

**Student name:** Suliman Habad Omar

**Student ID:** 2527749

**Module name:** Introduction to Health and Social Care

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**Lecturer name** Ping Wu

# PHARMACY

## CARING FOR HEALTH, IMPROVING LIVES

Community pharmacy has grown from a trade rooted in herbal remedies into a regulated clinical profession sitting at the front line of the NHS — this poster traces that journey and where it stands today.

### i INTRODUCTION

Community pharmacy sits at the centre of NHS primary care, with roughly 90% of the population able to reach a pharmacy within a twenty-minute walk (Public Policy Projects, 2026). Since January 2024, the Pharmacy First service has let pharmacists treat common conditions, easing pressure on GPs and A&E and delivering millions of consultations (House of Commons Library, 2026). Government funding for the sector rose to £2.698 billion in 2024/25 and £3.073 billion in 2025/26, reflecting its growing clinical remit (GOV.UK, 2024). As independent prescribing expands, pharmacy is shifting from a supply-focused trade into an integrated healthcare partner (NHS England, 2024).

### 1 HOW BRITISH PHARMACY DEVELOPED

#### EARLY FOUNDATIONS

Long before formal training existed, healers relied on plants, roots and minerals — a knowledge base that pharmacy still draws on today.

#### MEDIEVAL TRADE

Apothecaries began compounding remedies for sale, and by the 1240s the first rules governing their practice had appeared, often alongside monastery-grown herb gardens.

#### BREAKING AWAY (1617–1841)

Apothecaries split from the Grocers' Company in 1617 to form their own Worshipful Society; two centuries later the Pharmaceutical Society (1841) and Pharmacy Act (1868) gave the profession a formal register.

#### A NEW CENTURY, A NEW SYSTEM

The 1900s brought tighter regulation, the antibiotic revolution, and — with the NHS launch in 1948 — a permanent place within Britain's public healthcare system.

#### TODAY'S PROFESSION

Pharmacists now prescribe independently, tailor treatment through personalised medicine, and are moving deeper into genomics and digital diagnostics.

1240s → 1617 → 1841 → 1868 → 1948 → Today

### 2 PHARMACY'S PLACE WITHIN THE NHS

- ✓ Since the NHS began in 1948, pharmacists have been embedded across hospitals, GP surgeries and the high street, working as one part of a joined-up care team.
- ✓ Their core duty is simple to state but hard to deliver: keep medicines safe, effective and within reach — free at the point of use, with the prescription charge (introduced in 1952) now standing at £9.90.
- ✓ The Pharmacy First scheme lets pharmacists treat common conditions directly, easing pressure on A&E and GP lists and cutting avoidable hospital admissions.



Roughly 9 in 10 people in England live within a 20-minute walk of a pharmacy, making it the most accessible front door to the NHS.

### 3 SUPPORTING HEALTH AND SOCIAL CARE

- ✓ Because most people can reach a pharmacy on foot without booking ahead, it often becomes the first, and easiest, point of contact with healthcare.
- ✓ Pharmacists routinely start conversations about smoking, weight, alcohol and mental health — not just dispensing but coaching healthier choices.
- ✓ They act as a bridge to the wider system, referring people onward to a GP or into social prescribing schemes when more support is needed.
- ✓ Close ties with care homes and hospital discharge teams help catch medication errors early and reduce the risk of falls among older patients.

### 4 TECHNOLOGY BEHIND MODERN PHARMACY

- ✓ **Electronic prescribing:** around 70 million prescriptions move through the Electronic Prescription Service every month, cutting paper and delay.
- ✓ **Counselling patients:** explaining dosing, side effects and why sticking to a regimen matters.
- ✓ **Clinical checks:** screening for interactions and building a safety net around every dispensed item.
- ✓ **Prevention work:** vaccination, blood pressure and diabetes checks done on the spot.
- ✓ **Digital tools:** patient records, the NHS App, dispensing robots and barcode scanning all reduce human error.
- ✓ **What's next:** AI-assisted dosing and genomic data promise treatment tuned to the individual.



### 5 SERVICES PHARMACIES PROVIDE NOW

- **Clinical reviews:** Medicine Use Reviews, the New Medicine Service, and proactive checks for undiagnosed hypertension.
- **Immunisation:** flu, COVID and travel jabs — pharmacies now deliver more than five million vaccinations a year.
- **Going digital:** e-prescriptions, ordering through the NHS App, and remote consultations.
- **Walk-in care:** minor ailments, blood pressure checks, stop-smoking support and contraception.
- **Reaching people at home:** delivery services for housebound patients, care homes and repeat medication.

NMS  
Adherence

CPCS  
Referral

DMS  
Discharge

Community pharmacies handle an estimated 1.6 million patient visits every single day across the UK.

### 6 PHARMACY IN NUMBERS — ENGLAND & THE UK



Figures are approximate, drawn from NHS and sector reporting, and are provided to show scale rather than precise counts.

England is home to the largest share of the UK's community pharmacies, so most of the figures above are heavily weighted towards English data.

£9.90  
Rx charge

1948  
NHS founded

~11,000  
Pharmacies



England accounts for the large majority of UK community pharmacies and patient contacts, with Scotland, Wales and Northern Ireland running their own community pharmacy arrangements.

### 7 WHAT COMES NEXT

#### INNOVATION COLLABORATION SUSTAINABILITY PATIENT CARE FUTURE

- **Staffing strain:** recruitment and retention gaps, rising burnout, and more than 1,000 pharmacy closures since 2017.
- **Shifting demand:** an ageing population living with multiple long-term conditions and complex medication regimes.
- **Keeping pace with technology:** teams need training to make proper use of AI, automation and genomic tools.
- **Environmental responsibility:** inhaler recycling schemes and a smaller carbon footprint across the sector.
- **Fair funding:** a funding model that reflects the clinical value pharmacy already delivers to the NHS.
- **A widening role:** independent prescribing rights and continued professional development for pharmacists.

Together

Looking Ahead

Sustainable

Innovate

**In short:** pharmacy has moved a long way from the apothecary jars of 1617, but the underlying purpose hasn't changed — keeping people well. Meeting the pressures ahead will take investment, smarter use of technology, and closer teamwork across the whole health and social care system.

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PHARMACY IS MORE THAN MEDICINES. IT IS CARE, COMPASSION AND COMMITMENT TO A HEALTHIER SOCIETY.  
TOGETHER FOR A BETTER TOMORROW.

# Residential Care Homes in the UK: Origins, Development, Function, and Challenges

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## Origins and Historical Context

To understand residential care today, it helps to look at where it came from. In the UK, its roots lie in the Poor Law workhouses of the 19th century, grim institutions where the elderly poor ended up housed alongside the sick and the unemployed, with little regard for their individual needs. That system was finally swept away by the National Assistance Act 1948, which for the first time placed a legal duty on local authorities to provide accommodation for people who needed care. This is really the point where residential care, as we would recognise it now, began. Over the following decades the picture changed again: by the 1980s and 1990s, private and voluntary providers had overtaken local authorities as the main source of care home places, a shift driven largely by changes to government funding that made private provision the more attractive option. Regulation caught up gradually rather than all at once. The Registered Homes Act 1984 brought in formal inspection for the first time, and the Care Standards Act 2000 went further still, establishing the National Care Standards Commission as the direct forerunner of the regulator we have today.

## How the Service Functions Today

Since 2009, it has been the Care Quality Commission (CQC) that regulates residential care homes in England. Inspectors judge homes against five straightforward but demanding questions: are they safe, effective, caring, responsive, and well-led? The resulting ratings are meant to give people a clear, honest picture of the quality of care on offer. Looking at the 2024 figures, the sector's ratings have held fairly steady overall, with about 4% of services rated 'outstanding', 78% 'good', 16% 'requires improvement' and a small remainder, 1%, rated 'inadequate'. That said, the regulator itself has not been immune to strain. Its own 2023/24 State of Care report pointed to wider pressures on access and quality across health and social care, and separate independent reviews found that fewer inspections were being carried out than before, leading to a backlog of registrations and slower re-inspections for homes that had previously been rated poorly. In practice, homes today are funded through a mix of local authority commissioning, NHS continuing care funding, and residents paying for themselves, and day-to-day quality still comes down to staffing, training, and genuinely person-centred approaches such as dementia-friendly design and individually tailored care plans.

## Significance for Quality of Life

What matters most, of course, is what all this means for the people actually living in these homes. And the evidence here is fairly clear: residents' quality of life tends to be better in homes rated good or outstanding by the CQC, and better still where the home is fully staffed and those staff are properly paid and trained. In other words, residential care is not just about having a roof over your head. Done well, it shapes a person's wellbeing, dignity, autonomy and sense of connection to others, which matters enormously for people who can no longer manage independently, whether because of dementia, advanced frailty, or another complex need.

## Challenges

None of this is happening in easy conditions, though. Workforce pressure remains one of the sector's biggest headaches: staff vacancies stood at 5.4% by the end of 2023/24, actually the lowest they'd been in three years, yet turnover was still running at 27%. That means more than a quarter of care home staff left their jobs within twelve months, which says something about how hard these roles are to sustain. International recruitment used to help plug the gap, but that has dropped off sharply since visa rules changed. On top of this, hospitals are struggling to discharge patients because there simply aren't enough care home beds available, and this accounted for a large share of hospital stays running fourteen days or more past the point of medical readiness, as of April 2024. The problem isn't spread evenly either: London has both the fewest residential care beds per person and the worst discharge delays, which only deepens the regional divide.

## Conclusion

Looking back over this journey, from the bleak conditions of Poor Law workhouses to today's regulated, mixed-provider system, it's clear residential care has become a genuinely essential part of how the UK looks after its most vulnerable adults. CQC regulation and various workforce initiatives have undoubtedly pushed standards up. But the sector is still under real pressure: staffing shortages, funding constraints and stark regional inequalities all threaten to undermine the quality-of-life gains that the evidence shows are within reach, if the sector can be properly supported to deliver them consistently.

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