LC Paper No. CB(2)696/19-20(03)

中華人民共和國香港特別行政區政府總部食物及衞生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

本函檔號 Our ref.: FHB/H/33/163
來函檔號 Your ref.: CB2/PS/1/17

電話號碼 Tel. No.: (852) 3509 8958
傳真號碼 Fax No.: (852) 2102 2433

10 March 2020

Ms Maisie Lam
Clerk to Subcommittee
Subcommittee on Issues Relating to the Support for Cancer Patients
Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central

Dear Ms Lam,

Legislative Council Panel on Health Services
Subcommittee on Issues Relating to the Support for Cancer Patients
Follow-up to the meetings on 18 November and 16 December 2019

Thank you for your letter dated 24 December 2019 regarding follow-up actions required arising from the discussion at the Subcommittee meetings on 18 November and 16 December 2019. Having consulted the Hospital Authority and the Department of Health, the requested supplementary information is appended at **Annex A** and **Annex B**.

Yours sincerely,

(Clarissa Wan)
for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority (Attn.: Ms Dorothy Lam)

Annex A

Panel on Health Services
Subcommittee on Issues Relating to the Support for Cancer Patients
Follow-up to the meeting on 18 November 2019

Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector

(a) Hospitals of the Hospital Authority ("HA") arrange diagnostic radiological imaging investigations for patients according to the medical assessment by doctors. Patients who are confirmed or suspected of having cancer will be accorded priority for arrangement of radiological imaging investigations according to urgency of their clinical conditions.

The Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector ("the Project") was launched in May 2012. It aims to explore a new operation model to cope with the increasing demand for cancer radiological investigation services through purchase of Computed Tomography ("CT") and Magnetic Resonance Imaging ("MRI") services from the private sector. Subject to clinical eligibility screening, patients from selected cancer groups that are in need of CT / MRI examinations for sequential clinical management would be invited to join the Project. In view of the positive feedback received, the target cancer groups have been extended with service currently providing to patients under 11 cancer groups. As at end December 2019, over 104 000 exams have been completed under the Project with breakdown as follows –

Cancer Group	No. of Completed Exams
Colorectal Cancer	48 700
Breast Cancer	10 783
Head and Neck Cancer	11 846
Nasopharyngeal Cancer	416
Lymphoma	8 875
Prostate Cancer	4 641
Stomach Cancer	5 788
Corpus Uteri Cancer	5 945
Cervix Cancer	3 998
Sarcoma	1 244
Germ Cell Tumor	1 835

Case Number of Colorectal Cancer and Colorectal Cancer Screening Programme

(b)

(i) The numbers of new cases and deaths of colorectal cancer from 2015 to 2017 in Hong Kong are set out below –

Year	No. of new cases	No. of deaths
2015	5 036	2 073
2016	5 437	2 089
2017	5 635	2 138

Statistics in 2018 and 2019 are not available yet.

(ii) Launched in September 2016, the Colorectal Cancer Screening Programme ("CRCSP") provides subsidised screening to asymptomatic Hong Kong residents in three phases. The first and second phases covered people aged between 61 and 75 and those aged between 56 and 75 respectively, while the last phase which has commenced since January 2020 further extends the coverage to those aged between 50 and 75. The evaluation of the effectiveness of the CRCSP after its first three years of implementation (as at 27 September 2019) is as follows –

(a) more than 154 000 participants had submitted Faecal Immunochemical Test ("FIT") specimen with analysable results. About 12.6% of the participants had positive FIT results in the first round of screening; and

(b) among those FIT-positive participants who underwent colonoscopy examination services, about 11 900 persons (66.7%) had colorectal adenomas and around 1 170 persons (6.6 %) had colorectal cancer.

With colorectal adenoma removed in the course of colonoscopy, these lesions are prevented from turning into cancer, which reinforces the importance of undergoing timely screening tests to identify people at increased risk of disease for early treatment. Separately, the preliminary analysis of 755 colorectal cancer cases diagnosed under the CRCSP revealed that about 60% of these cases belonged to earlier stages, thus having more favorable prognoses. By comparison, among those who did not join the CRCSP, about 44% of the cases belonged to earlier stages of cancer.

In addition, funds from the Health and Medical Research Fund under the Food and Health Bureau ("FHB") have been allocated to The Chinese University of Hong Kong and The University of Hong Kong to conduct studies for evaluating the CRCSP. The relevant studies are still in progress and the evaluation reports are expected to be released in the fourth quarter of 2020 and the third quarter of 2021 respectively.

The HA adopts a multi-disciplinary approach in service provision by doctors, nurses, allied health professionals and supporting staff which allows flexible deployment of staff to cope with service needs and operational requirements. Healthcare professionals supporting colorectal cancer patients in the HA also provide support for other services. The HA does not have readily available information on the average cost for treating colorectal cancer.

Healthcare Manpower

(c) The Government and the HA are concerned about the healthcare manpower situation in public hospitals. The HA has been proactively implementing various human resources measures to retain professionals and alleviate the shortage of manpower.

To enhance manpower support in the short term, the HA actively recruits part-time and temporary healthcare staff. In addition to the establishment of the Locum Office, the HA has launched the Locum Recruitment Website in November 2018 to enhance flexibility and efficiency in recruiting part-time staff and to attract more non-HA healthcare staff, including doctors and nurses who are retired, working in the private sector or need to care for their families, to provide part-time services in the HA. To alleviate the manpower shortage and assist in knowledge transfer, the HA also implemented the Special Retired and Rehire Scheme to hire the retiring healthcare professionals to continue to perform clinical duties on a full-time basis.

In addition, the Government has announced in the 2020-21 Budget Speech that resources would be provided to the HA to support the implementation of three staff retention measures as follows –

(a) Enhance the Special Retired and Rehire Scheme to encourage experienced doctors to continue their service on contract terms in the HA after retirement until 65;
(b) Consider creating opportunities for around 200 Associate Consultants to be promoted to Consultants within the next five years so as to retain experienced medical personnel; and

(c) Provide registered nurses who have attained specialty qualifications with additional allowance so as to retain manpower and encourage their continuing professional development in nursing.

The HA will continue to look into other possible proposals for retaining manpower.

The HA's manpower strength of doctors by rank in Clinical Oncology in 2016-17 to 2018-19 is as follows –

Manpower Strength of Doctors in Clinical Oncology by rank group from 2016-17 to 2018-19 (1)(2)			
Rank group	**2016-17 (as at 31 March 2017)**	**2017-18 (as at 31 March 2018)**	**2018-19 (as at 31 March 2019)**
Consultant	27	28	29
Senior Medical Officer / Associate Consultant	44	44	46
Medical Officer / Resident	79	79	78
Total	**150**	**151**	**153**

Note:

(1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA. Individual figures may not add up to the total due to rounding.

(2) Doctors exclude Interns and Dental Officers.

The number of part-time doctors by rank in Clinical Oncology as at 31 October 2019 is as follows –

Strength of Part-time Doctors in Clinical Oncology by rank group as at 31 Oct 2019 (1)		
Rank group	**2019-20 (as at 31 October 2019)**	
	Headcount (2)	**Full-time equivalent (3)**
Consultant	2	1
Senior Medical Officer/ Associate Consultant	4	3
Medical Officer/Resident	3	1

Strength of Part-time Doctors in Clinical Oncology by rank group as at 31 Oct 2019 (1)		
Rank group	**2019-20 (as at 31 October 2019)**	
	Headcount (2)	**Full-time equivalent (3)**
Total	**9**	**5**

Note:

(1) Doctors exclude Interns and Dental Officers.

(2) The manpower figures are calculated on headcount basis including permanent, contract and temporary staff in the HA.

(3) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in the HA. Individual figures may not add up to the total due to rounding.

The attrition rate and attrition number of full-time doctors in Clinical Oncology from 2016-17 to 2018-19 are tabulated below respectively –

Attrition (Wastage) Rate of Full-time Doctors in Clinical Oncology from 2016-17 to 2018-19 (1)(2)(3)(4)			
Specialty	**2016-17**	**2017-18**	**2018-19**
Clinical Oncology	6.1%	6.0%	9.3%
Overall	**5.1%**	**5.8%**	**6.4%**

Note:

(1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.

(2) Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition Rate (Wastage) and Part-time Attrition (Wastage) Rate respectively.

(3) Rolling Attrition (Wastage) Rate = (Total number of staff left the HA in the past 12 months / Average strength in the past 12 months) x 100%

(4) Doctors exclude Interns and Dental Officers.

Attrition (Wastage) Number of Full-time Doctors in Clinical Oncology by Retirement / Non-retirement from 2016-17 to 2018-19 (1)(2)(3)			
	2016-17	**2017-18**	**2018-19**
Retirement	2	2	4
Non-retirement	7	7	10
Total	**9**	**9**	**14**

Note:

(1) Attrition (Wastage) includes all types of cessation of service from the HA for permanent and contract staff on headcount basis.

(2) Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition Rate (Wastage) and Part-time Attrition (Wastage) Rate respectively.

(3) Doctors exclude Interns and Dental Officers.

Information of Medical Practitioners

(d) In general, information about registered medical practitioners on the General Register and the Specialist Register is available on the websites[1] of the Medical Council of Hong Kong and the Hong Kong Medical Association. The public can also access relevant information from other websites.

Cancer-related Committees

(e) Information about the cancer-related Committees under the FHB are set out in **Appendix 1**.

[1] The Medical Council of Hong Kong: https://www.mchk.org.hk/english/list_register/doctor_list.php
The Hong Kong Medical Association: https://www.thkma.org/doctor.php

Annex B

Legislative Council Panel on Health Services
Subcommittee on Issues Relating to the Support for Cancer Patients
Follow-up to the meeting on 16 December 2019

Drug Price

(a) Given the commercially sensitive nature of drug price information, the Hospital Authority ("HA") does not have information about drug prices in local and overseas markets or private clinics, and therefore the HA is unable to provide relevant comparison. When comparing the drug prices in different countries/regions for assessing the provision of sustainable and affordable treatment to patients, other important factors have to be considered, such as the local healthcare policy and drug subsidy mechanism, various treatment options, etc.

Drug Procurement

(b) Hong Kong and the Mainland have different legal and healthcare systems, drug policies, as well as import and export mechanisms of medicines. Collaboration with the Mainland in the procurement of drugs involves considerations on various aspects. The HA will take into account the relevant legal systems and healthcare policies, stand ready to maintain communications with different stakeholders and learn from their experience, and carefully consider different factors with a view to exploring the suggestion.

Introduction of New Drugs

(c) The HA has an established mechanism under which experts of the Drug Advisory Committee would meet every three months to evaluate new drug applications. The process follows an evidence-based approach, having regard to the safety, efficacy and cost-effectiveness of drugs and with reference to published scientific and clinical data, as well as international practices.

The Government and the HA understand that there are public expectations on expediting the inclusion of new drugs into the HA Drug Formulary and safety net coverage. To provide more timely support to needy patients, the HA has increased the frequency of the prioritisation exercise for including self-financed drugs in the safety net from once to twice a year since 2018 so as to shorten the lead time for introducing suitable new drugs to the safety net. As for the Community Care Fund ("CCF")

Medical Assistance Programmes, the Commission on Poverty ("CoP") endorsed in October 2019 to streamline the approval process for introducing new drugs / medical devices to the three CCF Medical Assistance Programmes starting from 2020-21. Under the streamlined procedure, the CoP would, subject to its approval of an annual indicative budget for each programme, delegate the authority to the CCF Task Force Chairperson to grant final approval to the lists of recommended new drugs and medical devices[1]. After streamlining the approval process, the total lead time for introducing new drugs / medical devices (including cancer drugs) to the safety net could be shortened, thereby providing more timely support to needy patients.

Through its established and effective mechanism and with reference to latest scientific development, the HA will continue to review the HA Drug Formulary and subsidy coverage of the safety net, including the drugs covered and their clinical indications, following an evidence-based approach and listening to the views and suggestions of patient groups.

Views from Deputations

(d) A consolidated written response to the views expressed by deputations at the meeting and in the written submissions is at **Appendix 2**.

[1] Currently, proposals of introducing new drugs/medical devices to the three CCF Medical Assistance Programmes have to be supported by the CCF Task Force and subsequently submitted to the CoP for final approval.

Appendix 1

Cancer-related Committees

In 2001, the Food and Health Bureau ("FHB") established a high-level Cancer Coordinating Committee[1] ("CCC") to steer the direction of work and advise on the strategies for cancer prevention and control. The CCC is chaired by the Secretary for Food and Health with membership drawn from the government, non-governmental and academic sectors comprising experts from various fields of clinical medicine and public health. The membership of the CCC is set out at **Enclosure I**. Under the CCC, the Cancer Expert Working Group on Cancer Prevention and Screening[2] ("CEWG") was set up in 2002. Its role has been to review local and international scientific evidence, assess and formulate local recommendations for cancer prevention and screening. Its membership comprises public health practitioners, clinicians, and research experts from public, private and academic sectors. The membership of the CEWG is set out at **Enclosure II**. The CCC annually reviews cancer epidemiology, developments in service provision and planning to address evolving needs, considers and endorses new or revised recommendations put forward by the CEWG, and considers plans and outcomes of cancer-related research funded by the FHB.

---

[1] The terms of reference of the CCC is –
(a) to steer the direction of work on cancer prevention and control;
(b) to advise on the planning and development of cancer prevention and control strategies;
(c) to receive reports from the four functional areas, namely cancer prevention and screening, treatment, surveillance and research;
(d) to oversee the work of the CEWG; and
(e) to assess recommendations of the CEWG and facilitate their implementation.

[2] The terms of reference of the CEWG is –
(a) to review the scientific evidence on effectiveness and efficacy of primary prevention and screening intervention on cancers;
(b) to assess primary prevention and screening interventions on cancers currently practised in Hong Kong as related to the scientific evidence;
(c) to formulate guidelines for cancer primary prevention and screening in both clinical and community settings; and
(d) to recommend strategies for implementation of the guideline and monitoring/evaluation of mechanism(s) for performance.

Enclosure I

Membership of Cancer Coordinating Committee (2018-2021)

Chairperson:	Secretary for Food and Health
Deputy Chairperson:	Director of Health
Non-official Members:	Dr Alex CHAN Chak-lam Dr Michael CHAN Ho-ming Prof. Francis CHAN Ka-leung Dr Karen CHAN Kar-loen Dr Angus CHAN Ming-wai Prof. Anthony CHAN Tak-cheung Dr Ashley CHENG Chi-kin Dr Samuel KWOK Po-yin Dr Ava KWONG Prof. Cindy LAM Lo-kuen Dr June LAU Sze-man Prof. Gabriel Matthew LEUNG Prof. Raymond LIANG Hin-suen Prof. Roger NGAN Kai-cheong Dr Nelson SIU Shing-shun Dr Thomas TSANG Ho-fai Dr YAU Chun-chung Dr Kenny YUEN Ka-ye
Ex-officio Members:	Deputy Secretary for Food and Health (Health)1, Food and Health Bureau Controller, Centre for Health Protection, Department of Health Consultant, Research Office, Food and Health Bureau Director (Cluster Services), Hospital Authority Director, Hong Kong Cancer Registry
Secretary:	Head, Non-Communicable Disease Branch, Department of Health

Enclosure II

Membership of Cancer Expert Working Group on Cancer Prevention and Screening (2018 - 2021)

Chairman: Dr Thomas TSANG Ho-fai

Co-chairman: Controller, Centre for Health Protection, Department of Health

Members:
Dr Kate ALLEN
Dr Karen CHAN Kar-loen
Dr Miranda CHAN Chi-mui
Dr David CHAO VK
Prof. Annie CHEUNG Nga-yin
Dr Cecilia FAN Yuen-man
Dr Edwin HUI Pun
Dr Dennis IP Kai-ming
Dr LAM Ka-on
Dr LAW Chun-key
Prof. LAW Wai-lun
Dr Herbert LOONG Ho-fung
Dr WONG Kam-hung
Prof. Martin WONG Chi-sang
Dr Rebecca YEUNG Mei-wan
Dr Anthony YING Chi-ho

Secretary: Head, Non-Communicable Disease Branch, Department of Health

Appendix 2

Consolidated Response to Views Expressed by Deputations at the Meeting on 16 December 2019 and in the Written Submissions

Deputations' Views		Responses
Introduction of new drugs		
1.	Streamline the procedures for introducing new drugs into the Hospital Authority Drug Formulary ("HADF") and consider setting up a fast-track mechanism for evaluating new cancer drugs for inclusion into the HADF	The Hospital Authority ("HA") has an established mechanism under which experts of the Drug Advisory Committee ("DAC") would meet every three months to evaluate new drug applications. The process follows an evidence-based approach, having regard to the safety, efficacy and cost-effectiveness of drugs and taking into account views from professionals and patient groups, etc., so as to ensure equitable and effective use of limited public resources in providing optimal treatment and support for patients. Evaluation of drugs is an on-going process driven by evolving medical evidence, the latest clinical developments and market dynamics. Currently, more scientific evidence is required to confirm the clinical efficacy and cost-effectiveness of most newly-developed drugs for cancer treatment. The HA would evaluate new drugs under the established mechanism to ensure the drugs could bring actual benefits to patients.
2.	Increase the frequency of reviewing drug proposals for inclusion into the safety net (i.e. Samaritan Fund and Community Care Fund ("CCF") Medical Assistance Programmes), e.g. from twice to four times a year	

Deputations' Views	Responses
	The Government and the HA understand that there are public expectations on expediting the inclusion of new drugs into the HADF and safety net coverage. To provide more timely support to needy patients, the HA has increased the frequency of the prioritisation exercise for including self-financed drugs in the safety net from once to twice a year since 2018 so as to shorten the lead time for introducing suitable new drugs to the safety net. As for the CCF Medical Assistance Programmes, the Commission on Poverty ("CoP") endorsed in October 2019 to streamline the approval process for introducing new drugs/medical devices to the three CCF Medical Assistance Programmes starting from 2020-21. Under the streamlined procedure, the CoP would, subject to its approval of an annual indicative budget for each programme, delegate the authority to the CCF Task Force Chairperson to grant final approval to the lists of recommended new drugs and medical devices[1]. After streamlining the approval process, the total lead time for introducing new drugs/medical devices (including cancer drugs) to the safety net could be shortened, thereby providing more timely support to needy patients.

[1] Currently, proposals of introducing new drugs/medical devices to the three CCF Medical Assistance Programmes have to be supported by the CCF Task Force and subsequently submitted to the CoP for final approval.

Deputations' Views		Responses
		Through its established and effective mechanism and with reference to latest scientific development, the HA will continue to follow an evidence-based approach to enhance and review the HADF and subsidy coverage of the safety net in a timely manner.
3.	Enhance the transparency of the management of the HADF	The HA makes available the following information on its HADF internet website for public access – (a) the HA Drug Formulary Management Manual; (b) latest HADF; (c) composition of DAC; (d) agenda of DAC meetings with a list of new drugs put up for review; (e) outcome of DAC meetings; (f) list of references taken into account in the evaluation process; and (g) list of self-financed items available for purchase by patients at HA pharmacies. In addition, the HA convenes two consultation meetings with patient groups every year to keep them abreast of the latest

Deputations' Views		Responses
		development and to listen to their major concerns, feedback and expectations on the HADF for annual planning consideration. Besides, HA welcomes feedback and suggestions on the HADF from both patient groups and citizens. All relevant feedback and suggestions received would be conveyed to relevant drug committees for reference.
4.	Expedite the process for drug registration and set up an individual mechanism in the Legislative Council to vet new drug registration so as to avoid delay in drug registration due to political dispute	According to the Pharmacy and Poisons Regulations (Cap. 138A) (the Regulations), pharmaceutical products must satisfy the criteria of safety, efficacy, and quality, and must be registered with the Pharmacy and Poisons Board (the Board) before they can be sold or distributed in Hong Kong. The registration of new pharmaceutical products that contain new active ingredients (i.e. new chemical or biological entities, "NCE") necessitates legislative amendments to impose necessary sales restriction on that ingredient before the approval of registration. In the past few years, the Government has introduced various measures to expedite the drug registration process. From February 2015 onwards, legislative amendments relating to pharmaceutical products that contain NCEs could be made via the negative vetting procedure to streamline the drug registration process and shorten the time for registration.

Deputations' Views		Responses
		To further expedite the processing of applications for registration of pharmaceutical products containing NCEs so that the products are available in the market as early as possible and benefit more needy patients, the Government has implemented the "Enhanced Procedures for Registration of New Drugs" since June 2018. Upon receipt of an application for registration of a new pharmaceutical product from a pharmaceutical company, or when a new pharmaceutical product is covered under the HA's "Expanded Access Programme" or other relevant government-subsidised drug programme, the Board would initiate the legislative procedures of amending the Regulations with a view to shortening the time required for registration of the pharmaceutical product.
Drug subsidy		
5.	Further relax the means test mechanism for the safety net	The Government and HA introduced measures in early 2019 to enhance the means test mechanism for the Samaritan Fund and CCF Medical Assistance Programmes. The enhancement measures include modifying the calculation of annual disposable financial resources for drug subsidy application by counting only 50% of the patients' household net assets; and refining the definition of "household" adopted in financial assessment. As the enhancement measures have only been implemented for a short period of time, the Government and the

Deputations' Views		Responses
		HA will closely monitor their impact on existing cases and the financial position of new cases; collect and analyse more relevant data and information, with a view to reviewing the effectiveness of the enhancement measures and continuing to study other issues on the means test mechanism, so as to help more patients in need.
6.	Relax the clinical indication for cancer drugs	As the major provider of publicly-funded public healthcare services, the HA places high importance on providing appropriate treatment for all patients while ensuring rational use of public resources. On drug management, the HA follows the principles of evidence-based medical practice to formulate relevant clinical guidelines for drugs incorporated into the HADF or the safety net based on the published scientific research and clinical data and with reference to international practice. The clinical guidelines for drugs are constantly evolving in light of international evidence on different medication treatments and clinical research for different patient groups. Through its established and effective mechanism, the HA will

Deputations' Views		Responses
		review the HADF and subsidy coverage of the safety net, including the drugs covered and their clinical indications, following an evidence-based approach and listening to the views and suggestions of patient groups.
7.	Provide tax deduction for cancer drug expenses	As regards suggestions on specific tax measures, the Government has to carefully consider these suggestions, having regard to factors including fairness in allocation of resources, their read-across implication, etc. Taxpayers who encounter financial difficulties in settling their tax bills on time may apply to the Inland Revenue Department ("IRD") for payment of tax by instalments before the due date of the tax demand notes. IRD will consider the actual circumstance of individual cases.
8.	Establish a mutual aid scheme as a new financing source of support for cancer patients, apart from government funding and commercial insurance	The Government strives to provide suitable and affordable drug treatment to cancer patients, while putting strong emphasis on the sustainability of the existing mechanism. We will continue to review the drug subsidy mechanism and explore scope for further enhancement. We also welcome proposals offered by the community on supporting drug treatment for our long-term consideration.

Deputations' Views		Responses
Others		
9.	Strengthen the training of pharmacists specialised in oncology	The HA delivers healthcare services through a multi-disciplinary team approach, engaging doctors, nurses, pharmacists, allied health staff and supporting healthcare workers. The HA assesses its manpower requirements from time to time and flexibly deploys its staff having regard to the service and operational needs. To enhance the quality of pharmacy service, the HA has been allocating additional resources to strengthen clinical pharmacy service, including provision of clinical pharmacy service in individual specialties like oncology. The HA will continue to offer oncology-related training and overseas training opportunities to clinical pharmacists in order to support the professional development of clinical pharmacy specialty and equip them with latest knowledge and technology.
10.	Allow patients to collect self-financed drugs at HA	As the provider of publicly-funded healthcare service, the HA would not supply drugs to patients on a retail basis. Due to operational needs, HA pharmacies would sell certain self-

Deputations' Views	Responses
	financed drugs. At present, three categories of self-financed drugs are available for purchase by patients at HA pharmacies, including (1) drugs covered by the safety net, (2) specialised drugs not readily available at community pharmacies, and (3) drugs for meeting operational needs (e.g. injections). These include oncology drugs and immunosuppressants. Drugs available at designated community pharmacies are generally related to drug programmes offered by individual pharmaceutical companies. Patients can get access to these drugs at special rates or for free.