novel reimbursement schemes for other branded products. CONCLUSIONS: Cancer drug reimbursement models are setting new benchmarks for payers to manage access to expensive medicines. These models have significant implications for other expensive branded products.

**PHP58 DATA DISCLOSURE AN ONGOING PROCESS TOWARDS MORE TRANSPARENCY**


OBJECTIVES: To examine the relationships between urgent care activity and mortality among patients admitted to hospital on weekends compared to weekdays.

METHODS: A retrospective analysis was performed of all emergency acute care admissions in England between April 2009 and March 2011 using National Health Service Hospital Episode Statistics data. Hospital mortality among patients admitted on weekends as compared to weekdays was analysed using the following measures: (1) overall deaths; (2) deaths within and after three days of admission; (3) deaths among patients with higher risk conditions and lower risk conditions. The higher risk conditions consisted of 103 Primary Diagnosis codes (ICD-10) which accounted for 74% of hospital deaths in England, the remaining codes were categorised as lower risk conditions. RESULTS: There were 10,221,500 emergency hospital admissions during the two-year study period, 23.8% of the patients were admitted on weekends. A total of 391,958 patients died in hospital. Weekend admissions were associated with significantly higher mortality as compared to weekend day admission (Odds Ratio 1.11, 95% CI 1.10–1.12). Mortality within three days of admission (early deaths) was also higher for patients admitted on weekends (OR 1.16, 95%CI 1.14–1.17) and this difference persisted for both higher and lower risks conditions. However, when early deaths were excluded from the analysis, mortality was not affected by weekend admission. CONCLUSIONS: As mortality by three days of admission was not affected by weekend admission, it is probable that the weekend admission effect on mortality is largely due to higher disease severity at admission on weekends rather than a consequence of shortfalls in quality of care on weekends as postulated in previous studies.

**PHP62**

A NOVEL GLOBAL HEALTH DRUG SUBSIDY AMFM: ASSESSMENT OF DEPLOYMENT IN SOUTHERN GHANA

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OBJECTIVES: The Affordable Medicines Facility – malaria (AMfM) is a financing mechanism designed to make artemisinin-based combination therapies (ACTs) a more accessible treatment for malaria (Aspinall 2008). This study assessed the deployment of ACTs in southern Ghana and examined the functional pharmacies, licensed chemical shops and private health facilities in the southern part of Ghana. Structured questionnaires were used to interview attendants at the facilities on knowledge, availability, cost, patronage of the ACTs and training of health workers. RESULTS: Overall, 78% of the facilities stocked the ACTm. Dome had 86.5% and Taifa, 71.1%. The cost per treatment of ACTm ranged from GHC 1.00-4.00, with GHC 1.50 as the mean and median prices. Taifa, had range GHC 1.00-4.00, with GHC 1.50 as the mean and GHC 1.70(12USD) as the median prices. While at Taifa 78.1% of ACTm stocked facilities sold it between GHC 1.00-1.50, only 40.6% did so at Dome (p-value less than 0.001). Seventy seven percent of respondents had good knowledge of the program. The main channels of communication were audio and visual. Thirty seven percent of respondents were trained about the program. Whilst 96.3% of the Trained valued ACTm first choice antimalarial, to non-trained stocked ACTm, 67.5% of untrained stocked the drugs (p-value < 0.001). CONCLUSIONS: AMfM has a higher rate of children, especially with an ethnic background, and people living in rural set-tings than immigrants. They show a lower SES (income, education and type of occupation) and poorer material living conditions than immigrants. The MS-MV show a higher rate of emergency attentions received in the past month, disability, and AHS than immigrants. Other health events were not different between these two population groups. CONCLUSIONS: The MS-MV represents a complex group, affected by socioeconomic deprivation. Some of them may be undocumented im-migrants, but there is little direct evidence to support this. Regardless of their migration status, this is a vulnerable group that needs special consideration in Chile. Equity-centred policy interventions in Chile should focus on improving the living standards and protecting the health of those who were categorised into this group, particularly the children.

### Conclusion**

**PHP60 ASSESSMENT OF GEOGRAPHIC PHARMACY ACCESSIBILITY IN QOM (IRAN): A GEOGRAPHIC INFORMATION SYSTEM ANALYSIS**


OBJECTIVES: To assess the current status of pharmacy accessibility in Qom (a province in Iran) for both pedestrians and drivers. METHODS: The percentage of households living at specified distances (150, 300, 450, 600 and 750 meters) from one pharmacy was calculated using geographic information system (GIS) capabilities. The analysis was performed a second time for 24-hour, 7-day phar-macies (with 1, 2 and 3 kilometers distance) to evaluate geographic pharmacy accessibility during holidays, on weekends, and at night. The maximum acceptable distances for appropriate geographic pharmacy accessibility in normal days and on holidays were considered 750 meters. CONCLUSIONS: For 24-hour, 7-day pharmacies, the results showed that less than 30% and 95% of households, have acceptable pedestrian and driver accessibility, respectively. CONCLUSIONS: The geographic accessibility of pharmacies at night and on holidays has to be addressed by provincial health policymakers. Keeping holidays opened during holidays and at nights in the areas 24-hour, 7-day pharmacy accessibility is poor and also offering financial incentives for pharmacies to be placed in low access areas could be considered as a short term solution.

**PHP61 EXCESS WEEKEND MORTALITY IN HOSPITALS: A RESULT OF HIGHER SEVERITY OF ILLNESS AT THE TIME OF ADMISSIONS?**

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OBJECTIVES: To assess the current status of pharmacy accessibility in Qom (a province in Iran) for both pedestrians and drivers. METHODS: The percentage of households living at specified distances (150, 300, 450, 600 and 750 meters) from one pharmacy was calculated using geographic information system (GIS) capabilities. The analysis was performed a second time for 24-hour, 7-day pharmacies (with 1, 2 and 3 kilometers distance) to evaluate geographic pharmacy accessibility during holidays, on weekends, and at night. The maximum acceptable distances for appropriate geographic pharmacy accessibility in normal days and on holidays were considered 750 meters. CONCLUSIONS: For 24-hour, 7-day pharmacies, the results showed that less than 30% and 95% of households, have acceptable pedestrian and driver accessibility, respectively. CONCLUSIONS: The geographic accessibility of pharmacies at night and on holidays has to be addressed by provincial health policymakers. Keeping holidays opened during holidays and at nights in the areas 24-hour, 7-day pharmacy accessibility is poor and also offering financial incentives for pharmacies to be placed in low access areas could be considered as a short term solution.