
COMPONENT 1

COURSEWORK PORTFOLIO

MODULE CODE: LCHS4003

MODULE TITLE: INTRODUCTION TO HEALTH AND SOCIAL CARE

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TASK 1: POSTER ABOUT PHARMACY SERVICES

TASK 2: 600 WORD ESSAY ABOUT DOMICILIARY CARE

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PHARMACY SERVICES

What is "Pharmacy"?

"Pharmacy is a place, a profession, and sometimes a business. A pharmacy is a place where licensed pharmacists oversee the dispensing of medicine after receiving a valid prescription or drug order written or electronically transmitted (e-prescribing) by a legal prescriber. A pharmacy is not a drugstore. {...}A pharmacy can be a free-standing building, or it may be found inside other places, such as a drugstore, a medical building, or a hospital."

(Kelly, 2018, p.1)

What Services do Pharmacies offer? (NHS, 2024)

Patient Support services:

- Medicine advice
- Referral to GPs and other healthcare professionals
- Safe disposal of unwanted or expired medicines
- Advice on minor illnesses
- Self-care advice
- NHS 111 referrals
- Updating GP health records

Clinical Services:

- Dispensing prescription medications
- Pharmacy first consultations
- Medication reviews
- New medicine support
- Treatment for common conditions
- Advice on medicine use and side effects
- Contraceptive pill services
- Monitoring medication effectiveness

Public Health Services:

- Free blood pressure checks
- Smoking cessation support
- Weight management advice
- Sexual health services
- Cholesterol testing
- Substance misuse support
- Health promotion and disease prevention advice
- Needle and syringe exchange schemes

By providing accessible healthcare within local communities, pharmacies help improve patient outcomes and reduce pressure on GP practices and hospitals. (NHS, 2024). Community pharmacies provide a range of public health services delivered by pharmacists, pharmacy technicians, pharmacy assistants and counter staff. They offer easily accessible healthcare without the need for an appointment and reduce pressure placed on GPs and hospitals.

A Brief History of Pharmacy:

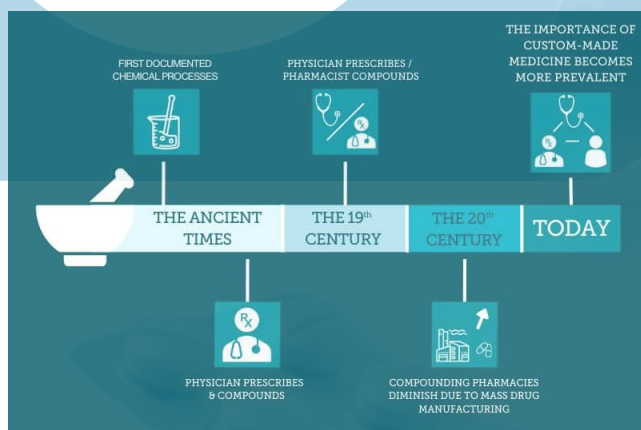
Pharmacy has evolved over thousands of years from ancient civilisations which used herbs and other natural remedies to treat illness. During the Middle Ages and the Renaissance period pharmacy began to move away from these remedies and many attempts were made to make it scientific and professional.

On the 6th December 1617 the Society of Apothecaries was established by the Royal Charter. "The Society's roots are with the Grocers' Company in the 12th Century. Gaining independence as the Worshipful Society of Apothecaries in 1617, the Society over the next century changed its scope towards medicine, with Apothecaries becoming family doctors by the early 18th Century, with the Society becoming the licensing body for "general practitioners" in the 19th Century." (Society of Apothecaries).

Modern pharmacy services has evolved from the work of apothecaries who originally prepared, supplied and distributed medicines. These later developed into some of Britain's first General Practitioners.

Advances in science during the 19th and 20th century transformed healthcare and pharmacy, with the developments of antibiotics and other medications. These advances paved the way for current pharmacy operations.

"Pharmacy has played a crucial role in improving the health and wellbeing of individuals worldwide. As the field of pharmacy continues to evolve and adapt to new challenges and opportunities, it will remain an essential part of the healthcare system and a crucial component of patient care." (National Custom Compounding).



Pharmacy Closures and Funding Pressures

"Of the 11,893 community pharmacies registered with the General Pharmaceutical Council (GPhC) in March 2019, just 10,260 remained in April 2024 – suggesting a total of 1,633 closures over five years. In the same time period, 410 new community pharmacies opened – just one for every four that had closed – indicating a net loss of 1,223 pharmacies over the five years." (The Pharmacist, 2024). This represents a significant reduction in the number of community pharmacies across England. Funding pressures, rising operating costs and increasing demand for services have made it difficult for many pharmacies to remain open, this in turn leads to longer distances to travel and increased pressure on pharmacy and healthcare staff.



■ Pharmacy closures ■ New pharmacy openings

Workforce Pressures and Staffing Shortages

"Human and economic resources within the system are stretched." (Council on Credentialing in Pharmacy, 2010).

Growing patient demand places extreme pressure on pharmacy services and the other healthcare resources available.

Pharmacists are now expected to provide a wider range of clinical services. Staff shortages and recruitment difficulties can increase workload, reduce the availability of appointments and place extreme pressure on existing pharmacy teams. This has the potential to massively affect the efficiency of pharmacy services as well as increase the risk of staff burnout and dissatisfaction amongst healthcare staff and pharmacists.

Community Pharmacy - The most accessible type of pharmacy, providing prescription medicines, healthcare advice, Pharmacy First consultations, vaccinations, and public health services.

Hospital Pharmacy - Hospital pharmacists work with doctors and nurses to ensure patients receive safe and effective medicines. They monitor treatments, manage side effects, and provide medication advice.

Clinical Pharmacy - Clinical pharmacists work directly with patients in GP surgeries, clinics, and hospitals. They conduct medication reviews, manage long-term conditions, and help prevent medication-related problems.

Industrial Pharmacy - Industrial pharmacists research, develop, manufacture, and test medicines. They play an important role in drug innovation and quality assurance.

TASK 2 – ESSAY – DOMICILIARY CARE

Domiciliary care services, also known as home care services, are services in which care is provided within people's homes rather than a residential setting by personal assistants, staff from care agencies or the local authority home care services (Health and Safety Executive, 2025). The service is designed to help people who may be elderly, disabled or living with long-term health conditions and help them maintain their independence while receiving the appropriate support they need.

Previously, older and disabled people were put into institutions, hospitals or residential homes; however, during the 20th century, "care in the community" was promoted by new government policy, aiming to support people in their own homes whenever possible. With the introduction of the NHS and Community Care Act of 1990 local authorities were encouraged to arrange care within the community rather than relying on residential. This act recognised that many individuals preferred to remain in their own homes rather than moving into a care setting. As a result, domiciliary care became an extremely important part of the social care system, encouraging people to seek support whilst still being able to keep their independence.

Care workers may assist with personal care such as hygiene, management of medication, meal preparations, domestic household tasks such as housework, companionship and social activities according to the NHS website.

According to Age UK, critics say short care visits to homes would limit the amount of meaningful support which carers can then provide. Care workers may focus solely on completing assigned tasks from a checklist or schedule rather than building sincere and meaningful relationships with each of the users of the service, potentially leading to feelings of isolation rather than support.

Another issue to be considered is the workforce pressures, already prominent in the NHS. Skills for Care regularly reports a significant vacancy rate within adult social care. High vacancy rates and staff turnover mean more pressure is placed on domiciliary care providers, having the potential to affect the continuity and consistency of the care which is distributed. Additionally, domiciliary care services face a significant increase in demand. As the population of the UK gets older, additional pressure is being placed on domiciliary care providers who must struggle to meet the growing demand whilst balancing staff shortages and funding issues. Due

to this, individuals may experience delays with the service, potentially negatively impacting their overall well-being and limiting independence.

Despite the challenges which are faced by domiciliary care services, they are extremely important when it comes to improving the well-being and quality of life for users of the service. They can remain within familiar, safe surroundings whilst maintaining independence. Service users get to stay connected to their families, friends and the community, thus reducing feelings of loneliness and isolation as monitored by Age UK.

"People using services should be actively involved in decisions about their care." (NICE, 2018), domiciliary care promotes a person-centred approach, service users are widely encouraged to participate in decisions about their own care and support, promoting their active involvement, thus improving knowledge of their condition and wellbeing.

Service users are encouraged to participate in decisions about their care, they have a lot of input when speaking to carers. According to the NHS, "support is tailored to the individual's needs"; therefore, they can have control over their daily routines and continue to participate in activities which may provide comfort.

In conclusion, domiciliary care services have improved significantly and developed as part of a wider move towards more community-focused and person-centred care. Domiciliary care services allow individuals to receive personalised support from within their own homes, improving the quality of life. Despite the challenges faced, domiciliary care remains an extremely important part of social care, ensuring users can remain safe and monitored, yet simultaneously independent and involved.

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