# *立法會*
# *Legislative Council*

LC Paper No. CB(2)2595/04-05
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of special meeting**
**held on Tuesday, 28 June 2005 at 10:45 am**
**in the Chamber of the Legislative Council Building**

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| **Members present** | : | Hon Andrew CHENG Kar-foo (Chairman)<br>Dr Hon KWOK Ka-ki (Deputy Chairman)<br>Hon Albert HO Chun-yan<br>Hon CHAN Yuen-han, JP<br>Hon Bernard CHAN, JP<br>Hon LI Fung-ying, BBS, JP<br>Hon Vincent FANG Kang, JP<br>Hon LI Kwok-ying, MH<br>Dr Hon Joseph LEE Kok-long<br>Hon Albert Jinghan CHENG |
| **Members absent** | : | Hon Mrs Selina CHOW LIANG Shuk-yee, GBS, JP<br>Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP<br>Dr Hon YEUNG Sum |
| **Public Officers attending** | : | Items II and III<br><br>Ms Susie HO, JP<br>Deputy Secretary for Health, Welfare and Food (Health) 1<br><br>Mr Jeff LEUNG<br>Principal Assistant Secretary for Health, Welfare and Food (Health) 1 |

Dr LEUNG Ting-hung
Deputy Director of Health

Dr Cindy LAI
Assistant Director of Health (Special Health Services)

Mr Anthony CHAN
Chief Pharmacist, Department of Health

Item IV

Mrs Ingrid YEUNG
Deputy Secretary for Health, Welfare and Food (Health) 2

Ms CHAN Woon-yee, Julina
Principal Assistant Secretary for Health, Welfare and Food (Health)3

Dr Vivian WONG, JP
Director (Professional Services & Medical Development)
Hospital Authority

Dr Aylwin CHAN
Executive Manager (Medical Services Development) Hospital Authority

All items

Mr H K WONG
Assistant Secretary for Health, Welfare and Food (Health) 5

**Clerk in attendance** : Ms Doris CHAN
Chief Council Secretary (2) 4

**Staff in attendance** : Mr Paul WOO
Senior Council Secretary (2) 3

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**I. Information paper(s) issued since the last meeting**
(LC Paper Nos. CB(2)2087/04-05(01) and CB(2)2132/04-05(01))

Members noted that the above papers had been issued to the Panel.

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**II. Separation of prescribing from dispensing of drugs**
(LC Paper No. CB(2)2086/04-05(01))

2. Deputy Secretary for Health, Welfare and Food (Health)1 (DSHWF(H)1) briefed members on the paper provided by the Administration on separation of prescribing from dispensing of drugs (SPD). The paper explained that in the present context, SPD was taken to mean that the doctor's dual role of disease diagnosis with prescription and drug dispensing was to be separated. The doctor would assume the role of disease diagnosis with prescription only, leaving the role of drug dispensing to an independent person (a pharmacist or a trained dispenser) who would do so according to the direction of the doctor written in a prescription. DSHWF(H)1 invited members to note a draft guideline on good dispensing practice in private doctors' clinics attached to the Administration's paper prepared by the Hong Kong Medical Association (HKMA) in response to recent community concern over a case of prescription of drug by a doctor in private practice. The guideline was being finalised for distribution to doctors.

3. DSHWF(H)1 informed members that the Administration's position was that SPD could have far-reaching implications on the current role of doctors in solo-practice, the manpower demand for pharmacists, and medical spending of the public etc. It could also involve a major change of patient behaviour. The matter would require thorough discussion by the stakeholders and the community at large. The Administration considered that a consensus should be reached by members of the community before any major change should be made. It would continue to listen to views and engage the parties concerned in the discussion before deciding the way forward.

Issues raised by members

4. The Chairman said that the issue of whether SPD should be implemented in Hong Kong had been raised and discussed since 1995 but a decision was still hanging in the balance. He considered that the Government should formulate a policy direction as soon as possible to facilitate constructive public discussions to decide if any change should be introduced and the way to proceed. He added that in the interim, the Government and the relevant institutions should review whether there was sufficient supply of pharmacists, and if not, take actions to address the shortage. Education and training for drug dispensers should also be strengthened to reduce the risk of dispensing errors.

5. Mr Albert CHENG urged the Administration to expeditiously conduct a study on the implementation of the SPD, or else the existing vicious cycle would continue. Mr CHENG further said that the concern about the lack of pharmacists

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should not be a hindrance to the implementation of the SPD, as public demand for the SPD would ultimately attract more people to train to become pharmacists as well as drawing pharmacists practising overseas to return to Hong Kong to work. Moreover, more and more pharmacies/dispensaries would be willing to operate longer hours, or even round the clock, to cater to public needs.

6. Dr Joseph LEE pointed out that medical clinic assistants who performed drug dispensing duties were not required to obtain certain training or satisfy certain minimum qualifications for the performance of such duties. In practice, many clinic assistants had not received any formal training on drug dispensing. He asked about the training opportunities available to clinic assistants to enhance their competence in this area of work.

7. Deputy Director of Health (DDH) replied that education and training courses were available to drug dispensing staff. He said that institutions including the Hong Kong Institute of Vocational Education, the Open University of Hong Kong, the Federation of Medical Societies of Hong Kong and the College of Nursing, Hong Kong were offering various courses on pharmacy and drug dispensing practices, as well as courses designed specifically for clinic assistants. Some courses had been orgainsed for years. He added that some new courses suitable for clinic assistants would be offered starting from September 2005.

8. DSHWF(H)1 supplemented that under the Professional Code and Conduct promulgated by the Medical Council of Hong Kong (HKMC), which set out the professional responsibilities to patients, medical practitioners were required to exercise effective personal supervision over the persons employed to perform specialised functions, and to retain final responsibility for the treatment of the patients. The HKMC had set up a Working Group to review ways and means to ensure the safe dispensing of drugs in private doctors' clinics. The HKMA's draft guideline on safe drug dispensing had been provided to the HKMC for its consideration.

9. Dr KWOK Ka-ki agreed that more training courses on drug dispensing should be organised. He requested the Administration to provide more specific information on the existing courses and the new courses which would be offered.

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10. Mr Albert CHENG said that in his personal experience, he had never seen doctors checking with their clinic assistants to ensure that the drugs they prescribed were correctly dispensed to patients. He considered that an effective monitoring mechanism should be put in place. He also suggested that clinic assistants should be required to undergo mandatory training on drug dispensing before they were allowed to do the job. Mr Vincent FANG supported the proposal as in his view, SPD was not sufficient to ensure safe drug dispensing. He pointed out that those doctors who had a very busy schedule might not be able

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to closely monitor the dispensing because of heavy workload. To minimise drug dispensing errors, it was necessary to strengthen training and impose formal training requirements on the clinic assistants performing drug dispensing duties.

11. DSHWF(H)1 said that as stated in the HKMA's draft guideline, the doctor should be in charge of a system of safe dispensing and supervise all clinic staff to adhere to the system. It was the doctor's responsibility to ensure that the drugs were properly dispensed to the patients. The doctor should double-check the medication before dispensing. She said that she could see no grounds for medical doctors, being practitioners subject to professional codes of conduct, to avoid such responsibilities. As regards formal qualifications and training on drug dispensing, she said that the Administration would consider members' views in consultation with the HKMC and HKMA.

12. Mr LI Kwok-ying considered that supervision of drug dispensing by the pharmacists should also be strengthened. DDH replied that pharmacists were registered professionals whose conduct was subject to regulation by the Pharmacy and Poisons Board. Professional misconduct could lead to disciplinary actions against the pharmacist concerned, including warning or suspension or cancellation of practice.

13. Mr LI Kwok-ying pointed out that there had been reported incidents of pharmacists recommending to the patients medicines different from that prescribed by doctors. DDH responded that it would be a breach of professional conduct if a pharmacist dispensed drugs other than that prescribed by the doctor. He said that if a pharmacist had doubts about the suitability of a certain medicine to the patient, the pharmacist should bring it to the personal attention of the prescribing doctor. DSHWF(H)1 added that the Administration had a duty to act as a linkage between the medical and pharmacy professions for fostering cooperation and communication, and to identify whether there were inadequacies in the existing system. She took note of the issue raised by Mr LI Kwok-ying and undertook to follow up the matter with the two professions.

14. Mr Albert HO said that both doctors and pharmacists were medical professionals playing important roles in treatment of patients. There had been suggestions to review the drug prescription and dispensing functions of private doctors and enhance the drug dispensing role of pharmacists, taking into account the practices adopted in other jurisdictions. He supported a detailed review to be conducted. He also considered that communication and collaboration between doctors and pharmacists on drug prescription and dispensing should be strengthened.

15. DSHWF(H)1 agreed that a directional study on the role and functions of doctors and pharmacists would assist the future development of the two

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professions. She said that the matter would be considered in the context of a comprehensive study on SPD, which the Administration would take forward appropriately in the light of wide-ranging public consultations.

16. DDH added that there was scope for strengthening collaboration between doctors and pharmacists in drug administration.

17. Mr Albert HO asked whether consideration would be given to introducing new measures to improve general drug management, e.g. by requiring that shops (apart from registered dispensaries) where large quantities of drugs were stored and distributed should be supervised by a registered pharmacist. DSHWF(H)1 replied that the Administration had no intention to require shops not engaging in drug dispensing to employ a pharmacist to carry out supervision. She added that so far as registered dispensaries were concerned, a pharmacist would normally be present during at least two-thirds of the opening hours of the dispensaries. She said that whether there was a need to extend the period of presence of pharmacists could be reviewed.

18. In reply to a further question from Mr Albert HO, Chief Pharmacist said that the pharmacies of public and private hospitals had pharmacists responsible for procuring and supervising the storage of drugs and accounting for the dispensing.

19. Dr KWOK Ka-ki pointed out that SPD had in fact been practised in public hospitals and clinics and private hospitals. The patients could, if they so wished, request the doctor to issue a prescription of the drugs to be dispensed by a pharmacist. In practice, many private doctors made prescriptions for their patients, particularly those suffering from chronic diseases, to purchase the medicines from community pharmacies. He said that SPD had both merits and demerits, and there had been expressions of concern that SPD could mean higher costs to the patients and add to their inconvenience. In his view, a decision on whether compulsory SPD should be introduced in Hong Kong would depend on the outcome of public discussions and a community consensus.

20. Ms LI Fung-ying considered that patients should be given a choice in deciding whether they should obtain medicines directly from their attending doctors or from pharmacists using the doctors' prescriptions. She expressed reservation about introducing mandatory SPD.

Motion

21. Dr Joseph LEE proposed the following motion -

"本會促請政府積極研究制定醫藥分家的政策。"

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(Translation)

"That the Panel urges the Administration to proactively consider the promulgation of a policy on separation of prescribing from dispensing of drugs."

22. The Chairman invited Dr Joseph LEE to speak on his motion, and put Dr LEE's motion to vote. Four members voted for, one member voted against, and one member abstained from voting. Dr Joseph LEE's motion was carried.

23. The Chairman called on the Administration to take account of the motion passed by the Panel. Admin

Information sought

24. Admin The Chairman requested the Administration to respond in writing on -

(a) the anticipated timeframe for concluding consultation and deciding whether SPD should be implemented;

(b) assessment of the impact of SPD on the demand for pharmacists and measures to be taken to ensure that there would be sufficient pharmacists to cater for the demand; and

(c) the steps that would be taken to ensure sufficient training of pharmacists and drug dispensers.

## III. Abuse of cough preparations containing codeine
(LC Paper No. CB(2)2086/04-05(02))

25. DSHWF(H)1 and DDH briefed members on the Administration's paper, which explained the current control of sale of cough preparations containing codeine, and the current efforts on public education, treatment and rehabilitation in relation to substance abuse.

Issues raised by members

26. Dr KWOK Ka-ki said that according to the Action Committee Against Narcotics (ACAN), the number of young people abusing the use of codeine preparations had been on the increase. He urged the Administration to introduce an effective monitoring mechanism to contain the situation, pointing out that abuse of codeine preparations was the first and easy step leading to more serious drug abuses, as shown by various research studies. In his view, the existing

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requirement that a record must be kept of every sale transaction of cough preparations containing codeine at more than 0.1% was not an effective deterrent, as the abusers still had no difficulties in buying the preparations from different pharmacies, adding up to large quantities.

27. Dr KWOK further said that the existing law enforcement actions of inspecting each community pharmacy twice a year and conducting less than two test-purchases each day (a total of 679 test-purchases in 2004) on average were inadequate in detecting illegal sale of drugs. He considered that the Administration should step up the enforcement efforts.

28. DSHWF(H)1 said that the Administration would review the need for strengthening enforcement actions. She added that in conducting enforcement activities, the Administration would take into account the need to inspect those community pharmacies with a poorer record of law compliance more frequently. Offenders in violation of the law would be prosecuted.

29. In reply to Ms LI Fung-ying's questions, DDH said that there were at present 28 pharmacist inspectors who made inspections either on their own or in collaboration with Police officers. The Administration would deploy additional resources to intensify enforcement operations if necessary. The Administration also employed contract staff to undertake test-purchases. He further said that shops other than authorised sellers of poisons were not allowed to store or sell preparations containing codeine. No such shops had been found engaging in illegal storage or sale of cough preparations in the past.

30. In reply to Mr LI Kwok-ying, Chief Pharmacist said that the Administration had instituted 10 prosecutions against authorised sellers of poisons for illegal sale of cough preparations in 2004. The convicted offenders would be subject to disciplinary sanctions of the Disciplinary Committee of the Pharmacy and Poisons Board. The sanctions might result in a warning or suspension or cancellation of licence. DDH added that the maximum fines actually imposed by the court for illegal sale of cough preparations in the past three years were $25,000. Regarding the 10 prosecution cases in 2004, six offenders had been convicted, while the remaining four cases were being listed for hearing. Of the six convicted offenders, one had his licence temporarily suspended, three had terminated operation, while two were awaiting the result of disciplinary proceedings. He further said that the Pharmacy and Poisons Board, in vetting a licence application or re-application, would take into account the legal criteria set out in the law as well as the past track record of the applicant.

31. Mr Albert CHENG enquired about the legal penalty for illegal purchase of cough preparations containing codeine. Chief Pharmacist replied that under the Pharmacy and Poisons Ordinance, the maximum penalty was $100,000 and

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imprisonment for two years. Mr CHENG considered that the maximum penalty for illegal purchase and sale of drugs should be increased.

32. Miss CHAN Yuen-han considered that more manpower resources should be provided for strengthening enforcement actions. She also suggested that the Administration should discuss with the Department of Justice on how to step up prosecutions and enhance the deterrent effect.

33. Noting that there were about 450 authorised sellers of poisons in Hong Kong, Mr Vincent FANG suggested that an information system should be put in place to enable free flow of records of buyers of cough preparations so that the purchase and sale of the preparations could be tracked and controlled more effectively.

34. DSHWF(H)1 replied that the proposal would have cost implications for the pharmacy operators and it would not be considered at this stage. She added that cough preparations had legitimate and common use by members of the public. In considering whether the monitoring on the sale of cough preparations should be further strengthened, a balance had to be struck between restricting the availability of the preparations to control abuse and allowing the preparations to be accessible to members of the public for legitimate use. In the view of the Administration, enforcement activities including inspections, test-purchases and prosecution were effective regulating measures.

35. Dr KWOK Ka-ki suggested that the Administration should consider the practice adopted in the United States, where purchase of cough preparations containing codeine at more than 0.2% required a doctor's prescription. Mr LI Kwok-ying supported the proposal. DSHWF(H)1 said that she would convey the suggestion for the consideration of the Pharmacy and Poisons Board.

36. Dr KWOK Ka-ki said that issues relating to control of drug abuse involved also the Narcotics Division and the ACAN. He suggested that the Panel should follow up the subject matter at another meeting and representatives from the Narcotics Division and ACAN should be invited to attend to participate in the discussion. He requested the Administration to coordinate the views of the Narcotics Division and ACAN and provide a paper to the Panel to facilitate future discussion.

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37. The Chairman said that the Panel would follow up the matter in the coming legislative session.

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**IV. Services at General Outpatient Clinics**
(LC Paper No. CB(2)2086/04-05(03))

38. Referring to the paper provided by the Administration on the services provided at General Outpatient Clinics (GOPCs) operated by the Hospital Authority (HA), Deputy Secretary for Health, Welfare and Food (Health)2 (DSHWF(H)2) invited members to take note of an omission in paragraph 6 of the paper. She pointed out that the original third sentence in the paragraph should read *"…the clinic at Our Lady of Maryknoll Hospital (OLMH) has changed the "disc" allocation method to distributing all "discs" for the morning and afternoon sessions in the morning in one lot,…"*.

39. The Chairman invited questions from members and the Administration to respond.

Issues raised by members

40. Miss CHAN Yuen-han said that she had received complaints, mostly from elderly patients, that they could not get an appointment disc even though they had turned up at the GOPCs very early in the morning. This had created great problems for the patients, forcing them to queue up earlier and earlier at the clinics. She considered that the existing system should be reviewed and improved.

41. DSHWF(H)2 explained that at present, most of the discs were allocated to the patients through the queuing method, i.e. on a first-come-first-served basis. A lot of GOPCs allocated discs for the morning, afternoon and evening sessions at different times of the day. However, some GOPCs might wish to adopt a different method to suit the needs of their patients, taking account of the attendance situation and the queuing time for obtaining a disc. For example, as explained in the Administration's paper, the OLMH had adopted a new method of allocating discs, having considered the result of an opinion survey on the patients, the majority of whom preferred the new method.

42. Director (Professional Services & Medical Development, HA) (D/PSMD) added that for some GOPCs, the method of allocating all discs for the day in the morning had attracted a large number of patients arriving early at the clinic at around the same time. In order to relieve the possible stress and weariness queuing might bring to GOPC patients, HA was exploring a number of options. The proposed improvement measures were highlighted in paragraph 7 of the Administration's paper. One of the options was to revert to the old practice of distributing discs for different sessions at different times. Under this arrangement, patients in non-acute cases or patients intending to seek consultation in the afternoon or evening sessions would not have to join the queue in the morning. Other options, such as giving chronic patients drugs for a longer

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duration, allocating appointments immediately after each consultation for chronic diseases and the use of telephone booking etc could reduce the number of patient visits and assist patients to obtain an appointment booking without having to queue up.

43. D/PSMD further pointed out that the HA had taken over the management of 59 GOPCs from the Department of Health in July 2003. Separately, HA operated 10 GOPCs on its own. At present, the take-up rate for the total number of attendance quota made available varied from about 70.8% to 99.3%. The capacity of some GOPCs was therefore not fully utilised. Another measure which would help to enhance the utilisation of GOPC service was to provide better channels to inform the patients of the clinics which had spare capacity to facilitate their choice of changing to a different clinic, where they could obtain the service more easily and conveniently.

44. Noting that each clinic had a fixed quota of discs to be allocated each day and there were different quotas for different targetted patient groups, i.e. the elderly, Government servants and others, Dr Joseph LEE said that the quotas should be made known to the public. He added that attendances at the GOPCs each day and the number of patients who could not obtain a consultation should be closely monitored to assess whether additional resources should be provided to the GOPCs to improve the service.

45. D/PSMD said that the quotas allowed for different groups of patients at GOPCs were made known to the patients and the utilisation rates of the quotas hd been quite steady. Generally speaking, it was easier for the patients to obtain a consultation appointment in the afternoon session. She reiterated that the overall take-up rate of the service was below full utilisation and there was not a great number of patients being turned away. DSHWF(H)2 added that resources provided by HA had increased since the transfer of the GOPCs to HA in 2003 to improve service quality.

46. Dr Joseph LEE and Mr LI Kwok-ying considered that informing patients of clinics with spare capacity would not necessarily help because patients might still be unable to obtain an appointment when they approached the other clinics on a different date.

47. Referring to the proposal to give drugs to chronic patients for a longer duration, Mr Vincent FANG cautioned that it should be implemented carefully to avoid wastage.

48. Dr KWOK Ka-ki, Mr Vincent FANG and Mr LI Kwok-ying opined that the proposal to operate an Interactive Voice Response System through which appointment bookings could be made on the phone would not help the elderly

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patients as they would have difficulties in using the system. The proposal might even prejudice the elderly patients who did not know how to use the system vis-à-vis other users. D/PSMD responded that HA had conducted consultation on the proposal. HA considered that the proposal could also assist those elderly patients who did not know how to use the telephone system but could get others to make the booking for them. Moreover, a quota could be allotted specifically for the elderly patients to ensure that the booking slots would not be used up by other categories of patients.

49. Dr KWOK Ka-ki considered that elderly patients attending GOPCs should be treated with priority. He suggested that HA should conduct research studies on the demand of elderly patients for GOPC services with a view to better catering for their needs. DSHWF(H)2 noted the view. She said that priority had in fact been given to elderly patients through reserving a specific number of discs for them. In addition, elderly patients were also entitled to use the spare quotas for other patient groups.

50. Mr Albert HO said that he had received complaints from some chronic patients seeking consultation at GOPCs that they could not obtain certain medicines from the GOPC which they previously received from the Specialist Outpatient Department (SOPD), and were given a different medicine which was less effective.

51. D/PSMD replied that the medicines obtainable from GOPCs and SOPDs were not entirely the same. Generally speaking, medicines used by SOPDs, which provided specialist treatment to patients, were special drugs, some of them might not be available in GOPCs. She said that there was a proper mechanism governing transfer of patients between SOPDs and GOPCs, and the attending doctors in the two branches should have full regard to the clinical conditions and ensure provision of appropriate medication to the patients. The case of less effective medicine being prescribed for the patients would not normally arise.

Visit to GOPCs

52. The Chairman informed members that he would move a motion on improving general outpatient services for debate at the Council meeting on 7 July 2005. He had requested the Health, Welfare and Food Bureau (HWFB) to arrange an early morning visit to GOPCs for members of the Panel in the next few days to observe the queuing of patients seeking consultation at the clinics, including the distribution of appointment discs, and to invite the Chief Executive (CE) to join the visit. DSHWF(H)2 said that she had relayed the Panel's request to the CE's Office and was liaising with the latter on the visit and would revert to the Panel as soon as the CE's Office had replied.

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53. There being no other business, the meeting ended at 1:00 pm.

Council Business Division 2
Legislative Council Secretariat
16 September 2005