



**Programme: Certificate of Higher Education Skills for the
Workplace (Health & Social Care)**

Module: Introduction to Health and Social Care

Module code: LCHS4003

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Task 1: Poster-Domiciliary Care Services in the UK



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Task 1: Poster-Domiciliary Care Services in the UK



1. Introduction and Explanation

Home care services or domiciliary care services are services of social care provided to people in their own homes. These services are majorly targeted at elderly persons, persons with disabilities and those with chronic illness who may need some help in carrying out their daily living activities but do not want to be moved to residential settings (Mayer et al., 2022). Domiciliary care fosters independence, dignity, and autonomy, through allowing service users to gain control of their own daily activities, whilst obtaining the much-needed assistance (Lacey, 2023). This service has a comprehensive array of care services including personal care, medication management, meal preparation and companionship. As opposed to residential care, domiciliary care means people can live their life to their own wishes and families, as this approach is always focused in the greatest health and social care systems.

2. International Trade Theories

International trade theories are the provisions that describe the reasons why nations trade together and why they give out of the trading system. There theories can be the basis of the comparison of the global trade patterns, as well as business strategies (Chen et al., 2022). A nation's comparative advantage is one of the oldest and most powerful theories that are created by Adam Smith. According to this theory, the nations are supposed to specialise in the production of goods, with which they can offer greater efficiency, as compared to other nations (Chen et al., 2022). As an illustration, when one nation is more efficient in manufacturing cars, whereas the other country has a comparative advantage in manufacturing agricultural items, then two nations give through the out of specialising on each trade. Therefore, comparative theory is a comparative advantage which was propounded by David Ricardo. The theory states that nations that have a comparative advantage in the production of any commodities, it can still give in the process of trade by specialising on the commodities that it produces in the lowest opportunity cost (Rahman, 2022). Comparative advantage explains that nations trade advantages are coming about because countries have a difference in the efficiency of production and distribution of resources, which results economic growth to economies. The Heckscher-Ohlin Theory states on the concepts by focusing on the combination of the resources, or factors of production (land, labour, capital, and natural resources). This theory explains that countries will export those goods that they use their abundant resources, whereas they will import goods that are scarce resources. This theory explains that they do not have (Chen et al., 2022). As an illustration, capital-rich nations can export technology-driven products and the nations that are rich in labour can export labour-intensive goods. The Heckscher-Ohlin Theory helps to understand why nations take advantage of their production of goods which benefits the case of the nations and makes them very competitive in the global markets.

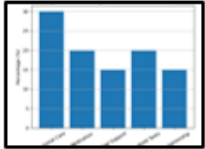


Figure 1: Domiciliary Care Services
(Source: NHS.uk, 2023)

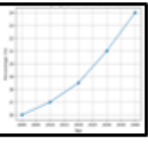


Figure 2: UK Aging Population Trend
(Source: ONS, 2023)

3. Present Operating of Domiciliary Care Services

Home based care services have become a prominent part and parcel of the social care system in the UK, in the light of the mounting demand of home-based care among the ageing population and those with long-term illnesses. This is provided under a shared approach with the local authorities as well as the private care agencies and voluntary organisations. Provision of care is usually provided in a personalised care plan and this is created after a formal needs assessment (for Ibrahim et al., 2023). This will make the support response specific to the physical, emotional, and social needs of the person, and facilitate a person-centred approach to care delivery.

The type of services that are offered to domiciliary care are diverse and are aimed at meeting the people to remain independent in their care homes. These include personal care such as dressing, grooming and bathing, medication management. Care workers assist service users by preparing their meals and attending to their nutritional needs, as well as household chores (cleaning and laundry) (Khanjari et al., 2020). Care also encompasses emotional support and companionship as important features, as they reduce social isolation experienced and foster a better well-being. It is feasible in offering services to individuals according to their needs and care workers make visits to the service users on determined timings. These visits could be brief daily short visits or day-long stays of hours care. Besides monitoring of health conditions can be facilitated by the nurses of integrating technology and enables in care to its service users. However, domiciliary care is vital in helping more the burden on hospitals and residential care units through early discharge, and avoiding unnecessary hospitalisation. NHS England (2023) further points out that more 2.5 million individuals in England have been supported in social care with a high percentage getting such services in their homes, hence the increasing relevance of domiciliary care to address health needs.

4. Challenges Faced by Domiciliary Care Services

Challenge 1: Staff Shortage

Staff shortages in domiciliary care is one of the biggest problems of domiciliary care services. The industry is marked by poor pay rates, overworking and less career advancement which results in massive employee turnover. UK Parliament (2024) revealed that there were about 152,000 vacancies in the adult social care sector in England, meaning that there is a great shortage of workers. This understaffing has an impact on quality and consistency of care to service users.

Challenge 2: Funding Constraints

Financial pressures are also experienced by domiciliary care services in terms of inadequate government funding and increased demand. The local governments find themselves unable to self enough resources and this may lead to a decrease in the amount of available services or high prices to the users. The King's Fund (2025) points out that local care funding has failed to match demand, and remains behind capacity given the increasingly ageing populations. This brings about disparities with accessing care and places more burden on service providers and families. The challenges show that there is a need to reformulate policies and invest more in a bid to facilitate sustainable and high-quality domiciliary care services.

5. Conclusion

To sum up, domiciliary care services have become a key component of the UK social care system, which almost allows people to obtain individual assistance whilst being independent in their own households. The service has undergone changes starting as an informal family care to a well-organised and regulated setup with government policies in place. In spite of its significance, domiciliary care is under attack by major challenges like shortage of workers and funding. These problems need to be resolved to make sure that even the rising needs of an ageing population can be fulfilled through the service, and contribute to the overall quality of life of service users.

3

Task 2: Role and Development of the Pharmacy Services in the UK

Pharmacy services are critical in the UK healthcare sector as it upholds pharmaceutical safety in supplying drugs and gives the population the necessary healthcare counselling. These services are highly available and serve as a connection element between the patients and the broader health system. This essay will trace the history of the development of pharmacy services, critically assess how the services are being performed and will elaborate the importance of the services in enhancing the quality of life of the people receiving the service.

Pharmacy services have their roots in ancient apothecaries, who used to prepare and dispense the drugs in medieval times (Low, 2025). One of the earliest medical professionals to perform the specialisation of preparing medicinal products was the apothecaries, and that was the first step towards the modern practice of pharmacy. As medical science improved and the necessity to have regulated medical systems emerged, the role of pharmacists also changed over time. The turning point of the development of pharmacy services in the UK came with the emergence of the National health service(NHS) in 1948 with the formalisation of the part pharmacists played in the health care system (Li, 2025).

Nowadays, pharmacy service is not only to dispose of medicines, but also contains a large number of different clinical and consultative services. Community pharmacies may be the most helpful in the sense that a patient who requests healthcare guidance usually gets in touch with them as they pay a visit as opposed to booking an appointment. Pharmacists today provide services like reviews of medication, consultations of minor illnesses, vaccination programs and screening of health. NHS England (2025) reported that community pharmacies conduct millions of consultations a year, which is a big load off the general practitioners and hospitals. This emphasises their significance in helping in an efficient health care system.

Nevertheless, regardless of these advantages, there are a few issues related to the existing operation of pharmacy services. Among the key constraints is the growing workload on the pharmacists that could affect service delivery. With increased roles and responsibilities, including, but not confined to, clerical roles, the risk of straining the workforce and burnout increases (Lovarya *et al.* 2026). The other weakness is that pharmacists have limited power to diagnose like physicians and this may curtail their capability of handling more complex health issues. Although the amount of pharmacy services available is very high, its practice scope is still somewhat lesser compared to the other healthcare providers.

In spite of these hurdles, pharmacy services continue to be important with regards to improving the quality of life among service users (Ababneh *et al.* 2023). Their accessibility would make sure that patients have time to consult and get informed about their minor health problems in a timely manner and eliminate delays in health care. Pharmacists also assist patients with chronic conditions to adhere to their medications as well as guiding the patients in how to take care of their health (Afrihyia *et al.* 2025). This helps to achieve improved health results and avert complications. Further, the pharmacy services are also important in the programs of public health like vaccinations programs and health promotion that enhance the general health of the population. As per the study by NIH (2023), community pharmacies play a key role and improve preventive healthcare provision and health-related inequalities decrease.

In conclusion, pharmacy has come a long way since the beginning of its history as apothecaries to become part and parcel of contemporary UK healthcare. Though they struggle with issues like staffing issues and budget constraints, they are such an important instrument in helping personal and community health because they are accessible and have a growing purpose in this area. Finally, pharmacy services are improving the quality of life of the service users by offering convenient, efficient and proactive healthcare services to service users.

References

Task 1

Frampton, S.L., Gould, S.J. and Cox, A.L., (2026), April. The domestic operating system: an empirical investigation of digital technology and hidden work in the home. In *Proceedings of the 2026 CHI Conference on Human Factors in Computing Systems* (pp. 1-22).

Health System Resource Centre, (1999), *About The UK National Health Service 1948 - 1999*, Available at: <https://assets.publishing.service.gov.uk/media/57a08d91e5274a31e000192c/The-history-and-development-of-the-UK-NHS.pdf> (Accessed on: 15th April, 2026)

Kesby, A., (2023). Enabling the right to liberty of the person in aged care homes. *Human Rights Law Review*, 23(2), p.ngad005.

Le Boutillier, C., Jeyasingh-Jacob, J., Jones, L., King, A., Archer, S. and Urch, C., (2023). Improving personalised care and support planning for people living with treatable-but-not-curable cancer. *BMJ Open Quality*, 12(3).

Meyer, A.C., Sandström, G. and Modig, K., (2022). Nationwide data on home care and care home residence: presentation of the Swedish Social Service Register, its content and coverage. *Scandinavian Journal of Public Health*, 50(7), pp.946-958.

NHS Englad, (2023), *About Millions of patients to benefit from care at home thanks to NHS community response teams*, Available at: <https://www.england.nhs.uk/2023/03/millions-of-patients-to-benefit-from-care-at-home-thanks-to-nhs-community-response-teams/> (Accessed on: 16th April, 2026)

The King's Fund, (2025), *About Fixing social care: the six key problems and how to tackle them*, Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/whats-your-problem-social-care> (Accessed on: 14th April, 2026)

UK Government, (1990), *About National Health Service and Community Care Act 1990*, Available at: <https://www.legislation.gov.uk/ukpga/1990/19> (Accessed on: 16th April, 2026)

UK Parliament, (2024), *About Reforming adult social care in England*, Available at: <https://publications.parliament.uk/pa/cm5804/cmselect/cmpubacc/427/report.html> (Accessed on: 15th April, 2026)

Task 2

Ababneh, B.F., Ong, S.C., Mahmoud, F., Alsaloumi, L. and Hussain, R., (2023). Attitudes, awareness, and perceptions of general public and pharmacists toward the extended community

pharmacy services and drive-thru pharmacy services: a systematic review. *Journal of pharmaceutical policy and practice*, 16(1), p.37.

Afrihyia, E., Chianumba, E.C., Forkuo, A.Y., Akomolafe, O.O., Omotayo, O. and Mustapha, A.Y., (2025). Evaluating the role of pharmacists in chronic disease management: A review of patient outcomes and healthcare efficiency. *International Journal of Pharma Growth Research Review*.

Li, P.M., (2025). The thalidomide disaster and the establishment of the Committee on Safety of Drugs, 1958-1962. *Pharmaceutical Historian*, 55(4), pp.97-106.

Lovarya, G., Wibowo, Y.I. and Setiadi, A.P., (2026). General Practitioners' Perceptions of Collaboration with Pharmacists in Primary Care Settings: A Study Driven by Social Capital Theory and Theory of Planned Behavior. *Jurnal Ilmiah Medicamento*, 12(1), pp.48-59.

Low, R.K., (2025). Alienation by Expertise: The Form and Function of Apothecary Inventories from Late Medieval Provence. *History of Pharmacy and Pharmaceuticals*, 66(2), pp.104-133.

NHS England, (2025), *About Millions receive help from NHS high street pharmacies*, Available at: <https://www.england.nhs.uk/2025/05/millions-receive-help-from-nhs-high-street-pharmacies/> (Accessed on: 14th April, 2026)

NIH, (2023), *About Facilitating self-care through community pharmacy in England*, Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10826330/> (Accessed on: 16th April, 2026)