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Date: April 6th 2006

Dr Hon Kowk Ka-ki,
Chairman,
Panel on Health Services
Legislative Council,
HKSAR

Dear Dr Kwok,

Panel on Health Services Meeting on 10 April 2006
Agenda IV - Work Pressure of Frontline Health Care Workers in Public Hospitals

This submission is prepared and written by the Practising Pharmacists Association of Hong Kong on behalf of its 400 odd pharmacist members who work in the pharmacies in the community sector as well as those who work in the public hospitals.

First of all, it is necessary to point out that in Hong Kong, by the unique nature of its health service delivery model, all outpatients using the public health service will have their medications dispensed at the pharmacies in the public hospitals and clinics. Thus, due to the all too well known combination of reasons including the increasing percentage of patients relying on the public health service, the increasing proportion of ageing population, the increasing possibility to use medications to treat diseases and manage chronic illness, the dispensing workload has increased substantially over the years in the public sector.

It is obvious that our pharmacist members working in the public hospital and clinics are faced with mounting work pressures because they need to cope with the increasing dispensing workload and yet keeping the waiting time for the patients to collect medications within an acceptable level. They have to maintain the same level of quality and accuracy in their dispensing process and at the same time, deal with increased expectations from the patients who have become more aware of their rights and very often would demand for more detail explanation on how to use their medications.

Very often our frontline staff would need to work harder and longer because of the worsening in staff to workload ratio. This is compounded by the increasing complexity in work processes due to the recent introduction of the Hospital Authority

Drug Formulary when pharmacy staff need to spend more time and efforts to explain to patients and clinical staff about the types of drugs to be charged, the clinical justifications for using or not using certain types of medications, the amount of fees to be charged, how to make payment, how and where to get information on the fees waiver system, etc. not to mention the need to be show patience in the explanation process in order not to cause misunderstandings or conflicts or delays.

Despite all these problems, our frontline pharmacy staffs have always tried their best to fulfil their roles and responsibilities and have discharged their duties faithfully. However, similar to the medical doctors and nurses in the public hospitals, they too need to accept pay cuts in recent years, suffer a disparity in employment terms and conditions, and accept the contract terms with no sense of job security and no promotional prospects.

The rest of our pharmacist members have great sympathy for our public service pharmacists. We have always wanted to help out these public service pharmacists and patients. Hence, in the last few years, the pharmacists in the community sector has collaborated with the Hospital Authority pharmacists and we have put forward the Public Private Partnership Program (4P) where we have introduced the Drug Compliance and Counselling Service (DCCS). In this service, the patients would still have their medications dispensed in the public hospital pharmacies but they could be referred out to community pharmacies where they would receive free drug counselling service from the community pharmacists. This service was a win-win-win situation since all participating parties would benefit and hence this was especially welcomed by our patients who have become more aware of and learned to use the community care service.

In addition, our community pharmacists participated in the public health campaigns such as “Beat the Flu” campaign, the “Smoke Cessation” campaign, organised by the Hospital Authority. All these are voluntary service rendered by our community pharmacists with the hope that we can help to ease out the workload of our public hospital pharmacists. At the same time, we hope to build up the relationship with our patients during peace times so that when there is public health crisis, our community pharmacists can take up our share of the responsibility on public education.

All the above measures coincided with the directions stated in the discussion paper by the Health and Medical Development Advisory Committee (HMDAC) in July 2005 on the Future Service Delivery Model where recommendations were made to change our present healthcare system from emphasis on “Disease Treatment” to “Preventive and Primary Care” based and where the community sector can take up the gatekeeper role and that patient records could be shared between the public and the private.

All the above HMDAC proposals have received good support from healthcare professionals and the public at large. Even the Secretary of Health Welfare and Food Bureau, Dr York Chow in his Health Care Paper - “Building a Healthy Tomorrow” clearly spelt out that the Hospital Authority should be repositioned to focus on emergency service, catastrophic illnesses and the generally unaffordable high tech lifesaving procedures, serving those of limited means and training of professionals.

It is clear that the Hospital Authority should redefine its role as a public health provider to achieve a better balance in the public private share of the health care market.

Hence, when the Hospital Authority launched its Hospital Drug Formulary policy in July 2005 and adopted the principle that the dispensing of Self Financed Items would be left to the community pharmacies, it was a clear demonstration of one important initiative to address the public private imbalance on the dispensing workload. All community pharmacies have welcome this initiative and to take up the dispensing responsibility for these Self Finance Items, we have set up the Community Pharmacist Cooperation Services (CPCS) where we have invested in adopting an IT system for standard drug labelling and the keeping of patient records. The community pharmacists are determined and confident to help to contribute to address the public private imbalance and have equipped themselves to provide high levels of pharmaceutical care in the primary care setting.

So, with the immense efforts by all concerned parties, there has been a general increase in the trend of outpatients utilising community pharmacies services. It is comforting to know that the public understands that the private sector can play a key functional role in the health care delivery model. This more balanced healthcare system is especially important in the event of outbreaks of public health crisis where patients could not and should not go to public hospitals. Hence, the operation in community pharmacies should be allowed to grow and mature so that the same old mistakes could never be repeated as during SARS when patients have no safe access to obtain their medications.

However, to our dismay, in March 2006 there were news from the mass media and the newspaper announcing that the Hospital Authority intends to take up the sale and supply on Self Finance Items (SFIs) as a means to generate income at the hospital and clinic pharmacies for the Hospital Authority.

This change in the Hospital Authority's policy would create an utmost concern for the public hospital frontline workers. Even as it is when the Hospital Drug Formulary was first launched in July 2005, there was tremendous increase in 'extra' work involved such as the redesigning of the computer system, making changes to the work flow, having numerous pre and post consultative meetings with frontline doctors and the public. Still, despite the preparatory work involved, there was immense pressure placed on frontline workers as they were "afraid of doing wrong" during the implementation of drug formulary by failing to adhere and follow the HA guidelines.

If the Hospital Authority was to make this sudden change in policy to sell the SFI drugs, besides wrongly repositioning itself, this policy change would no doubt exert more pressure on frontline workers as it is clear that providing public service is very different from running a retail business, not to mention the increase in complexity of work processes such as dealing with cost calculations, product refunds, discount offers, etc. and the likelihood of increasing patients complaints associated with the sale and handling of the SFI drugs.

More importantly, public resources are used to subsidize operation of private service and this will definitely serve to induce unfair competitions with the private

sector. Above all, this will also destroy the progress that has been made by the community pharmacists to address the public private imbalance and destroy the confidence that the public has gained in the community pharmacies in the past few months. In the long run, the community pharmacies will wither. Eventually, patients would have no choice but to totally rely on Hospital Authority for all the dispensing services, creating a dead end for all.

For all the above reasons, it is necessary to draw the panel's attention to the problems described in this submission and hope that the panel can take the necessary actions to advise the Government and the Hospital Authority that any major change to the drug dispensing policy would have an immense impact to the general public as well as the staff members, as well as the private counterparts. The existing frontline workers in the public hospitals are already overworked and their cooperative attitudes and tolerance in the past years must be treasured and valued by the management. Embarking onto the wrong directions and taking the wrong steps unnecessarily may mean too high a price for us all to afford.

Yours faithfully,

Billy Chung
President