

立法會
Legislative Council

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(These minutes have been seen
by the Administration)

Panel on Health Services

**Minutes of special meeting
held on Tuesday, 14 June 2011, at 4:45 pm
in the Chamber of the Legislative Council Building**

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)
Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)
Hon Fred LI Wah-ming, SBS, JP
Hon LI Fung-ying, SBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Hon CHAN Hak-kan
Hon CHAN Kin-por, JP
Hon CHEUNG Kwok-che
Dr Hon PAN Pey-chyou
Hon Alan LEONG Kah-kit, SC
Hon Albert CHAN Wai-yip
- Member attending** : Hon IP Wai-ming, MH
- Members absent** : Hon Albert HO Chun-yan
Ir Dr Hon Raymond HO Chung-tai, SBS, S.B.St.J., JP
Hon CHEUNG Man-kwong
Hon Andrew CHENG Kar-foo
Hon Cyd HO Sau-lan
Hon IP Kwok-him, GBS, JP
- Public Officers attending** : Professor Gabriel M LEUNG, JP
Under Secretary for Food and Health

Miss Gloria LO
Principal Assistant Secretary for Food and Health
(Health)2

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Miss Anna LEE
Chief Pharmacist
Hospital Authority

Attendance by invitation : Democratic Party of Hong Kong

Mr Mark LI
Health Group Convener

Hong Kong Neuro-Muscular Disease Association

Mr LAU Wai-ming
Vice Chairman

Ms HUI Kit-sam

The Hong Kong Association of the Pharmaceutical Industry

Dr Sian NG
President

The Society of Hospital Pharmacists of Hong Kong

Mr William CHUI Chun-ming
Vice-President

Hong Kong Adult Blood Cancer Group Ltd.

Mr Anthony WONG
Executive

The Hong Kong Medical Association

Dr CHOI Kin
President

Consumer Council

Ms Rosa WONG
Head, Research and Trade Practices Division

Alliance for Patients' Mutual Help Organizations

Mr CHEUNG Tak-hei
Vice-Chairman

Retina Hong Kong

Mr TSANG Kin-ping
President

Civic Party

Mr Jeremy TAM
District Developer

The Brightening Association (HK) Ltd.

Ms NGAI Ching-wa

Ms NG Yau-fong

The Thalassaemia Association of Hong Kong

Ms SIU King-lan
Committee Member

Clerk in attendance : Ms Elyssa WONG
Chief Council Secretary (2)5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2)5

Ms Priscilla LAU
Council Secretary (2)5

Ms Sandy HAU
Legislative Assistant (2)5

Action

I. Drug Formulary of the Hospital Authority

(LC Paper Nos. CB(2)973/10-11(05), CB(2)1602/10-11(01), CB(2)2003/10-11(01) to (07), CB(2)2026/10-11(01), CB(2)2055/10-11(01) to (04), CB(2)2089/10-11(01) & (02) and CB(2)2123/10-11(01))

Views of deputations

At the invitation of the Chairman, the following 12 deputations presented their views on the Hospital Authority ("HA") Drug Formulary ("the Formulary") -

- (a) Democratic Party of Hong Kong;
- (b) Hong Kong Neuro-Muscular Disease Association;
- (c) The Hong Kong Association of the Pharmaceutical Industry;
- (d) The Society of Hospital Pharmacists of Hong Kong;
- (e) Hong Kong Adult Blood Cancer Group Ltd.;
- (f) The Hong Kong Medical Association;
- (g) Consumer Council;
- (h) Alliance for Patients' Mutual Help Organizations;
- (i) Retina Hong Kong;
- (j) Civic Party; and
- (k) The Brightening Association (HK) Ltd.; and
- (l) The Thalassaemia Association of Hong Kong.

2. Members also noted the written submissions from the following individual/organizations -

- (a) Mr YEUNG Wai-sing;
- (b) Oral Chemotherapy Advocacy Group; and

Action

- (c) The Pharmaceutical Society of Hong Kong.

A summary of views of the depositions is in the **Appendix**.

The Administration's response

3. Responding to the views expressed by the depositions, Under Secretary for Food and Health ("USFH") made the following points -

- (a) HA's total drug expenditure had increased from \$2.28 billion in 2007-2008, which accounted for 7.3% of its total recurrent operating expenditure, to \$2.99 billion in 2010-2011, which accounted for 8.4% of its total recurrent operating expenditure;
- (b) it was prudent for the Administration to ensure that the finite public resources would be utilized with maximal effect of healthcare to best serve the needs of the community. HA had standardized the drug policy and drug utilization in HA since July 2005 through the implementation of the Formulary with a view to ensuring equitable access by patients to cost-effective drugs of proven safety and efficacy. For drugs proven to be of significant benefits but extremely expensive for HA to provide as part of its subsidized service, partial or full subsidy could be provided through the safety net of the Samaritan Fund to needy patients to cover their expenses on these drugs;
- (c) with support from the expert panels, the HA Drug Advisory Committee ("DAC") and the HA Drug Utilization Review Committee would systematically appraise new drugs every three months and conduct periodic reviews on existing drugs in the Formulary respectively. The review process followed an evidence-based approach and adopted specific evaluation criteria, and would take into account, among others, international practices and views of patients groups. In 2009-2010 and 2010-2011, an additional funding of \$230 million had been allocated to HA to meet the additional drug expenditure arising from the incorporation of six drugs for treatment of rare metabolic diseases and two drugs for treatment of cancer in the special drug category of the Formulary, and the expansion of the clinical applications of 12 drug classes for the treatment of various diseases. In

Action

2011-2012, an additional recurrent funding of \$237 million would be allocated to HA to further expand the clinical applications of eight drug classes for the treatment of a range of diseases and introduce a new drug as special drug for the treatment of cancer in the Formulary;

- (d) HA had also expanded the coverage of the safety net under the Samaritan Fund to benefit more patients in recent years. At present, a total of 14 self-financed drugs were covered under the Samaritan Fund. As a result of the expansion, the subsidies granted by the Samaritan Fund on drugs had increased substantially from \$17.3 million in 2004-2005 to \$150 million in 2010-2011. To meet the rising demand for assistance, the Government had injected \$1 billion to the Samaritan Fund in 2008-2009. Two assistance programmes, viz. providing subsidy for specified self-financed cancer drugs which had not yet been brought into the Samaritan Fund safety net but had been rapidly accumulating medical scientific evidence and with relatively higher efficacy; and providing subsidy to needy patients who marginally fell outside the Samaritan Fund safety net for the use of Samaritan Fund subsidized drugs, would also be rolled out under the Community Care Fund in the third quarter of 2011 and the first quarter of 2012 respectively; and
- (e) as part of the continuous efforts to enhance its accountability and partnership with the community, HA established in 2009 a formal consultation mechanism under which annual consultation meetings would be convened to gather the views of patient groups on the introduction of new drugs and review of existing drugs in the Formulary or covered by the Samaritan Fund. The views and suggestions received would be presented to the relevant committees for consideration. Since the establishment of the mechanism, three consultation meetings had been held in May 2009, June 2010 and May 2011 respectively with wide patient group participation. A number of changes to the Formulary and the scope of the Samaritan Fund had been made in response to the views and suggestions of patient groups, details of which were set out in paragraph 10 of the Administration's paper (LC Paper No. CB(2)973/10-11(05)).

Action

4. Director (Cluster Services), HA then briefed members on the measures to be introduced by HA to enhance the transparency of the Formulary and to improve the accessibility of information and communications with relevant stakeholders on the Formulary, details of which were set out in the Administration's letter dated 21 April 2011 in response to the requests made by the Panel in this regard at the meeting on 14 February 2011 (LC Paper No. CB(2)1602/10-11(01)).

Discussion

Provision of drugs at individual cluster/hospital

5. Dr PAN Pey-chyou urged the Administration to allocate more resources to HA so that the coverage of the Formulary could be further expanded to benefit more patients suffering from serious or chronic diseases. Sharing the concern of The Hong Kong Association of the Pharmaceutical Industry over the variation in the provision of drugs across different clusters due to the difference in their size of budget for purchasing drugs, Dr PAN asked whether consideration could be given to standardizing the drug provision in HA.

6. USFH advised that at present, there were around 1 300 standard drug items in the Formulary. Individual clusters would, according to their service provision and targeted patients, stock part of the drugs listed in the Formulary. There was, however, room for improvement and efforts would be made to ensure that commonly used drugs would be available in all hospital clusters, and patients in similar clinical conditions would have access to the same drug therapy regardless of which hospital they visited.

7. Director (Cluster Services), HA supplemented that there would not be a great difference in the available drugs for the treatment of common types of disease across different clusters. However, the time lag between the inclusion of a new drug in the Formulary and the date the drug was included in the drug list of a cluster might vary, as the latter depended on the knowledge and experience of the doctors of each cluster in using the drug concerned.

8. The Chairman enquired whether administrative arrangement could be made by HA to enable patients who were prescribed with drugs that were not available in the hospital they visited to get the drugs concerned from other hospitals.

Action

9. Director (Cluster Services), HA responded that HA did not encourage such arrangement, as it was the responsibility of each hospital to include the drugs their patients required in its drug list. Mr IP Wai-ming said that he could not accept the Administration's explanation.

10. Ms LI Fung-ying was of the view that the prevailing arrangement to allow each cluster/hospital to decide on their own the drugs to be included in its drug list was at variance with the objective of introducing the Formulary, which was to standardize the drug policy and drug utilization in HA to ensure equitable access by patients to drugs.

11. Director (Cluster Services), HA explained that it was common that there were 30 to 40 drugs with similar efficacy available in a drug class. Instead of stocking all these drugs, a hospital would systematically select the drugs to be included in its drug list to facilitate the adoption of a more unified approach of treatment by its frontline doctors.

12. Mr IP Wai-ming maintained his concern about the difference in resources available to each hospital for purchasing drugs and the time lag between the inclusion of a new drug in the Formulary and the date the drug was included in the drug list of a cluster/hospital. This was evident from the fact that some hospitals, such as those in the Hong Kong East and Hong Kong West clusters, had a more comprehensive list of drugs than other hospitals, such as those in the New Territories East and New Territories West clusters.

13. USFH explained that rigidly requiring all hospitals to introduce the new drugs concurrently might result in a delay in the overall introduction time for various reasons. That said, efforts would continue to be made to listen to the views from members and patient groups in this regard to further improve the operation of the Formulary.

14. Mr CHEUNG Kwok-che was of the view that the list of drugs of individual hospital should be uploaded to the website of HA to facilitate public's understanding and comparison on the availability of drugs across different hospitals. USFH agreed to explore the feasibility of the suggestion. USFH further said that patients were encouraged to ask for more details from their attending doctors when there was a change in drug prescription.

Action

Review criteria for the Formulary

15. Ms LI Fung-ying enquired about the weighting of the factors of efficacy, safety and cost-effectiveness for the review of individual drugs.

16. Director (Cluster Services), HA advised that efficacy and safety were the most important considerations in the selection of drugs. The factor of cost-effectiveness would only come into play in the context of deciding whether a drug should be positioned as a general drug, special drug, self-financed item with safety net or self-financed item without safety net. Director (Cluster Services), HA stressed that as resources were finite, there was a need to consider the benefits derived from the alternative uses of the resources (i.e. the opportunity cost), such as using the resources for conducting investigations and surgeries.

17. Ms LI Fung-ying considered that HA should accord a higher priority to drugs with same efficacy but fewer side effects. Director (Cluster Services), HA responded that the committees and expert panels would take into account the factor of side effects as well as various other factors, such as pharmacological class, disease state, patient compliance, impacts on healthcare costs, when reviewing individual drugs.

18. While agreeing that finite public resources should be utilized with maximal effect of healthcare, Ms Audrey EU stressed the need to enhance transparency of the decision-making process for evaluation of new drugs and review of existing drugs in the Formulary. She invited the views of The Hong Kong Association of the Pharmaceutical Industry on how the pharmaceutical manufacturers could be engaged in the decision-making process of DAC.

19. Dr Sian NG of The Hong Kong Association of the Pharmaceutical Industry pointed out that under the existing mechanism, only doctors of HA but not pharmaceutical manufacturers could submit applications to DAC for evaluation of new drugs for incorporation into the Formulary. In addition, unlike some overseas countries, the manufacturers would not be given an opportunity to give a presentation on the drugs concerned and answer questions from DAC, nor would the doctors who sought to apply for the inclusion of the drugs concerned in the Formulary be invited to give their expert opinions in the discussion process.

20. Ms Audrey EU urged HA to allow pharmaceutical manufacturers to submit to DAC applications for evaluation of new drugs for inclusion

Action

into the Formulary. To enhance transparency of the decision-making process, consideration could be given to allowing the manufacturers concerned to give an oral presentation to DAC, as well as informing them of the decisions of DAC on their applications and the primary reasons for arriving at the decisions.

21. Director (Cluster Services), HA explained that under the prevailing mechanism, only the Drug and Therapeutics Committees of individual clusters/hospitals could submit applications to DAC for consideration. HA would notify the pharmaceutical manufacturers concerned of the applications and invite them to submit relevant information to facilitate DAC's consideration. As regards the communications of the review outcomes, Director (Cluster Services), HA advised that at present, after an application for new drug evaluation was considered by DAC, the applicant would be issued a reply which set out the recommendations of the committee and a list of references that had been considered in the process. The decision of the committee would also be disseminated to the chairmen of the Drug and Therapeutics Committees and the pharmacy managers of all hospitals in HA. To enhance transparency of the decision-making process and strengthen the communication with both internal and external stakeholders, HA would in due course upload to its intranet and internet websites the decisions of DAC on individual applications, together with the primary reason for rejection as the case might be and a list of references that had been taken into account in the process of consideration of the applications.

22. Mr IP Wai-ming enquired whether consideration could be given to making public the list of drugs that HA decided not to include in the Formulary on a regular basis.

23. Director (Cluster Services), HA responded that at present, the most-to-date version of the Formulary would be uploaded to the website of HA for public access. Consideration could be given to improving the presentation of the information to enable members of the public to identify the changes made to the Formulary.

24. The Chairman considered that as a step to enhance transparency, HA should provide the patient groups attending the meeting with detailed scientific cost-effectiveness analyses showing reasons why the drugs of their concern were not included in the Formulary.

Composition of DAC

25. Noting that HA only proposed to disclose on its website the professional composition of DAC and the individual specialties of the relevant expert panels, Mr Albert CHAN said that he could not see the reason why disclosing also the names of individual members serving on the committees would exert unwarranted pressure on committee members and undermine the impartiality of expert opinions in the discussion process. He invited the views of The Hong Kong Medical Association on whether this would be the case. Mr CHAN expressed concern that the non-disclosure of the names of individual members would make the public unable to monitor effectively whether there were cases of "transfer of benefit" to individual pharmaceutical manufacturers in the decision-making process.

26. Dr CHOI Kin of The Hong Kong Medical Association said that the Association had long indicated its wish to participate in the discussion process of new drug evaluation and the review of existing drugs in the Formulary since the Formulary was implemented in 2005.

27. Citing the similar arrangement of the World Health Organisation in the procurement of human swine influenza vaccine as an example, USFH stressed that it was necessary for HA not to disclose the names of individual members serving on DAC and the relevant expert panels so as to minimize unwarranted pressure on committee members and to ensure the impartiality of expert opinions in the discussion process.

28. Mr CHEUNG Kwok-che held a different view, pointing out that it was incumbent on all healthcare professionals to act independently and professionally in the best interest of patients. In the light of this, disclosing the names of individual members serving on the committees would in no way undermine their professional judgment. In response to Mr CHEUNG's enquiry about whether the non-disclosure arrangement was a decision made by the Administration or a request from members of the committees, USFH said that the arrangement was agreed by both parties.

29. Citing his experience of applying for evaluation of new drugs for the treatment of Dementia whereby the membership of DAC did not comprise experts in the specialty when considering the application, Dr PAN Pey-chyou asked whether consideration could be given to inviting experts from the relevant specialties to take part in the meetings of DAC to provide the committee with specialist views on the drugs under consideration and answer questions from members.

Action

30. While agreeing to consider Dr PAN's suggestion, Director (Cluster Services), HA pointed out that DAC was at present supported by 21 expert panels which would provide specialist views on the selection of drugs for individual specialties in the process of consideration of the applications for new drug evaluation.

Patient education

31. Mr IP Wai-ming was concerned that some patients who were prescribed with new drugs were given no explanation about the reason for the change.

32. USFH advised that efforts would be made by frontline healthcare personnel to step up communication with patients on the information pertaining to the prescription of drugs. Director (Cluster Services), HA supplemented that consideration would be given to engaging professional bodies to provide patient education on management of chronic diseases.

Conclusion

Research
Division

33. To facilitate consideration of members to determine whether the selection of new drugs by HA had been biased in favour of individual pharmaceutical manufacturers, Mr Albert CHAN requested the Research Division of the Legislative Council Secretariat to provide information on the changes made to the drugs listed in the Formulary so far and the pharmaceutical manufacturers involved since the implementation of the Formulary in 2005.

34. Concluding the discussions, the Chairman thanked the attending deputations for giving views on the subject.

35. There being no other business, the meeting ended at 6:45 pm.

Council Business Division 2
Legislative Council Secretariat
21 December 2011

Panel on Health Services

**Special meeting on Tuesday, 14 June 2011
on Drug formulary of the Hospital Authority**

Summary of views and concerns given by deputations/individuals

Organization / individual	Major views and concerns
Policy of the Drug Formulary	
<ul style="list-style-type: none">• Alliance for Patients' Mutual Help Organizations• The Society of Hospital Pharmacists of Hong Kong• Retina Hong Kong	<ol style="list-style-type: none">1. The deputations express support for implementing the Drug Formulary to standardize the drug policy and drug utilization in public hospitals.
<ul style="list-style-type: none">• Democratic Party of Hong Kong• The Hong Kong Medical Association• Mr YEUNG Wai-sing, Eastern District Council Member	<ol style="list-style-type: none">1. The deputations hold the view that drugs proven with clinical efficacy should be supplied as standard drugs in the Drug Formulary of the Hospital Authority ("HA").2. The deputations also propose that for those self-financed items ("SFI") in the Drug Formulary proven to be of significant benefits but extremely expensive for the needy patients to meet the expenses should be covered by the standard fees and charges in public hospitals and clinics.
<ul style="list-style-type: none">• The Hong Kong Association of the Pharmaceutical Industry	<ol style="list-style-type: none">1. The deputation opines that the interests of patients should be given priority when appraising new drugs or reviewing existing drugs in the Drug Formulary. Drugs with proven efficacy and safety, based on

Organization / individual	Major views and concerns
	scientific evidence, should be included in the Drug Formulary.
<ul style="list-style-type: none"> • The Hong Kong Medical Association 	<ol style="list-style-type: none"> 1. Pointing out that not all drugs in the Drug Formulary are available in every hospital cluster/public hospital due to the difference in the size of its budget for purchasing drugs, the deputation considers such arrangement unfair and unacceptable.
<ul style="list-style-type: none"> • The Hong Kong Association of the Pharmaceutical Industry 	<ol style="list-style-type: none"> 1. The deputation opines that drugs listed in the Drug Formulary should be made available in all public hospitals as soon as possible. HA should remove the unnecessary approval procedure for introducing new drugs in the Drug Formulary to individual hospitals which might take three to 10 years.
<ul style="list-style-type: none"> • The Hong Kong Medical Association 	<ol style="list-style-type: none"> 1. The deputation considers the Drug Formulary unfair to Hong Kong people as most of the new life-saving anticancer drugs are not provided at standard fees and charges as general drugs in the Drug Formulary. Needy patients who cannot meet the drug expenses might be denied adequate medical treatment due to a lack of means.
Drug categories	
<ul style="list-style-type: none"> • The Brightening Association (HK) Ltd. • Hong Kong Neuro-Muscular Disease Association 	<ol style="list-style-type: none"> 1. The deputations point out that some SFIs in the Formulary are very expensive and not many patients are able to meet the drug expenses. They request HA to classify interferon (for curing Multiple Sclerosis), Irinotecan (an oral chemotherapeutic drug) and drugs for curing HER2 breast cancer as special drugs in the Drug Formulary, so that patients who meet the specific clinical conditions could be provided with such drugs at standard fees and charges.

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> The Thalassaemia Association of Hong Kong 	<ol style="list-style-type: none"> While welcoming Deferasirox (Exjade) as the first-line treatment for Thalassaemia patients aged 2 to 6, the deputation urges HA to include Exjade in the Drug Formulary so that more patients could be benefited from it.
<ul style="list-style-type: none"> The Oral Chemotherapy Advocacy Group The Pharmaceutical Society of Hong Kong 	<ol style="list-style-type: none"> The deputation welcomes the inclusion of oral chemotherapy drug capecitabine as special drugs in the Drug Formulary, as the drug is efficacious and more convenient for colorectal cancer patients. The deputation also proposes that consideration be given to enlisting other oral chemotherapy drugs with clinical efficacy and safety in the Drug Formulary to benefit more cancer patients.
<ul style="list-style-type: none"> The Hong Kong Association of the Pharmaceutical Industry 	<ol style="list-style-type: none"> The deputation considers that there are rooms for improvement in the mechanism and funding arrangement for incorporating SFI as standard drugs in the Drug Formulary.
Expenses on drug of the Hospital Authority	
<ul style="list-style-type: none"> Democratic Party of Hong Kong 	<ol style="list-style-type: none"> HA provides a block allocation to various hospital clusters and does not designate a particular sum for drug expenses. To ensure an adequate budget for the expenditure on drugs in each hospital cluster, the deputation proposes that HA should set aside a particular sum for drug expenses for each hospital cluster. The deputation also proposes the set up of a fund of \$10 billion to meet the drug expenditure of HA.
Review mechanism	
<ul style="list-style-type: none"> Alliance for Patients' Mutual Help Organizations 	<ol style="list-style-type: none"> The deputations express grave concern on the low transparency of the Drug Formulary. They urge HA to enhance transparency in the

Organization / individual	Major views and concerns
<ul style="list-style-type: none"> • Civic Party • Democratic Party of Hong Kong • Hong Kong Adult Blood Cancer Group Ltd. • The Hong Kong Association of the Pharmaceutical Industry • Retina Hong Kong • The Society of Hospital Pharmacists of Hong Kong 	<p>evaluation of new drugs and review of the existing drugs of the Drug Formulary by soliciting views from stakeholders and patient groups; disclose the meeting papers and minutes of the Drug Advisory Committee ("DAC") and Drug Utilization Review Committee ("DURC"); and provide more information to the public such as the reasons for introducing or rejecting new drugs in the Drug Formulary.</p> <ol style="list-style-type: none"> 2. The deputations call on HA to invite representatives of patient groups to join DAC and DURC, so as to increase the transparency and accountability of the two committees. 3. There is a view that the regular reviews of the Drug Formulary should be conducted by an independent committee comprising medical professionals and patient groups.
<ul style="list-style-type: none"> • The Hong Kong Association of the Pharmaceutical Industry 	<ol style="list-style-type: none"> 1. The deputation proposes to engage drug manufacturers in the decision-making process of DAC. The deputation also requests HA to inform the drug manufacturers in writing the decisions of DAC on their applications for incorporating new drugs into the Drug Formulary and the reasons for arriving at the decisions.
<ul style="list-style-type: none"> • Consumer Council 	<ol style="list-style-type: none"> 1. The deputation expresses support for uploading regularly the list of new drugs to be reviewed by DAC to HA's website. Consideration should also be given to providing the list of drugs to be removed from the Drug Formulary on the HA's website. 2. Apart from uploading to HA's website the decisions of DAC on individual applications for new drug evaluation, and a list of reference materials which had been taken into account when considering the

Organization / individual	Major views and concerns
	<p>applications, the deputation suggests that HA should also announce at its website the reasons for the decisions of DAC on the drug evaluation and the timing for the re-evaluation of the same drug application if appropriate.</p>
Consultation	
<ul style="list-style-type: none"> • Civic Party • Consumer Council 	<ol style="list-style-type: none"> 1. The deputations propose that the annual consultation meetings with patient groups should fit in with the meeting schedule of DAC, so that DAC would take into consideration the views of the patient groups when appraising new drugs.
<ul style="list-style-type: none"> • Alliance for Patients' Mutual Help Organizations • Civic Party 	<ol style="list-style-type: none"> 1. The deputation considers that the consultation with patient groups is not sufficient as only two annual consultation meetings were held in 2009 and 2010 respectively.
Samaritan Fund	
<ul style="list-style-type: none"> • The Brightening Association (HK) Ltd. • Hong Kong Adult Blood Cancer Group Ltd. • Hong Kong Neuro-Muscular Disease Association • The Society of Hospital Pharmacists of Hong Kong 	<ol style="list-style-type: none"> 1. The deputations urge HA to relax the application threshold of the Samaritan Fund. The financial assessment of applicants should be made on an individual basis rather than on a family basis. The Administration should increase its allocation to HA to strengthen the safety net and provide financial assistance to the needy patients.
<ul style="list-style-type: none"> • Mr YEUNG Wai-sing, Eastern District Council Member 	<ol style="list-style-type: none"> 1. Considering that not all SFI are included in the scope of the Samaritan Fund, the deputation proposes the establishment of a new drug subsidizing scheme in which a fund granted by the Administration will be run by a committee consisting of doctors, patient groups and social

Organization / individual	Major views and concerns
	workers. Patients who meet the income requirement of the subsidizing scheme would be subsidized for the cost of drugs with proven efficacy.
Others	
<ul style="list-style-type: none"> • The Society of Hospital Pharmacists of Hong Kong 	<ol style="list-style-type: none"> 1. The deputation calls on the Administration to step up drug education to enhance the overall knowledge on the appropriate and effective use of drugs.
<ul style="list-style-type: none"> • Hong Kong Adult Blood Cancer Group Ltd. • The Society of Hospital Pharmacists of Hong Kong 	<ol style="list-style-type: none"> 1. The deputations suggest introducing more generic drugs in order to reduce the cost of drugs.
<ul style="list-style-type: none"> • The Pharmaceutical Society of Hong Kong 	<ol style="list-style-type: none"> 1. The deputation opines that patients should make co-payment on all drugs dispensed in public hospitals and clinics whether they are general drugs or special drugs. It is necessary to increase the current drug charge per item and limit the supply of drugs to 4 weeks duration, as the current charge of \$10 per drug item with supply of up to 16 weeks of drugs induces wastage. 2. Pointing out the public private imbalance in the supply of drugs, the deputation proposes that HA should assist the development of community pharmacies where patients could buy the general drugs or selected special drugs.

<u>Name of Organization / individual</u>	<u>Submission [LC Paper No.]</u>
Alliance for Patients' Mutual Help Organizations	LC Paper No. CB(2)2055/10-11(03)
The Brightening Association (HK) Ltd.	LC Paper No. CB(2)2003/10-11(04)
Civic Party	LC Paper No. CB(2)2089/10-11(02)
Consumer Council	LC Paper No. CB(2)2055/10-11(02)
Democratic Party of Hong Kong	LC Paper No. CB(2)2123/10-11(01)
Hong Kong Adult Blood Cancer Group Ltd.	LC Paper No. CB(2)2055/10-11(01)
The Hong Kong Association of the Pharmaceutical Industry	LC Paper No. CB(2)2089/10-11(01)
The Hong Kong Medical Association	LC Paper No. CB(2)2003/10-11(03)
Hong Kong Neuro-Muscular Disease Association	LC Paper No. CB(2)2003/10-11(02)
Oral Chemotherapy Advocacy Group	LC Paper No. CB(2)2003/10-11(07)
The Pharmaceutical Society of Hong Kong	LC Paper No. CB(2)2026/10-11(01)
Retina Hong Kong	LC Paper No. CB(2)2055/10-11(04)
The Thalassaemia Association of Hong Kong	LC Paper No. CB(2)2003/10-11(05)
Mr YEUNG Wai-sing, Eastern District Council Member	LC Paper No. CB(2)2003/10-11(06)