

Experiences of 100-hour pharmacies

The control-of-entry exemption for pharmacies opening for 100 hours a week has been cited as a threat to service provision and a boost for patient access.

Ahead of this autumn's White Paper on pharmaceutical services, Tom Moberly looks at the concerns raised and experiences from 100-hour pharmacies

Pharmacies opened under the "100 hours" exemption from control-of-entry regulations in England have proved contentious. Concerns have been raised about their effect on current patient care and on investment in future services. But they have also been seen as providing a much-needed opportunity to open pharmacies in new locations, to improve patient access and to use the extended hours to provide new services.

This autumn a White Paper will consider the proposals made in Anne Galbraith's review of pharmaceutical contractual arrangements (*PJ*, 4 August, p118). The Galbraith review was born out of the Department of Health's review of the control-of-entry changes introduced in April 2005, the most controversial of which has been to allow pharmacies opening for 100 hours a week to be exempt from the condition that they be "necessary and desirable" (or "necessary and expedient", in the new wording [*PJ*, 18 November 2006, p596]).

The DoH's review acknowledged concerns that pharmacies opening under this exemption reduce PCTs' funds, as PCTs pay for essential services, and limit their ability to fund enhanced services and plan service provision. The DoH also heard a number of worries about the impact of the 100-hour pharmacies on existing contractors. For instance, existing pharmacies may find it increasingly difficult to find locum staff, especially during holiday periods. They may be forced out of business, reducing choice for patients. Their business certainty may decrease, and with it their incentives to invest in new services for patients.

The Pharmaceutical Services Negotiating Committee and the All-Party Pharmacy Group have also expressed concerns about abuses of the exemption by pharmacies failing to provide what would normally be thought of as a full range of services for the whole 100 hours, and the APPG called for an urgent review of the exemption. "If it cannot be effectively monitored so that the 100-hour rule is adhered to, with full pharmacy service available throughout, the exemption should cease," the APPG said in its report on the future of pharmacy.

Nonetheless, the potential for 100-hour pharmacies to increase patient access and improve service provision needs to be considered. The DoH says that exempt pharmacies provide proportionally more enhanced services than other pharmacies and it believes that they have improved accessibility for patients, especially during weekends and evenings, when they have opened near GP surgeries or other locations that patients find convenient, although evidence for this is not easily found. The Company Chemists' Association believes that pharmacies opened under the new criteria have given patients access to pharmacies in lo-



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cations that "reflect the changes in shopping patterns that have taken place in the past decade".

In addition, the 100-hour exemption is seen by many pharmacists keen to open their own pharmacy as their only option. For instance, Ben Marks is a pharmacist who may wish to open a pharmacy under the 100-hour exemption. He says: "The problems facing someone wanting to own a pharmacy, and especially young pharmacists like myself, are that goodwill values have risen vastly in the past 10 to 15 years or so, due to lack of supply with increasingly high demand for premises."

He adds: "A 100-hour pharmacy has comparatively low set-up costs compared to purchasing an established pharmacy . . . [and] allows you to improve patient care in various ways. Extended hours would allow people who work to drop their prescriptions off on their way out in the mornings, and collect them when they come back."

He says his main concerns about running a 100-hour pharmacy are finding locum pharmacists willing to work late and the security of staff. "Most places where a 100-hour pharmacy would be viable are probably not the safest places to walk around at night," he comments. However, Mr Marks says that other pharmacists he has spoken to have been wary of opening 100-hour pharmacies because of their fears over high operational costs — opening for 100 hours may consume much or all of the profit.

Mohammed Athaif, who opened a 100-hour pharmacy in the Hall Green area of Birmingham last November, comments: "If I could have opened a pharmacy with a normal contract I would have done, but I would still have wanted to be open later."

He believes an 80-hour contract would have been ideal. "I think 100 hours is too much, really. Some of the hours are just not needed and we feel we are only there for the sake of being open for the full 100 hours."

So far, though, some of the potential difficulties with opening for 100 hours have not arisen, he says. "We have all the shifts covered at the moment and have a few pharmacists on the books from locum agencies, so we've not had trouble finding staff for the hours yet, but that may pose a problem in the future. The pharmacy is on a main road and we've not had many problems in terms of security when the pharmacy is open late."

The extra hours have meant that the pharmacy staff have been able to focus on medicines use reviews and spend more time on them. The pharmacy has also taken on other services, such as smoking cessation. In addition, Mr Athaif thinks that opening for the extra hours has made the pharmacy more accessible for a wide range of people. "Talking to a few of the other pharmacists who've opened 100-hour pharmacies locally, I think we have quite a good mix of people coming in at different times," he says. "We have working people, non-working people, young people and older people."

Keith Sykes opened a pharmacy in Hull under the 100-hour exemption at the beginning of the year. He also believes that using the exemption was the only possible way he and his partner could have opened the pharmacy. "There are already three pharmacies locally so we just wouldn't have been able to get an application approved unless we went for the 100-hour exemption," he says.

The pharmacy has been well received locally and is offering all the extra services that the primary care trust has commissioned from it, including a substance misuse service, minor ailments, emergency hormonal contraception and smoking cessation, Mr Sykes says. "We've also put our hands up to do other services as they become available — so we're looking to do chlamydia testing and needle exchange as soon as the primary care trust begins to offer them." He adds: "We are currently doing OK financially . . . but we didn't start the pharmacy to chase money."

Discussion over the impact of the 100-hour exemption is unlikely to go away anytime soon. Although the Office of Fair Trading is continuing discussions with the DoH and pressing for control-of-entry regulations to be scrapped, the Government has promised to shy away from a major overhaul of the control-of-entry system (*PJ*, 20 January, p63). But, given the criticism levelled at the exemption, the Government may be unlikely to leave the 100-hour criteria entirely as they are.