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The Pharmaceutical Society of Hong Kong

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Dr Hon Joseph LEE Kok-long
Chairman
Panel on Health Services
Legislative Council
HKSAR

Dear Chairman

Mode of supply of self-financed item drugs in public hospitals

The Pharmaceutical Society of Hong Kong (PSHK) welcomes the Panel on Health Service to revisit the matter as a whole and hopefully some fundamental principles could be clarified.

The term self-financed item (SFI) was introduced when the Hospital Authority (HA) implemented the Hospital Authority Drug Formulary (HADF) in 2005. We see the rationale of introducing SFI at that time as there was a need of an administrative measure to monitor and to facilitate the prescribing of non HADF items like certain life-style modifying products; new drugs which have not established its safety and cost-effectiveness but expensive over existing treatment modalities and minimising the impact on patients being affected.

We understand that the present HADF should contain all necessary drug treatment options for clinicians to prescribe, **hence the need of prescribing a SFI to patients should be minimal**. When HA introduced the HADF, it has already catered for the need of the patients by allowing the hospitals to sell 5 drug groups to patients should they really need the drug as a SFI. The 5 drug groups are:

a) Oncology drugs
b) Psychiatric drugs (anti-depressants and anti-psychotics)
c) Immunosuppressives
d) Dangerous Drugs
e) Injectable drugs

We hold the view that the following issues must be clarified before one could decide which is the best choice in the interest of the patients we care for?

1. How many existing public patients are affected who are required to purchase a SFI drug which cannot be purchased in the hospital now?
2. Why do these patients require such a SFI drug? Does the current HADF not have an alternative available or is it really patient choice?
3. Is there any insufficiency in the current HADF which contributes to the huge demand of SFI?

If there is a trend of increasing demand for SFI being observed, before implementing any new measure which is controversial HA could produce some factual figures to substantiate the propensity of inconvenience and quality issue why there is a need to change the existing arrangement. **The concern over product quality must be handled seriously instead of proposing an administrative measure to deal with it.** Furthermore, we hope to see HA actively pursuing those "reported" cases of sub-standard medications to the Department of Health (DoH) and to encourage patient/doctor to give evidence to the Inspection & Licensing Section under DoH. In principle, administrative measure is not an effective means to tackle issues of quality standard.

In the past few years HA has been actively promoting the concept of public-private interface (PPI) and has been energetically organising collaboration programs with different groups of health care providers. The proposal of a drug selling business by HA is completely outside the HA's role as a public health service provider, it is also against the rationale of having the Hospital Authority Drug Formulary. HA should not enter directly into the private market as it would suffocate any further development of the public-private interface and further development of the community pharmacies as primary care gatekeepers.

Our members strongly believe that the issue of SFI and how it should be handled is closely related to our future policy direction on health care financing. It would be wise and logical not to make any change until our policy Bureau has adopted a policy on future health care financing. The model of health care financing will govern the operation of the HA, hence it will drive HA to adopt a suitable mode of supplying SFI drugs within the public service provision. We sincerely hope that by that time the **public and private role of HA** will be delineated more clearly.

In view of this, we conclude by suggesting the following options:

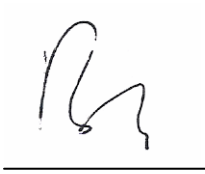
(i) status quo with the existing handling operation on SFI drugs until the health care financing issue is settled

(ii) the issue on quality standard should be properly addressed by referring reported case to the Department of Health with witness available to give statement

(iii) other means to facilitate the patients' convenience in procuring the SFI drug outside the public hospital premises should be actively explored

The PSHK is willing to work with all interested parties in identifying a suitable mode of supply of self-financed items with consideration of both the quality standard and availability of SFI drugs in the area where the patient lives

Yours sincerely,



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