

Medication Quality-Related Challenges: A Country Analysis

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Abstract

This study relied on secondary sources of data. Indeed, most of the findings concur with the current literature in such a way that Brexit promises to pose mixed outcomes regarding NHS service provision. Whereas some of the sources consulted hold that the UK's withdrawal from the EU promises positive outcomes, others contend that the move comes with negative effects. For the proponents of there being a positive effect between Brexit and NHS operations, the consensus is that the £19 billion that the UK has been channeling annually to the EU might be saved and used to fund public service and other government priorities, including the pharmacy sector. On the other hand, findings that point to a negative effect of Brexit on the pharmacy sector indicate that the withdrawal prompts an increase in the departure of pharmacists. In the majority of cases, this departure is attributed to the uncertainties surrounding the EU-origin staff's future immigration statuses. Furthermore, findings suggest that most of the past scholarly studies contending that Brexit poses a negative effect on the NHS argue that the cost of training pharmacists and doctors to fill vacancies of the EU-based staff leaving the UK might outweigh that which the UK has been incurring to import skilled or already-trained workers, with other countries having incurred the training expenses. Hence, the relationship between Brexit and NHS reflects a complex issue but the dominant theme or pattern is that the withdrawal might pose a hit to the economy of the UK. In turn, this hit might worsen the country's health outcomes – with the pharmacy service on focus.

Introduction

In the previous literature, most of the findings suggest that dividends for the pharmacy service, due to Brexit, remain unforeseeable. Rather than save the perceived annual £19 billion that the UK channels to the EU and use the same for the further funding of Brexit, the resultant complexities suggest that the NHS and the rest of the public service in the UK might come under further financial pressures (Hyry, Cox & Roos, 2017). Thus, this study predicted that if the UK government decides to address these pressures by increasing pharmacy sector funding, it might be forced to divert or borrow funds from alternative priorities, or even raise taxes. The eventuality is that the demand and cost pressures that the NHS is likely to face pose a significant impact on the remainder of the economy whereby the need for the government to address the pressures via increased healthcare funding might yield a trickle-down effect of significant financial shake-ups among priorities and other public service arenas (McCrae, 2018). The main aim of this study was to investigate and predict some of the future challenges that might face the pharmacy industry, with specific insights gained from the context of events in the UK; especially Brexit.

Methods

This secondary study gained data from sources such as journals, e-books, magazines, and government and organization reports. The sources of data were selected randomly. Also, information from these sources was collected and analyzed in its original form without the researcher's interference and manipulation that could have, otherwise, led to the collection of biased outcomes. Hence, the analysis of data in its original form sought to conform to ethical guidelines govern the researcher practice, especially in sciences.

Results

Findings in this study concur further with most of the past scholarly studies and findings in such a way that Brexit is likely to exacerbate funding pressures on the NHS. If the pressures reach an acute level, it is predicted that direct knock-down effects will be felt. These effects are likely to affect the healthcare attribute of waiting times; with the latter yielding a tertiary effect on aspects such as the quality of care delivered and recovery times (McCulloch, 2017). Another emerging theme is that Brexit might account for an increase in the pharmacy staff shortage; an observation that receives consensus among the majority of the past scholarly contributors (McKee, 2018). Indeed, staff shortage implies that Brexit might also yield an indirect effect of reduced service quality at the NHS. Based on the figures presented in chapter 4, there is a decline in the number of EU-origin nursing groups; with the trend partially attributed to the uncertainties surrounding their future immigration statuses in the UK. A longer term effect is that the social care sector and the NHS service fulfill their staffing needs based on the nature of the immigration policy, yet the future of the policy remains unclear (McKee and Galsworthy, 2016). Thus, risks surrounding the future of the EU-origin pharmacists working at the NHS are evident.

The findings suggest further that one of the options at the disposal of the UK government is the extension of more funds to training pharmacist and the provision of financial support to the training places for doctors; besides other relevant staff support (McKee and Stuckler, 2017). However, budget constraint forms a leading barrier to such initiatives. Prior to Brexit, the UK has been a great beneficiary regarding the importation of skilled health workers. Notably, other countries have incurred costs to pay for the training of these workers, with the UK simply benefiting by importing the trained and prepared healthcare personnel. With Brexit prompting a likelihood of significant departure from the arrangement of importing skilled workers to the training of adequate NHS staff (for purposes of filling vacancies such as those left by the departing EU-origin pharmacists), it is evident that the health service faces a dilemma whereby training is likely to take long (Modi, 2017). The situation is compounded by the potentiality of training arrangements requiring higher costs than the previous case of importing skilled workers, a situation that might yield a further destabilization of the UK economy (Mossialos, Simpkin, Keown & Darzi, 2016).

Apart from the dilemma surrounding NHS funding and workforce composition, patients are also predicted to be affected by Brexit. Particularly, Brexit might prove disadvantageous in such a way that the patient groups are likely to lose access to healthcare even in the UK, a country of residence. Specifically, Brexit might compromise the security that UK citizens enjoy as they travel to the EU (NHS Confederation, 2018). Given that health insurance is likely to be demanded of these UK travelers, the resultant expenses imply that, from the patients' perspective, demerits accruing from Brexit are likely to outweigh the advantages. For persons diagnosed with serious underlying conditions, the elderly, and individuals who might not qualify for health insurance (or fail to afford the same), these groups are likely to be worst affected (Royal College of Nursing, 2017).

However, it is also worth acknowledging that a significant number of studies and participants of some of the previous studies avow that it is too early to conclude about the level of agreement that might exist between the EU and the UK after Brexit (Van Reenen, 2016). Whereas some agreements (such as those that allow ambulances to operate across borders) are likely to sail

through, any restrictions that might target people and healthcare goods and services are likely to prove detrimental to patients on both sides of the border. Thus, for the NHS to be successful after Brexit, this study sets out several areas that are worth addressing towards improved health outcomes. However, the scale and complexity of the task that the government faces cannot be overstated. One of the notable paths is that most of the issues facing the NHS are likely to be tackled with appropriate resources and political will.

Conclusion

In summary, there is a need for the UK government to engage in wide-scale consultation and conduct cost-effective analyses to discern the most appropriate approaches through which staff training and facilitation might be successful while avoiding strains on the current funds. In addition, the pharmacy sector needs to conduct regular seminars and conferences to sensitize the local and EU-based staff regarding probable challenges that might arise from Brexit, as well as possible solutions that require a collaborative approach. The institution should also embrace feedback to determine the specific fears of the majority of the departing staff and ensure that they are addressed in time. Based on the Game Theory, achieving equilibrium requires an alignment of strategies embraced by both parties to ensure that they read from the same page. In this case, there is a need for the UK to cooperate with the EU while striking future agreements that aim at benefiting both parties while avoiding adversities or discrepancies, including the anxiety surrounding immigration statuses of citizens. By implementing these strategies, it is projected that the pharmaceutical industry will remain stable or resilient while transforming some of the challenges that Brexit poses into opportunities for improvement – at the sector level.

References

- [1]. Hyry, H. I., Cox, T. M. & Roos, J. C. (2017). Brexit and rare diseases: big risk, bigger opportunity? *Current Medical Research and Opinion*, 33(4), 783-784
- [2]. McCrae, N. (2018). Brexit: let democratic countries choose the health service they want. *Int. J. Nurs. Stud.*, 77, 6-7
- [3]. McCulloch, N. (March 15, 2017). The Game Theory of Brexit. [Online]. Retrieved on May 9, 2018 from <http://www.politics.co.uk/comment-analysis/2017/03/15/the-game-theory-of-brexit>
- [4]. McKee, M. (2018). Empty promises. What will Brexit really mean for pharmacists and the British National Health Service? *Int. J. Nurs. Stud.*, 77, 3-5
- [5]. McKee, M. and Galsworthy, M. J. (2016). Brexit: a confused concept that threatens public health. *J Public Health*, 38, 3-5
- [6]. McKee, M. and Stuckler, D. (2017). Current models of investor state dispute settlement are bad for health. The European Union could offer an alternative. *Int J Health Policy Manag.*, 6: 177-179
- [7]. Modi, N. (2017). Brexit is bad for health, and doctors should say so. *BJM*, 357
- [8]. Mossialos, E., Simpkin, V., Keown, O. & Darzi, A. (2016). Will the NHS be affected by leaving or remaining in the EU? London School of Economics and Political Science and Imperial College London
- [9]. NHS Confederation (2018). The impact of Brexit: Patient access to medical research. Brexit Health Alliance
- [10]. McKee, M. (2018). Brexit: A response to McCrae (2018). *Nursing Studies*, 80, 92-93
- [10]. Royal College of Nursing (2017), Nursing priorities for the United Kingdom's withdrawal from the European Union. [Online]. Retrieved on May 9, 2018 from file:///Users/costafon/Downloads/BR-1116.pdf
- [11]. Van Reenen, J. (2016). Brexit's Long Run Effects on the UK Economy. *Brooking Papers of Economic Activity*, 367-383