

## **Medication Quality and Political Policies Interplay**

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### **Abstract**

In this study, it is worth acknowledging that these scholarly studies are important because they highlight the imbalance in staff and the pressure on the pharmacy industry, to fill vacancies that might be left by EU citizens. However, the assertions are worth acknowledging in such a way that they do not indicate the possible impact of the funds used to train more British pharmacists on the financial operations of NHS and the rest of the UK economy. Should such pressure prove problematic, the studies fail to recommend some of the lasting solutions that the UK government could embrace while seeking to steer stability in the post-Brexit NHS service. By addressing such gaps, it is predicted that this study proved insightful and sensitize relevant authorities regarding the importance of advance planning and projecting direct and indirect workforce-related problems that the pharmacy industry might face.

### **Introduction**

According to Modi (2017), immigration uncertainty has already emerged as a major hurdle to the recruitment and retention of pharmacists and doctors. Particularly, the study indicated that the uncertainty surrounding Brexit accounts for the draining of European pharmacists and doctors in UK's NHS. In a similar observation, Mossialos, Simpkin, Keown and Darzi (2016) documented that at least one in every five NHS hospitals and related care organizations have had to alter the recruitment plans; a trend attributed to the need to respond to Brexit. The latter study highlighted that over 33 percent of the institutions acknowledge a negative impact of Brexit on the workforce, with about 50 percent documented to cite a lack of clarity regarding negotiations between the UK and the EU as a cause of anxiety regarding the possible effect that Brexit might pose on their staff (after the UK leaves the bloc officially). From these observations, it is worth inferring that Brexit is predicted to pose a negative impact on the NHS service by draining the system of European pharmacists and doctors. Thus, the scholarly observations are worth acknowledging because they sensitize audiences regarding the manner in which Brexit threatens to shake the NHS system's workforce composition, as well as its impact on the possible alteration of recruitment plans among NHS hospitals and their associated care organizations. Despite the informative nature of these assertions, the scholarly observations falter in some ways. For instance, the studies do not document or acknowledge the motivation or positive effects that the supporters or proponents of Brexit might have predicted while rallying behind the "Yes" side of the referendum. In addition, these studies fail to document some of the feasible solutions or strategies that the NHS could implement while seeking to ameliorate the perceived negative outcomes that Brexit is predicted to pose on the system's hospitals and related care institutions. By addressing these gaps, the current study is deemed appropriate and timely in such a way that it might not only contribute to the current literature but also prove informative via the recommendation of strategies through which the NHS might transform Brexit-related flaws into opportunities for improvement.

## **Methods**

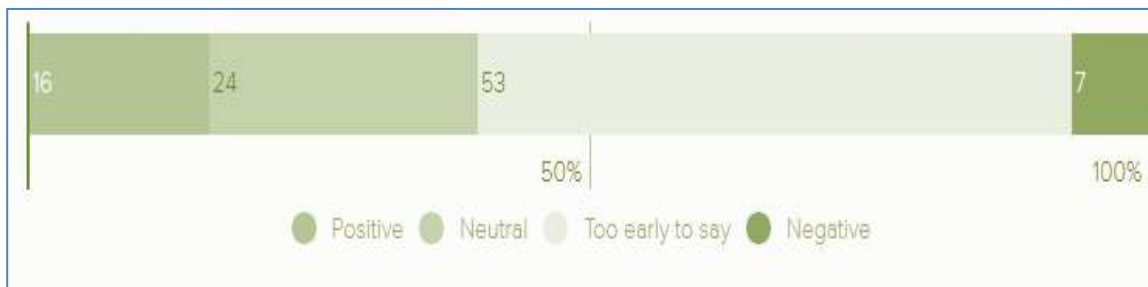
The Royal College of Nursing (2017) contended that the NHS has, historically, relied heavily on non-British European pharmacists and doctors. Specifically, the study estimated that recent statistics point to a total of 62,000 non-British European nationals offering services to the healthcare system. As concurred by Van Reenen (2016), this number is over five percent of the NHS' overall workforce. In some specific NHS organizations, Baker (2016) observed that the figure stands as high as 20 percent. The situation has been deemed dire when the predictions are gained from the perspective of the non-British European groups. As examined by Buchan, Seccombe and Charlesworth (2016), Prime Minister Theresa May won an agreement that sought to safeguard the EU citizens' rights while offering services in the UK; including the NHS non-British European staff. However, the study revealed that when specific insights are gained from the hospitals' senior leaders and managers, only 16 percent of them affirm that (once Britain withdraws from the EU officially) the EU staff are likely to welcome such a deal. Indeed, the emerging theme is that Brexit tends to pose a two-fold outcome. On the one hand, the Prime Minister is keen to steer negotiations that would safeguard the rights of EU citizens who work in the UK; with the NHS staff inclusive. On the other hand, a notable number of non-British European workforces are predicted to be reluctant to support such a deal; as revealed by the case in which only 16 percent of senior leaders and managers in hospital vow that the deal might receive support. From these observations, the scholarly studies are important to this study in such a way that they point to the Prime Minister's effort to safeguard the rights of EU citizens as one of the pathways through which the NHS system's workforce uncertainty accruing from Brexit might be addressed. Additionally, the studies are contributory to the current investigation because they sensitize audiences regarding the importance of gaining insights from the EU citizens themselves and the importance of the resultant observations in shaping the formulation of strategies that promise to address the workforce uncertainty that is likely to mar the NHS service. Additionally, the above-mentioned studies are important because they acknowledge that the Prime Minister's deal remains nonbinding and, given the fractious state surrounding the wider negotiations linked to Brexit, guaranteeing the status of EU citizens in the UK remains debatable. Despite the informative nature of these contributions, various gaps are evident. For example, the studies do not account for the possible impact that the post-Brexit NHS service provision might have on the British staff. Instead, the studies overemphasize the negative impact that the withdrawal might have on non-British European staff while failing to determine whether positive or negative outcomes (or both) might accrue in relation to the British staff serving the NHS. The implication is that the need to address such a gap cannot be overstated. This study adopts a secondary research approach to gain insights into the selected subject of investigation.

## **Results**

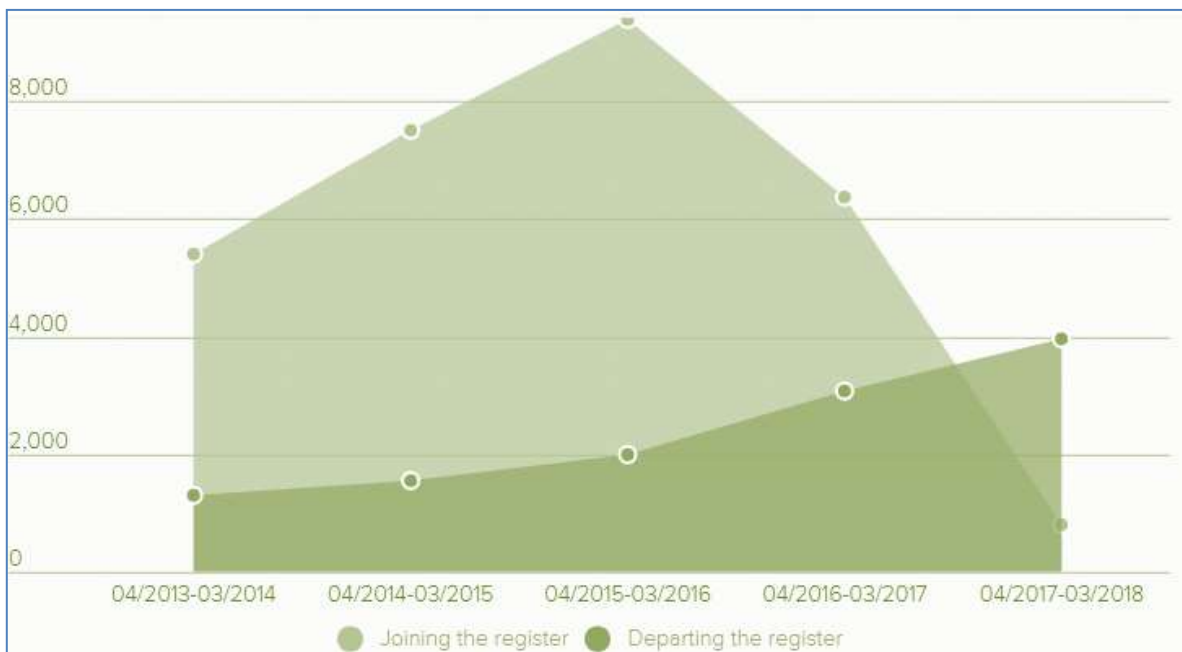
According to Costa-Font (2017), the UK is unlikely to fill the sizeable social care and nursing vacancies domestically. The latter study asserted that the majority of proponents of Brexit argued that the withdrawal might improve funding, especially that which targets taxpayer-funded health services in the UK. Hence, the supporters indicated that free movement from the EU had led to health service demands that remained unsustainable. As such, these supporters affirmed that

Brexit is a promising move because the resultant monies repatriated from the budget of the EU could be extended to NHS service provision. However, Crafts (2016) cautioned that the NHS is likely to face a workforce crisis, with recent statistics suggesting that the system already has 100,000 vacancies in England. The emerging theme, as suggested by the latter studies, is that even as immediate Brexit-related problems involve the retention and recruitment of EU staff, the long-term impact that is projected is that the system is unlikely to fill the care and nursing staff rosters completely – using domestically trained personnel. Dunn, McKenna and Murray (2016) observed that even in the wake of the government’s promise to step up the effort of training additional British pharmacists, that gap might prove difficult to fill.

As illustrated in the following figure, mixed outcomes accrue regarding positive and negative effects projected to arise during the post-Brexit NHS system. Thus, the need to provide an in-depth analysis of this subject cannot be overstated.



In another study, the NHS Confederation (2018) sought to unearth the number of pharmacists and midwives from EEA registered with the UK’s Nursing and Midwifery Council. With the focus being the period ranging from 2017 to 2018, findings indicated that departures continue to increase while new arrivals plummeted. The figure below highlights these results.



## **Conclusion**

In conclusion, therefore, it is worth acknowledging that these scholarly studies are important because they highlight the imbalance in staff and the pressure on the pharmacy industry, to fill vacancies that might be left by EU citizens. However, the assertions are worth acknowledging in such a way that they do not indicate the possible impact of the funds used to train more British pharmacists on the financial operations of NHS and the rest of the UK economy. Should such pressure prove problematic, the studies fail to recommend some of the lasting solutions that the UK government could embrace while seeking to steer stability in the post-Brexit NHS service. By addressing such gaps, it is predicted that this study proved insightful and sensitize relevant authorities regarding the importance of advance planning and projecting direct and indirect workforce-related problems that the pharmacy industry might face.

## **References**

- [1]. Buchan, J., Seccombe, I. and Charlesworth, A. (2016). Staffing matters; funding counts'. Workforce profile and trends in the English NHS. Health Foundation, London, UK
- [2]. Costa-Font, J. (2017). The National Health Service at a Critical Moment: when Brexit means Hectic. *Brexit Special Issue*, 46(4), 783-795
- [3]. Crafts, N. (2016). The Growth Effects of EU Membership for the UK: a Review of the Evidence. *University of Warwick CAGE Working Paper*, 280
- [4]. Dunn, P., McKenna, H. and Murray, R. (2016). Deficits in the NHS 2016. Kings Fund, London
- [5]. Modi, N. (2017). Brexit is bad for health, and doctors should say so. *BJM*, 357
- [6]. 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
- [7]. NHS Confederation (2018). The impact of Brexit: Patient access to medical research. *Brexit Health Alliance* McKee, M. (2018). Brexit: A response to McCrae (2018). *Nursing Studies*, 80, 92-93
- [8]. 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
- [9]. Van Reenen, J. (2016). Brexit's Long Run Effects on the UK Economy. *Brooking Papers of Economic Activity*, 367-383