropriate solutions.	A very good application of a range of basic methods, materials, tools and/or techniques. Very good consideration of the context of the application. Very good evidence of different approaches to problem-solving in particular contexts and proposes appropriate solutions.	An advanced application of a range of taught, basic methods, materials, tools and/or techniques. The context of the application is well considered, and insightful. Excellent evidence of different approaches to problem-solving in particular contexts and proposes appropriate solutions.	Exceptional levels of application and deployment skills in particular practical contexts. Outstanding identification of problems in particular contexts and formulation of wholly appropriate, thoughtful solutions / different approaches.
Transferable skills for life and professional practice (Communicate the results of their	Work is poorly structured, disorganised, inaccurate and/or confusingly expressed. Very weak use	Work is poorly presented in a disjointed manner. It is loosely, and at times incoherently, structured, with	Mostly ordered presentation and structure in which relevant ideas / concepts are reasonably expressed. Work may lack	Mostly coherent, organised and accurate work, in a suitable structure and is for the most part clearly	Work is accurate, coherent, fluent, well-structured and organised. Can work effectively independently	Work is coherent, very fluent and is presented professionally. Can work effectively independently and/or as part of	Work is accurate, exceptionally coherent, very fluent and presented well. Can work effectively independently and/or as part of a team, with an

Level 4	FAIL	MARGINAL FAIL	SATISFACTOR Y (3 rd / Pass)	GOOD (2.2 / Pass)	VERY GOOD (2.1 / Merit)	EXCELLENT (1 st / Distinction)	EXCEPTIONAL (1 st / Distinction)
Category	0-29%	30-39%	40-49%	50-59%	60-69%	70-84%	85-100%
managed environment.)		evidence of the skills for employment requiring the exercise of some personal responsibility.	exercise of some personal responsibility, with some areas of minor weakness.	some personal responsibility, with some areas of strength and some of minor weakness.	minor weakness.		

THIS DOCUMENT IS ALSO AVAILABLE IN WELSH

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Task 1: Create a poster that explains one healthcare service from the table below.

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Introduction

Pharmacy services form an essential part of the UK's health and social care system, providing access to medicines, clinical advice, and public health support. Pharmacies act as one of the four pillars of primary care alongside general practice, dentistry, and optometry (NHS England, 2023).

Community pharmacies, found on high streets and in supermarkets, are often the first point of contact for patients with minor ailments, helping to reduce the burden on GPs and hospitals (The King's Fund, 2024). About 90% of the UK population lives within a 20-minute walk of a pharmacy, ensuring accessibility, especially in deprived areas (NHS England, 2023).

Pharmacists play a vital role in ensuring the safe supply and effective use of medicines, providing advice on treatment, and supporting healthy lifestyles. Their expertise helps patients manage long-term conditions and supports preventive care through vaccination and health screening services (Royal Pharmaceutical Society, 2024).

Pharmacy Services in the UK Health and Social Care System

History of Pharmacy Services

Early Regulation (19th century):

Pharmacy began to professionalise in the 19th century. The Pharmaceutical Society of Great Britain (now the Royal Pharmaceutical Society) was founded in 1841 to regulate training and professional standards (Royal Pharmaceutical Society, 2024). The Pharmacy Act 1868 was the first law requiring pharmacists to be registered to dispense certain medicines and handle poisons (Parliament UK, 1868).

Integration into the NHS (1948):

The creation of the National Health Service in 1948 made most prescriptions free and significantly increased pharmacists' workload (Clement, 2023). Pharmacists became an integral part of NHS care, ensuring safe medication supply to the public.

Expanding Clinical Role (1980s–2000s):

For much of the 20th century, pharmacy was focused mainly on dispensing medicines. The Nuffield Report (1986) recognised the potential for pharmacists to play a more clinical role in patient care (Nuffield Foundation, 1986). This led to initiatives expanding pharmacists' responsibilities in medication management and clinical advice.

In 2006, the UK introduced independent prescribing rights for qualified pharmacists, allowing them to prescribe medicines without a doctor's supervision (Department of Health, 2006). This marked a turning point, positioning pharmacists as clinicians as well as dispensers.

Modernisation and Public Health Role (2010s–Present):

From 2015 onwards, pharmacy services have increasingly supported public health initiatives. Pharmacists gained access to patient summary records, participated in GP practice-based roles, and began delivering flu vaccinations (NHS England, 2015). During the COVID-19 pandemic, community pharmacies became vital access points for health advice, vaccinations, and repeat medications (The King's Fund, 2024).

Current Functioning of Pharmacy Services

1. Community Pharmacies

There are around 10,000 community pharmacies in England (NHS England, 2023). These are privately owned but contracted by the NHS to deliver essential services such as dispensing prescriptions, safe disposal of medicines, and advice on minor illnesses. Pharmacists also help patients manage chronic diseases like diabetes, asthma, and hypertension.

Pharmacy Services



2. Hospital and Clinical Pharmacy

Hospital pharmacists are integral to multidisciplinary healthcare teams, ensuring medicines are prescribed safely and effectively (Royal Pharmaceutical Society, 2024). They review treatment plans, prevent medication errors, and educate patients at discharge. Increasingly, clinical pharmacists also work in GP practices to optimise prescribing, monitor long-term conditions, and support medication reviews (The King's Fund, 2024).

3. Digitalisation, Vaccination and Preventive Services

Pharmacy services now play a key role in both preventive care and digital health. Since 2015, pharmacies have delivered NHS flu and COVID-19 vaccinations, improving accessibility through convenient walk-in appointments (NHS England, 2015; Department of Health and Social Care, 2022). Digital advances such as the Electronic Prescription Service (EPS) and the NHS App allow prescriptions to be sent, tracked, and managed electronically, streamlining care and enhancing patient convenience (NHS Digital, 2023).

Current Challenges in Pharmacy

1. Medicine Shortages

UK pharmacies face ongoing medicine shortages caused by supply chain issues, global demand, and pricing pressures, affecting essential drugs like antibiotics and HRT (Royal Pharmaceutical Society, 2024). About 40% of pharmacists report negative impacts on patient care, leading to treatment delays and extra workload (Nuffield Trust, 2024). Tackling this requires stronger coordination between the NHS, suppliers, and government (The King's Fund, 2024).

2. Funding and Workforce Pressures

Since 2015, community pharmacy funding in England has dropped by over 30%, causing widespread closures 432 in 2023–24 alone (Community Pharmacy England, 2024). Workforce shortages have worsened as pharmacists move into GP roles, raising vacancy rates and stress levels (Royal Pharmaceutical Society, 2024). Without increased funding and staffing support, pharmacy services risk becoming unsustainable (Nuffield Trust, 2024).

References



Task 2 : Essay

Origins and Modern Structure of the NHS

Introduction

The United Kingdom's National Health Service (NHS), established on 5 July 1948, emerged after World War II as part of a visionary welfare state, offering free universal healthcare to all (Clement, 2023). This essay explores the NHS's origins shaped by the Beveridge Report and Aneurin Bevan, and critically examines its modern devolved structure, including Integrated Care Systems, workforce challenges, and digital health reforms following the COVID-19 pandemic.

Origins and Key Principles of the NHS

The NHS emerged from the hardships of World War II, when the British government sought post-war reform (Clement, 2023). William Beveridge's 1942 report identified five societal "Giants" and proposed a welfare state, including a national health service (Beveridge, 2000). After the war, Clement Attlee's Labour government implemented this vision, with Aneurin Bevan leading the creation of a unified public healthcare system (Beveridge, 2000).

From its inception, the NHS was guided by fundamental principles. It was designed to cover everyone (universality) to be free at the point of delivery, and to provide care based on clinical need rather than ability to pay (Chisholm, 1998). Bevan encapsulated the ethos by declaring that *"no society can legitimately call itself civilised if a sick person is denied medical aid because of lack of means"* (Clement, 2023). These principles of universality, equity, and free access were revolutionary in 1948 and remain core to the NHS's identity. Funded through general taxation, the NHS replaced the pre-war patchwork of charitable and insurance-based care, embodying post-war social solidarity and the belief that healthcare is a right for all.

From its beginning, the NHS was founded on key principles: universality, free access at the point of delivery, and care based on clinical need rather than ability to pay (Chisholm, 1998). Bevan emphasised that no civilised society should deny medical help due to lack of means (Clement, 2023). Funded by general taxation, the NHS replaced the pre-war mix of charity and insurance systems, promoting equality, social solidarity, and the belief that healthcare is a fundamental right for everyone.

The NHS's Structure in a Devolved UK

Over the years, the NHS has evolved into a vast, devolved system while maintaining its founding principles. Since 1999, health policy and administration have been devolved to the governments of England, Scotland, Wales, and Northern Ireland, each operating its own NHS structure and policies (Britteon et al., 2024, Atkins et al., 2021). All systems remain tax-funded and free at the point of use, though variations exist for example, Scotland, Wales, and Northern Ireland have abolished prescription charges, unlike England (Atkins et al., 2021).

In England, recent reforms introduced Integrated Care Systems (ICSs) in July 2022, creating 42 partnerships that unite NHS organisations, local authorities, and community providers to improve coordination and health outcomes (Dunn et al., 2022). These include Integrated Care Boards (ICBs) and Integrated Care Partnerships, shifting focus from competition to collaboration. Northern Ireland's long-standing integration of health and social care provides a model for this approach (Atkins et al., 2021).

The NHS also functions through three levels of care primary, secondary, and tertiary ensuring continuity from local GPs to specialist hospitals and upholding its founding commitment to universal, comprehensive care (de Klein et al., 2020).

Current Functioning: Reforms and Challenges

The NHS faces major pressures that challenge its structure and founding principles, particularly workforce shortages intensified by COVID-19. Employing 1.5 million staff, it remains the UK's largest workforce, yet vacancy rates of around 9% have caused overwork and burnout, prompting further resignations (Rolewicz et al., 2024). A Long-Term Workforce Plan aims to expand training and recruitment, though results will take time, with international hiring filling current gaps.

COVID-19 also accelerated the NHS's digital transformation, expanding virtual consultations and tools like the NHS App, now used by over 40 million people (Cave et al., 2023). While digital innovation improves efficiency and accessibility, it risks excluding those less digitally literate. The *Plan for Digital Health and Social Care* seek to advance personalised, data-driven care.

However, post-pandemic backlogs and funding challenges persist, with millions awaiting treatment. Without sustained investment in staff and infrastructure, the NHS risks falling short of its founding mission (Rolewicz et al., 2024).

Conclusion

From its bold beginnings in 1948, rooted in ideals of universality and equity, the NHS has become an integral part of British society. The vision of reformers like Beveridge and Bevan established healthcare as a right for all. Those founding principles still guide the NHS even as it adapts to modern pressures.

Today's NHS operates through devolved systems and Integrated Care Structures, maintaining the ethos of free care at the point of use. Yet, challenges such as workforce shortages, funding constraints, and digital inequality test its resilience. The COVID-19 pandemic exposed weaknesses but also demonstrated the NHS's adaptability and the dedication of its staff. Moving forward, maintaining Bevan's principles of universality, equity, and accessibility while embracing innovation will determine whether the NHS remains true to its founding promise.

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