



**Hospital Authority Drug Formulary
Review Report
2006**

**醫院管理局藥物名冊
檢討報告
二零零六**



醫院管理局
HOSPITAL
AUTHORITY

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Introduction

1. The Hospital Authority (HA) started implementation of the HA Drug Formulary (Formulary) by phases from July, 2005 with a view to standardising drug charging policy and utilisation in public hospitals and clinics. In the course, frontline staff have helped communicate with and explain to patients about the Formulary. Details of the Formulary, its implementation schedule and supply outlets for self-financed drug items are also made available to patients via different channels. Full implementation of the Formulary in all public hospitals was achieved at the end of October, 2005.

2. Prior to introduction of the Formulary, the HA carried out a three-month public consultation between February and April 2005. There were suggestions that the Authority should conduct a review afterwards. In response, the Authority pledged in the 2005 consultation report that a review of mechanism of the Formulary would take place sometime after implementation.

Foci of Review

3. In April 2006, the HA started the review – six months after full implementation of the Formulary. In fact, the HA has all along been monitoring public, patients and staff responses through established channels. The input so solicited falls into the following three major areas:

I. Mode of Supply of Self-financed Drug Items

4. Results of consultation in 2005 revealed that views were polarised on whether the HA should supply self-financed drug items prescribed for patients' own purchase. Most of the patients groups, District Councils, and the Consumer Council called on the HA to supply self-financed drug items to patients. On the contrary, the private sector and professional bodies advocated that the supply of self-financed drug items should be left to the private market, leaving market forces to drive community pharmacies to provide quality service at lower prices.

5. As the community had yet to reach a consensus at the time, the HA, in the early stage of implementation of the Formulary, decided to supply on a limited basis self-financed drug items to patients under the following three circumstances for which:

- a) Items were not easily accessible in the community;
- b) Items were covered by the Safety Net; and
- c) Items that required to be supplied for operational convenience, e.g. drugs needed by in-patients, day-patients.

These fall into the following drug categories:

- a) Psychiatric drugs
- b) Oncology drugs
- c) Immunosuppressives
- d) Safety Net drugs
- e) Injectable drugs
- f) Dangerous drugs

6. Several months after implementation of the Formulary, the HA further invited views from the industry and the public with respect to the mode of supply of self-financed drug items by the HA to patients. The ultimate objective is to come up with a model which serves the best interests of patients.

II. Mechanism of the Safety Net

7. Health services, including drugs, are heavily subsidised by the public purse. In the face of competing needs together with the goal of maximising health benefits for more, expensive treatment beyond the standard provision at the HA has to be provided in accordance with the targeted subsidy principle. This will ensure that no one will be denied adequate healthcare because of lack of means. Depending on individual affordability, patients in need may receive a partial subsidy or even full support from the Samaritan Fund for their expenses on these drugs.

8. In tandem with the introduction of the Formulary in July 2005, the HA developed a new set of assessment criteria that were transparent to applicants. The assessment criteria allow deduction of essential expenditure of the patient's family from the household income and disposable capital. Assistance will be provided based on affordability which will take reference to the calculated disposable financial resources and the drug expenditure.

9. As the new assessment criteria have been in use for several months, it is also timely to collect public feedback on the mechanism of the Safety Net and its operation.

III. Introducing New Drug Items into the Formulary

10. Review of the formulary is an ongoing process. The HA Drug Advisory Committee systematically appraises new drugs every three months and includes them into the Formulary, taking into account changes in scientific evidence, cost effectiveness, technology advances, treatment options, and scope of service provisions and the like. The Drug Formulary Committee will continue to update the Formulary every 12 – 18 months. After a process of continually appraising new alternatives in relation to available drugs, new drugs are added or existing ones removed. There might as well be changes in the categories of certain drugs and the principles of their dispensing.

11. As far as the principles and the mechanism of introducing additional drugs are concerned, the HA remains open to views on the way forward from frontline staff, the industry and society at large.

The Consultation

12. Since the beginning of the review in April 2006, the HA has been actively soliciting views from the community. Letters and e-mails were sent to patient groups and concerned medical professionals, the pharmaceutical industry, political parties, academics, staff and community organisations as well as all District Councils.

13. Press interviews were arranged and press releases were issued to inform members of the public of the review exercise. A special forum with over 100 patient representatives was held to gather views and answer questions on the review. A Focus Group involving patients and members of the public was also conducted to gauge community views. Further views of the community were heard at a forum jointly organised by Hong Kong Association of The Pharmaceutical Industry and the Alliance for Patients' Mutual Help Organisations (APMHO) and a special meeting with a Sha Tin District group – Civil Force.

14. Meetings were also arranged with the Consumer Council, members of the pharmaceutical industry and the Hong Kong Association of The Pharmaceutical Industry to exchange views, especially in the area of mode of supply of self-financed drug items. Comments of the three Regional Advisory Committees under the HA's consultative mechanism were sought in their June meetings.

15. As at 29 June, 2006, 13 groups responded to our invitations for views with a written submission. (Annex 1) Their views, together with comments collected through the various channels mentioned above, are summarised below.

16. A full set of the original written and electronic submissions by groups has been posted on the HA internet website (www.ha.org.hk) for public access.

Summary of Views

I. Mode of Supply of Self-financed Drug Items

A. Patients' Views

17. There is overwhelming support from patients and patient groups for the HA to supply self-financed drug items. Many patients indicated that they had difficulties in verifying the authenticity of drugs and in identifying their source. Some patients with chronic diseases also cited access problems in the community, recounting experience where they had to visit multiple community pharmacies to procure all the different drugs required. A survey of some 1900 respondents conducted by APMHO (which comprises 387 patient organisations with a total of over 30000 members) in April 2006 revealed that over 90% of the respondents viewed the supply of self-financed drug items by HA as a convenient service and over 95% of them considered HA as a reliable source. In addition, over 90% of the respondents indicated that they would consider patronising / be willing to patronise HA's drug supply services if the drugs are sold at levels comparable to market prices. Details of the survey are attached. (Annex 2)

B. Views of the Pharmaceutical Industry and Professional Bodies

18. The Hong Kong Association of The Pharmaceutical Industry is in support of the HA's proposal to supply self-financed drug items, while The Pharmaceutical Distributors Association of Hong Kong Ltd. is of the view that "it is inappropriate for the HA, as a public organisation, to go into business as a retailer of medicines". The Society of Hospital Pharmacists of Hong Kong believes that "such an initiative will be suffocating any further room for development of the public-private interface, further marginalising private healthcare providers and introducing a cause-and-effect relationship between what a public doctor chooses to prescribe and the hospital's revenue."

19. The Hong Kong Academy of Medicine supported the HA's proposal to supply self-financed drug items. However, the Hong Kong Doctors' Union opined that the scope of self-financed drug items supplied by the HA should not be extended as it would aggravate the HA's funding burden, that the quality and composition of drugs available at private pharmacies could be sufficiently ensured by the supervision of the Department of Health, and that subsidy by public funding for the drug market would counteract public-private interface.

C. Views of Consumer Council and Regional Advisory Committees

20. In its submission, the Consumer Council believed that HA's initiative to supply self-financed drug items to patients would facilitate patients' choice and provide better assurance of continuous supply, quality and safety. While the Council recognised that it is a legitimate concern from private pharmacies that the initiative would further increase imbalance of private-public health services, the Council "considered it important that certain overriding principles as enshrined in the arrangement must remain in force to ensure continued benefits to consumer welfare and fair competition:

- a. Patients are free to obtain self-financed drug items supplies from private pharmacies
- b. The supply of self-financed drug items at HA pharmacies to be confined to HA patients only and not to be opened to patients from the private sector
- c. There are many reasons behind a patient's decision to obtain medical services from public hospitals and the supply of self-financed drug items is not likely to be the major draw factor
- d. Drug prices at HA pharmacies will not be below market rate hence patients still have a choice to buy from private pharmacies at a lower price. Further, the drug prices of HA will also serve as a stabilising force to drug suppliers from the private sector, which provides a competitive safe guard."

21. The Consumer Council is of the view that with the above arrangement, HA's initiative would not be considered to be "anti-competitive in jurisdictions where competition laws are in force. The delivery by a dominant supplier in the marketplace of reasonably priced, safe and reliable pharmaceuticals to the community is clearly a public benefit goal that would override the need to maximise competition in the market place."

22. The three Regional Advisory Committees of Hospital Authority also welcomed the supply of self-financed drug items by the HA. No specific comments have been received from District Councils in this review exercise. However, District Councils are in support of the option for HA to supply self-financed drug items in 2005 consultation exercise.

II. Mechanism of the Safety Net

A. Patient Groups

23. From a user's point of view, applicants for assistance under the Samaritan Fund for drug expenditure generally found the revised assessment criteria more objective and easier to understand. They also found that the exclusions allowed in the calculation of patients' disposable financial resources were effective in protecting applicants' quality of living. Notwithstanding the above, there were suggestions from certain patient groups that the HA should expand the list of drugs covered by the safety net and that such decisions should be made in consultation with patients.

B. Medical Social Workers

24. The feedback from frontline social workers, who are responsible for administering the financial means test, is favourable. Social workers found the new assessment criteria easier to administer because of its objectivity and transparency.

C. General Public

25. The community in general also welcomed the revised assessment criteria as a compassionate initiative to look after the healthcare needs of the underprivileged. However, there is a suggestion that the revised assessment criteria should be more widely publicised to reach those patients in need.

III. Introducing new drug items into the Formulary

26. The pharmaceutical industry has expressed a concern over the efficiency and effectiveness of the drug enlistment (i.e. inclusion into the Formulary) and review process in the HA. In particular, the Hong Kong Association of The Pharmaceutical Industry suggested that the HA should develop a clear, simplified and transparent system with clear and objective scientific criteria for the approval of new drugs.

Recommendations

27. After consolidating all the views received, the HA has come up with the following recommendations with respect to these three areas.

Recommendation 1:

To enhance the existing mode of drug supply to HA patients

28. Views collected from patients groups from various channels showed that patients have grave concerns over the continued supply, quality and safety of drug items which they are required to purchase in community pharmacies. Many encountered difficulties in accessing these drug items. We noted that from the patient side, there is an overwhelming request for the HA to extend its current scope of supply of self-financed drug items. While on the other hand, the Authority has to balance this request against opposition from the pharmaceutical distributors and pharmacists. They opined that such a move would upset the imbalance between the public and private sectors.

Option 1: HA to Supply Self-financed Drug Items

29. The HA, as a patient-centred caring organisation, is obligated to accede to patients' request after all. One option is for the HA to consider extending the scope of supply of drug items from the current restricted drug groups to cover all items available in public hospital pharmacies for patients' own purchase with HA doctors' prescriptions. This initiative is considered as a service enhancement for patients' safety and access convenience, and is in line with the long term interest of patients.

30. As far as pricing strategy is concerned, it is proposed that prices for drug items to be supplied at HA pharmacies for patients' self purchase should be set at a rate which is comparable to the market level. However, the current restricted group of self-financed drug items being supplied by HA pharmacies would continue to be charged at cost.

31. By adopting this pricing strategy, the HA would avoid an unfair competition with the private sector and patients would be given a choice as to where they would go to obtain those self-financed drug items.

32. The above pricing strategy would also avoid a) adverse competition between the public and private sectors which is highly undesirable; and b) attracting patients outside the public health care system into the HA system.

33. The HA believes that the service-enhancing initiative to extend the scope of self-financed drug items to be supplied by HA pharmacies would not have significant impact on the private pharmaceutical market as our patrons are restricted to HA patients. Moreover, our strategy of setting prices comparable to market level would avoid adverse competition with the private market. Patients, with an additional clear choice, would select their best buy. In proposing the "market comparable rates" principle for the new self-financed drug items, the HA is mindful that it should not in any way restrict patients' choice from obtaining self-financed drug items from other sources.

34. Regarding the concern whether extension of the scope of self-financed drug items to be supplied by HA pharmacies would affect the prescribing behaviour of HA doctors, the HA reiterates that that our decision is made upon the principle of patients' access and convenience as well as patients' choice. We also believe that doctors' professionalism, our well-established evidence-based clinical guidelines and the guiding principle of the Formulary would be upheld under a transparent monitoring system.

Option 2: Public Private Partnership in the supply of Self-financed Drug Items

35. Another option would be to explore on public private partnership (PPP) programs with the involvement of the community pharmacies to cater for the patients' needs. Under this option, private pharmacies would be invited to operate at hospital premises to supply self-financed drug items to patients.

36. A hospital-based private pharmacy is to provide a choice for patients to fill their self-financed drug items prescriptions in public hospitals other than visiting community pharmacies. Patients may still choose to have their prescriptions filled by any private pharmacy in the community to their convenience.

37. The HA sees two major benefits of this option. Firstly, the PPP would allow the Authority to concentrate on our core business of direct patient care. The initiative to contract out pharmacy in hospital premises for the supply of self-financed drug items will save the HA from investing the time and manpower resources in starting a new business. We would then be able to focus on our priority and perform our mission more efficiently and effectively.

38. Secondly, under the PPP initiative, the private sector service providers, with their extensive commercial experience, may come up with more flexible, innovative and effective ways of delivering the service than the Authority and thus be better able to ensure the service reaches the people they are meant for.

Further exploration of PPP

39. The two options were discussed at the HA Board Meeting on 29 June, 2006 and at the Meeting of the Legislative Council's Health Services Panel on 10 July 2006, both were of the view that the option of public private partnership should be explored before going ahead with supplying self-financed drug items in HA pharmacies at "market comparable rates".

40. It is the general consensus of the community that an enhanced mode of supply of self-financed drug items is needed after wide discussions among patients, the pharmaceutical trade, the HA Board and the Legislative Council.

41. There is by and large an inclination towards a public private partnership model in the sale and supply of self-financed drug items. As far as patients are concerned, although the majority would like HA to supply their self-financed drug items, they have no objection to the PPP model as long as the products are of quality and conveniently supplied at reasonable prices. After considering feedback from various parties, the HA considers the private sector has the capability to deliver the service to meet patients' needs and could achieve the same result of Option 1 from the patients' perspective. The private sector of the pharmaceutical trade is therefore invited in further exploration of the PPP model.

42. The HA then held two high-level meetings with representatives of the Practising Pharmacists Association of Hong Kong, the Hong Kong General Chamber of Pharmacy Limited and two major retail pharmacy groups in Hong Kong to exchange views on possible private-public collaboration in the supply of self-financed drug items in public hospitals. The Practising Pharmacists Association of Hong Kong has undertaken to solicit views of other community pharmacies on the option. The private sector representatives welcomed the opportunity to work with HA and agreed that the arrangements to be put in place should be in line with the long-term interests of public hospital patients. It was also agreed that further discussions at the working level were necessary to work out the framework of a collaboration model between the two sides. As such, a Task Group, comprising representatives of the HA and all four private sector parties, was formed to take the discussion forward. An open forum was also organised by the HA on 21 September 2006 to solicit views of independent community pharmacies who are not members of the task group.

43. The Task Group held a total of three meetings between August and early September 2006 and has reached consensus on the following three guiding principles: (a) quality; (b) patient convenience and (c) reasonable pricing.

- (a) To ensure the *quality* of the drugs supplied and professional services provided, there will be controls on the various aspects of the operation of the community pharmacies to be set up in public hospitals, including service hours, staffing, facilities and equipment, drug dispensing and counselling, quality of drugs, supply of non-prescription drugs and health products, record keeping, product complaint and recall, etc.
- (b) In the interest of *patient convenience*, the community pharmacies to be set up in public hospitals should carry the full range of self-financed drug items prescribed by HA.
- (c) The private sector participant has to provide an assurance that *prices* of the self-financed drug items to be supplied would be benchmarked against market prices. An appropriate mechanism would be stipulated in the tender as a mandatory condition to ensure compliance.

44. It has also been agreed that the HA will consider inviting private sector participation by tender for the setting up of community pharmacies in public hospitals to supply self-financed drug items to public hospital patients. There will be at least one major public hospital in each hospital cluster participating in the tendering exercise. In view of the unique physical conditions and requirements of each hospital, a separate tender would be issued for each hospital. Tender out pharmacies of individual hospitals under separate contracts instead of a master one would also prevent monopoly by major pharmacy enterprises.

45. The Task Group will continue to discuss with the parties concerned on the framework of the collaboration model for the supply of self-financed drug items in public hospitals with a view to finalising the framework by November 2006 and commencing the tendering process by early 2007.

46. At the 25 September 2006 meeting of the LegCo Health Services Panel, members were briefed on the above consensus reached by the Task Group. As patients are major stakeholders in the supply of self-financed drug items, the Panel suggested that patient representatives should be invited to sit on the Task Group to contribute their opinions as service users. Representatives of the Alliance of Patients' Mutual Help Organisation were then invited to join the Task Force so that their views could be well taken into account in the future design and operation of all the hospital-based private pharmacies to meet their genuine needs.

47. It should be emphasised that the target clients of the HA are public hospital patients. To address their needs are always our primary concern. The Authority believes that partnering with the private sector to achieve such an objective will be in the patients' long term interest. In case individual partnership projects were found not viable or of no market interest, the HA will consider proceeding with the enhancement on supply of self-financed drug items described in Option 1 as previously proposed.

48. It is proposed that any additional net income for the HA generated from supply of self-financed drug items should be used for direct patient service, especially for funding drug expenditures.

Recommendation 2:

HA to step up publicity on the revised safety net mechanism

49. The new assessment criteria for the safety net are by and large well received by frontline medical social workers and applicants. While information pamphlets have been produced for distribution in public hospitals and relevant materials posted onto the HA Homepage, it is recommended that the revised safety net mechanism should be more widely publicised, for example, publication of posters for prominent display in public hospitals, so as to benefit more needy patients.

Recommendation 3:

HA to enhance the mechanism for introduction of new drugs

50. The HA Drug Advisory Committee (DAC) systematically appraises new drugs every three months for inclusion into the Formulary, taking into account changes in scientific evidence, cost effectiveness, technology advances, treatment options, scope of service provisions and the like.

51. After review by the DAC, a well-structured decision making process embracing the following specific evaluation criteria is proposed to enhance objectivity, transparency and consistency of the mechanism:

- (a) Efficacy versus Alternatives
- (b) Efficacy versus Placebo
- (c) Efficacy (no comparator)
- (d) Safety
- (e) Drug Cost versus Alternatives
- (f) Cost Impact to HA
- (g) Overseas Reimbursement Status
- (h) Other considerations, e.g., patient compliance and cost-effectiveness studies

52. The HA believes that the set of more explicit evaluation criteria would enhance both the transparency and accountability of the evaluation process of drugs to be introduced into the Formulary. The more structured decision process is also expected to facilitate the preparation of submission to the Drug Advisory Committee, which will in turn result in more timely introduction of new drugs into the Formulary.

53. Regarding the suggestion that the HA should expand the list of drugs covered by the safety net, the HA undertakes that it would regularly review the list of self-financed drug items and consider actively establishing safety net coverage to those drugs which were previously considered to have preliminary medical evidence with marginal benefits only, but have since accumulated scientific evidence of proven clinical effectiveness over time that merit financial subsidy from the public purse.

54. The decision on whether safety net coverage should be extended to specific self-financed drug items would be made on the basis of a number of factors, including safety, efficacy, effectiveness, cost effectiveness, health impact, equity and patients' choice, societal values and ethical factors, the overall provision of public health care services by the HA and the potential financial impact on the Samaritan Fund.

55. The HA has maintained regular communication with patient groups to understand and address their concerns about introduction of new drugs. We would continue to collect comments and suggestions through our established channels and to ensure that their views are well represented.

Conclusion

56. We are very grateful to the frontline staff and the community for the valuable comments and suggestions we received in this review exercise. Your views have shed light on our way forward. We welcome opportunities for further exchange of opinions, especially on implementation of those initiatives to be taken as a result of this review. The HA would continue to partner with all our stakeholders to live out the objectives of the Formulary to ensure safety, efficacy and cost-effectiveness as guided by the best scientific evidence in the use of drugs.

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引言

醫院管理局 (醫管局) 於二〇〇五年七月開始分階段推行藥物名冊(名冊)，以統一公立醫院及診所的用藥和收費標準，過程中得到前線醫護人員配合向病人溝通解釋，而病人亦透過不同途徑得悉有關名冊的內容、推行時間和自費購買藥物途徑等資料。醫管局藥物名冊已順利於二〇〇五年十月底全面在所有公立醫院推行。

2. 在名冊推行之前，醫管局於二〇〇五年二月至四月期間，進行了一項為期三個月的公眾諮詢。當時有建議要求醫管局應在名冊實施稍後時間進行檢討。因此，醫管局在二〇〇五年的諮詢報告當中，承諾會在名冊推行一段時間後，檢討名冊的機制。

檢討重點

3. 二〇〇六年四月，即名冊全面推行半年後，醫管局已展開有關檢討。在此之前，其實我們一直持續透過既定的渠道，收集名冊推行後公眾、病友及員工的意見，綜合相關論點，歸納為以下三個主要範疇：

I. 病人自費購買藥物 (自費藥物) 的供應模式

4. 二〇〇五年醫管局的諮詢報告顯示，社會上對於醫管局應否供應因病人要求自費購買而處方的自費藥物持有兩派對立意見。大部分的病人組織、區議會及消費者委員會均呼籲醫管局直接向病人供應自費藥物。相反，私營界別及專業團體則認為病人自費藥物應由私營藥房供應出售，透過市場動力促使藥房提供優質服務及較優惠價格。

5. 由於當時社會大眾在藥物供應的問題上仍未達致共識，故推行藥物名冊時，醫管局初步定案於有限度在下列三種情況下為病人供應自費藥物：

- a) 藥物不容易在市面買到
- b) 藥物由安全網補助
- c) 為方便運作而可能需要提供的藥物，例如住院病人和日間留院病人可能需要使用的藥物

上述藥物可歸納為以下類別：

- a) 精神科藥物
- b) 腫瘤科藥物
- c) 免疫力抑制劑
- d) 安全網藥物
- e) 注射劑
- f) 危險藥物

6. 藥物名冊至今已推行多月，醫管局再次邀請業界及市民就醫管局為病人自費藥物的供應模式多提意見，最終目標是為確立一個以病人利益為先的長遠模式。

II. 安全網的評審機制

7. 現時，包括提供藥物的醫療服務均由公帑大量資助。面對眾多殷切的健康需求，為了讓更多人受惠，醫管局提供範圍以外的昂貴治療，會遵從目標資助的原則。這個機制可繼續確保沒有人因經濟理由得不到適當治療。病人會因應個人負擔能力，獲得撒瑪利亞基金資助部分或全部藥費。

8. 醫管局於二〇〇五年七月推出藥物名冊時，同時引入一套公開的新評審機制，容許病人從家庭收入和可動用資產中扣減基本開支，根據申請人可動用的財務資源，以及購買藥物所需的費用，決定申請人的負擔能力提供援助。

9. 新的安全網評審機制已實行多月，我們亦希望公眾就有關機制及其運作發表意見。

III. 引進新藥的機制

10. 醫管局藥物名冊的檢討工作是一個持續不斷的過程。醫管局藥物諮詢委員會有系統地每三個月定期審批新藥，引進藥物名冊內，過程中會考慮科學實證的轉變、成本效益、科技發展、治療方案選擇以及提供服務的範疇等。而藥物名冊委員會則會就現有名冊內的藥物，每十二至十八個月進行一次檢討，將新藥和目前使用的藥物評估比較，恆常的做法是會將個別藥物加入名冊內或自名冊內的藥物類別中刪除，不同藥物的身分類別亦會有所轉變，有關的用藥準則亦會有所變動。

11. 就引進新藥的原則和機制，我們一直持開放態度，歡迎本局的前線員工、社會人士及業界提出進一步改進的建議。

諮詢工作

12. 醫管局自二〇〇六年四月展開檢討工作以來，一直積極收集社會各方意見，分別去信及電郵諮詢病人組織、醫學界、藥劑業界、政黨、學者、員工、社區團體及區議會的意見。

13. 本局先後舉行記者招待會及發佈新聞稿，通告市民大眾名冊機制的檢討工作已經展開，並舉行一次有過百位病人代表出席的座談會，以聽取病人對是次檢討的意見及解答其相關查詢。我們亦召開過一次意見小組，匯集病友和普羅市民的意見，又透過參與一次由香港科研製藥聯會及病人互助組織聯盟合辦的論壇和會見沙田地區組織公民力量，進一步聽取市民意見。

14. 此外，本局亦與消費者委員會、藥劑業界的成員、香港科研製藥聯會舉行會議，特別就自費藥物的供應模式交換意見。我們又在六月份醫管局的諮詢架構內三個區域諮詢委員會會議上，諮詢委員的意見。

15. 截至二〇〇六年六月二十九日，本局收到 13 個團體回應本局（團體名稱載於附件一），提出書面意見。以下將當中的意見及循上述各種途徑收集回來的建議歸納匯報。

16. 各個團體的書面及電郵回應的全文將會聯同是次檢討報告上載到醫管局互聯網網站 (www.ha.org.hk)，以供公眾參閱。

意見摘要

I. 自費藥物的供應模式

A. 病人的意見

17. 病人和病人團體均強烈要求由醫管局供應自費藥物。不少病人表示難以分辨藥物的真偽和確定其來源。一些長期病患者亦指出在市面買藥的問題，並以親身經驗為例，表示曾經要走遍多間藥房才能購得全部所需的藥物。二零零六年四月，由 387 個病人組織組成、成員超過三萬人的病人互助組織聯盟曾向大約 1900 人進行調查，結果顯示超過 90% 受訪者認為由醫管局供應自費藥物很方便，當中超過 95% 亦認為醫管局是可靠的供應來源。此外，超過 90% 的受訪者表示，如藥物價錢與市價相若，他們仍會考慮／願意向醫管局購買藥物。有關調查的詳情見附件二。

B. 藥劑業界及專業團體的意見

18. 香港科研製藥聯會支持醫管局供應自費藥物的建議，但香港醫藥經銷業協會有限公司則認為作為一間公營機構，醫管局並不應插手藥物零售的業務。香港醫院藥劑師學會相信此舉會使公私營醫療服務合作的空間進一步縮小，令私營醫護機構邊緣化、促使公立醫院醫生多處方自費藥物以增加醫管局的收入。

19. 香港醫學專科學院支持由醫管局供應自費藥物的建議。不過，香港西醫工會認為，由醫管局供應自費藥物的範疇不應擴大，因為這會令醫管局的財政負擔百上加斤，而衛生署的監管足可確保私營藥房出售藥物的質素和種類，加上以公帑資助藥物市場亦會對公私營醫療服務合作產生負面影響。

C. 消費者委員會及區域諮詢委員會的意見

20. 消費者委員會（消委會）在是次建議書中，認為由醫管局供應自費藥物，不但為病人提供選擇，亦更能確保藥物的持續供應、質素和安全性。消委會理解私營藥房關注到此舉會加劇公私營醫療服務之間的不平衡，因此認為為保障消費者的持續利益和公平競爭，推行上述安排時應嚴守以下首要原則，並須貫徹執行：

- a. 病人可自由選擇往私營藥房購買自費藥物
- b. 醫管局藥房供應的自費藥物只限供應予醫管局的病人，而不會受理私營界別的病人
- c. 病人決定到公立醫院就診有其眾多背後原因，自費藥物的供應相信不會成為主要誘因
- d. 醫管局醫院藥房的藥物價格並不會低於市場價格水平，因此病人仍可選擇到私營藥房以更低廉的價格購買藥物，而且醫管局釐定的藥物價格更可在私營界別藥物供應市場上發揮穩定作用，維護公平競爭。

21. 消委會相信在以上安排下，醫管局的售藥服務建議在競爭法確切執行的法權範圍內，並不構成反競爭的情況。由市場中最大而又可信賴的藥物供應者以合理的價格為市民大眾供應安全可靠的藥物，明顯凌駕促進市場競爭的需要，達到維護公眾利益的最終目標。

22. 三個區域諮詢委員會亦歡迎由醫管局供應自費藥物。在今次檢討期間，醫管局並未有收到區議會的意見。然而，在二〇〇五年的諮詢當中，區議會支持由醫管局供應自費藥物的方案。

II. 安全網的評審機制

A. 病人組織

23. 從使用者的角度來看，向撒瑪利亞基金申請藥物開支資助的申請人，一般認為經修訂的評審準則更客觀和較易理解，並認為容許部分項目豁免計入病人的可動用財務資源，可有效保障申請人的生活質素。儘管如此，有些病人團體建議醫管局應擴大安全網所涵蓋的藥物名單，並應事先諮詢病人才作決定。

B. 醫務社會工作者

24. 負責進行資產審查的前綫社會工作者亦對機制給予好評。他們認為新的評審準則客觀和具透明度，易於執行。

C. 市民大眾

25. 社會上亦普遍支持新的評審準則，認為可以體恤及照顧弱勢社羣的醫護需要。不過，有建議認為當局應更加廣泛宣傳有關準則，讓更多有需要的病人知悉。

III. 引進新藥的機制

26. 藥劑業界關注醫管局的引進新藥和當中審議程序的效率和成效，其中香港科研製藥聯會特別建議醫管局應制訂清晰、簡易及具透明度的制度，並確立清楚和客觀的科學化準則，用以審批新的藥物。

建議

27. 醫管局在集合所有建議後，就以上三個檢討範疇作出建議如下：

建議一：

醫管局應擴闊目前病人自費藥物的供應範圍

28. 從不同渠道收集得來的病人意見顯示，病人非常關注由醫生處方讓他們自行到社區藥房購買的藥物之持續供應、品質及安全。他們當中大部分在購買有關藥物時遇過困難。我們知道病人方面有一面倒的意見要求醫管局擴大目前自費藥物的供應範圍。另一方面，醫管局又要平衡藥劑業分銷商和藥劑師的反對意見。他們認為此舉會令公私營失衡惡化。

方案一：醫管局供應病人自費藥物

29. 作為一間以病人為中心的醫護機構，醫管局有責任回應病人的訴求。我們會考慮將目前藥房提供的自費藥物種類擴大至包羅藥物名冊上所有病人自費藥物。此構思旨在提升服務，保障安全和方便病人，亦合乎他們的長遠利益。

30. 至於定價方面，有建議認為醫管局供應的病人自費藥物的價格應訂於和市價相若。然而，目前正由醫管局按成本價供應的幾類自費藥物仍會按成本價收費。

31. 透過此市價策略，醫管局可避免與私人市場進行不公平競爭，而病人則可自由選擇購買自費藥物的地點。

32. 上述的定價策略可以避免（一）公私營市場之間的不良競爭及（二）吸引公立醫療體系以外的病人流入醫管局體系。

33. 醫管局相信擴大醫管局供應的自費藥物範圍以提升服務，不會為私營藥物市場帶來重大影響，因為我們只會向醫管局病人出售有關藥物。此外，我們將價錢定於與市場水平相若的策略，將避免與私營市場不良競爭。有了多一重清晰的選擇，病人可作出最化算的消費。在提出「與市場水平相若」的策略的同時，醫管局不會規限病人購買自費藥物的途徑。

34. 對於有關為增加收入製造不良誘因促使醫管局醫生處方更多自費藥物的憂慮，我們重申供應自費藥物的決定是基於方便病人獲取所需藥物的原則，並且為病人提供選擇。我們深信在一個具透明度的監察制度下，我們的醫生會堅持本身的專業操守，緊遵行之已久的實証臨床指引和藥物名冊的指導原則處方藥物。

方案二：公私營夥伴合作供應自費藥物

35. 另一個建議方案，是探討公私營夥伴合作計劃（公私營計劃），讓社區藥房參與其事，以應病人所需。根據這個方案，私營機構將獲邀請在醫院開設藥房，供應自費藥物予病人。

36. 在醫院開設私營藥房，是為病人提供多一項選擇，除了到社區藥房配藥外，可以選取在公立醫院的私營藥房配藥。同時，病人仍然可以隨個人的方便隨時前往社區任何一間私營藥房配藥。

37. 醫管局認為這方案有兩大優點，首先，公私營計劃可以讓醫管局專注於直接服務病人的核心業務上。將供應自費藥物的醫院藥房外判，醫管局就會省卻投資在開拓另一項嶄新業務方面的時間和人力資源。這樣，醫管局便可集中處理優先項目，更有效率和效益地履行我們的任務。

38. 其次，在公私營計劃之下，私營服務提供者，相對於醫管局，他們擁有豐富的商業經驗，可以設計出一些更靈活、創新和有效的方法提供有關服務，確保服務能夠照顧到每一位有需要的病人。

進一步探討公私營計劃

39. 醫管局分別將上述兩個方案提交二〇〇六年六月二十九日的醫管局大會及七月十日立法會衛生事務委員會討論，兩個委員會均認為應先行探討公私營方案，然後才考慮「以市場相約價格」供應自費藥物。

40. 經過病人、藥房業界、醫管局大會及立法會的廣泛討論後，社會上的普遍共識是進一步加強自費藥物的供應。

41. 社會各方大致上傾向於以公私營合作模式供應和售賣自費藥物。在病人方面，雖然當中大部分均希望醫管局提供自費藥物，不過只要藥物質素有保證、價格合理，病人並不反對公私營計劃。醫管局考慮過各個不同團體的反應後，認為以病人的角度考慮，私營機構有能力提供有關服務，達到等同於方案（一）的效果，配合病人的需要，因此，可進一步探討公私營計劃，遂邀請藥房業界參與進一步探討。

42. 醫管局其後與香港執業藥劑師協會、港九藥房商會及香港兩大藥物零售集團的代表舉行兩次高層會議，就可否由公私營機構協作在公立醫院內供應自費藥物一事交換意見。香港執業藥劑師協會表示會徵詢業內其他社區藥房的意見。私營機構代表對有機會與醫管局協作表示歡迎，並認同有關藥物供應的安排須符合公立醫院病人的長遠利益。與會各代表亦同意有需要在工作層面上作進一步商討，以便制訂雙方協作模式框架。為此，雙方成立了一個由醫管局及上述四個私營機構的代表組成的專責小組，以便作深入商討。醫管局又於二〇〇六年九月二十一日舉辦公開的意見交流會，匯集專責小組以外其他獨立社區藥房的意見。

43. 專責小組在八月至九月初共舉行了三次會議，至今就以下三項指引原則達成共識，包括 (a) 質素；(b) 方便病人及 (c) 定價合理：

- (a) 為確保所供應藥物和所提供專業服務的質素，設於公立醫院內的社區藥房的運作在各方面都會受到規管，包括開放時間、人手編制、設施和設備、配藥和藥物諮詢服務、藥物質素、非處方藥物和健康產品的供應、備存紀錄、產品投訴及回收等。
- (b) 為了方便病人，設於公立醫院內的社區藥房須備存所有醫管局處方的自費藥物。
- (c) 參與的私營機構須保證所供應的自費藥物，會以市價作為定價的基準。為確保參與機構遵守這項規定，招標章程內會訂明適當的機制，作為一項強制性條件。

44. 會議上亦同意醫管局考慮以招標方式邀請私營機構參與在公立醫院內設立社區藥房，為公立醫院病人供應自費藥物。每個醫院聯網最少會有一間大型公立醫院參與招標計劃。鑑於每間醫院有其特殊實際情況及需要，每間醫院會各自進行招標。以個別合約逐間醫院招標形式進行外判，可防止大型藥房企業一次過投得多間醫院的合約而出現壟斷情況。

45. 專責小組會繼續與各有關方面商討在公立醫院內供應自費藥物的協作模式框架，期望可於二〇〇六年十一月核定框架，並於二〇〇七年初展開招標程序。

46. 在二〇〇六年九月二十五日的立法會衛生事務委員會會議上，委員聽取了專責小組所達成的共識。由於病人是自費藥物供應一事上的主要持份者，委員建議應邀請病友加入專責小組，以聽取他們的親身意見。醫管局遂邀請病人互助組織聯盟代表加入專責小組，參考他們的意見，以便日後在醫院開設的私營藥房，在設計和運作上更能設合病人的真正需要。

47. 我們要強調，醫管局的主要服務對象是公立醫院病人，他們的需要一向是我們的首要關注。醫管局相信，與私營機構合作以達至這個目標，能夠符合病人的長遠利益。若發現個別公私營協作計劃缺乏效益或市場價值，醫管局會考慮按原先方案一的建議，擴大本身所供應自費藥物的類別。

48. 醫管局亦建議所有來自供應自費藥物的額外淨收入，由局方保留用作病人直接服務，特別用於補貼藥物開支方面。

建議二：

加強有關經修訂的安全網機制的宣傳推廣

49. 新的安全網審查準則普遍受到前線醫務社工及申請人的歡迎。目前，醫管局已印有資訊單張在公立醫院派發。有關資料亦已上載醫管局互聯網網頁供市民瀏覽，建議認為應廣泛宣傳經修訂的安全網機制，例如印製海報張貼於公立醫院當眼處，讓更多有需要的病人有機會受惠於新機制。

建議三：

設立完善的新藥引進審議機制

50. 醫管局藥物諮詢委員會有系統地每三個月對新藥進行評審，以將之納入藥物名冊。考慮因素包括：科學證據上的改變、成本效益、科技進步、治療方法的選擇及服務提供等。

51. 經檢討後，醫管局藥物諮詢委員會建議一個包含以下特定審議準則的決策過程，作為我們持續質素改善的措施：

- (1) 效用與替代藥物的比較
- (2) 效用與安慰劑的比較
- (3) 效用 (沒有可比較的考慮)
- (4) 安全性
- (5) 藥物成本與替代藥物的比較
- (6) 對醫管局的成本影響
- (7) 國際間藥品補貼的定位
- (8) 其他考慮，如病人服藥的合作性及成本效益研究

52. 醫管局認為，這套更明確的評審準則會令考慮將個別藥物加入名冊的審議程序更具透明度和問責性。更周詳的決策過程相信亦會有助有關方面擬備更完整建議書提交藥物諮詢委員會，使藥物名冊能更適時引入新藥物。

53. 關於有建議醫管局應擴大受安全網補助的藥物名單，醫管局將定期檢討藥物名冊上的自費藥物，並積極考慮將先前被評為僅具初步輕微邊際療效，在經累積科學實證證實其臨床效果被認為值得使用公帑資助的藥物，引進名冊。

54. 當局會基於多項因素來決定安全網應否擴及某些自費藥物，這些因素包括藥物的安全性、療效、效用、成本效益、對健康的影響、公平問題及病人的選擇、社會的價值觀及道德因素、醫管局提供的整體公共醫療服務，以及可能對撒瑪利亞基金的財政影響等。

55. 醫管局保持與病人組織的定期溝通，以瞭解及回應他們對引進多些安全網藥物的訴求。我們會循現行渠道，繼續收集意見及建議，並確保他們的意見得到充分反映。

結語

56. 我們非常感謝前線員工與社會人士在是次檢討過程中提出寶貴意見及建議。你們的意見對於我們計劃日後的方向有重要的啟示。我們歡迎進一步意見交流，特別希望有機會在執行是次檢討所得出的構思方面集思廣益。醫管局將繼續與各界人士合作，貫徹藥物名冊循最佳科學實證，確保用藥品質、療效和成本效益的宗旨。

List of Group Submissions

提交書面意見團體名單

Submission Groups

提交書面意見團體

Pharmaceutical Industry

藥劑業界

The Hong Kong Association of The Pharmaceutical Industry
香港科研製藥聯會

The Pharmaceutical Distributors Association of Hong Kong Ltd.
香港醫藥經銷業協會有限公司

Patients Groups

病人組織

Alliance for Patients' Mutual Help Organisation
病人互助組織聯盟

Southern Democratic Alliance
南方民主同盟

Care for your heart
關心您的心

A concern chronic patients group on healthcare reform (translation)
長期病患者關注醫療改革聯席

Community Organisations

社區組織

Civil Force
公民力量

Consumer Council
消費者委員會

Elderly Groups

長者組織

Hong Kong Christian Service (Elderly Council)
香港基督教服務處（老人評議會）

Professional Bodies

專業團體

Hong Kong Academy of Medicine
香港醫學專科學院

Hong Kong Doctors Union
香港西醫工會

The Society of Hospital Pharmacists of Hong Kong
香港醫院藥劑師學會

The Practising Pharmacists Association of Hong Kong
香港執業藥劑師協會

TOTAL:
總數: 13



Immediate release

APMHO Survey reveals more than 90% of respondents' overwhelming support to HA dispensary for self finance items

25 May 2006, Hong Kong – Alliance for Patients' Mutual Help Organization (APMHO) today announced the findings of the survey and revealed more than 90% respondents overwhelmingly supported Hospital Authority to set up dispensary for self finance items in public hospitals. APMHO believed HA's initiative can safeguard patients' rights by offering them a convenient, safe and reliable channel to acquire quality drugs. It was also suggested that profits generated by HA dispensary can be allocated to Safety Net for public interest.

The survey was conducted by APMHO in April 2006 which collected views of 1,907 patients from local 7 network public hospitals and patient groups on setting up pharmacy counters in public hospitals. It was found that "Convenience" (92.1%) and "Reliability" (98%) were "Important" reasons for respondents to purchase self finance items in public hospitals. Among 54.6% of respondents regarded "Reliability" as "Very Important" reasons for them to take the service.

Tak Hei Cheung, the Chairman of APMHO pointed out, "Patients have rights to make decision and rights to informed consent in the delivery of public health services. The proposed blueprint of HA to set up dispensary in public hospitals will provide patients with great convenience and reliability. In this regard, HA should include patients' voice in implementing the policy as soon as possible to echo with the principle of Patient-Centered Healthcare.

The survey also found that 61% and 32.7% of respondents "Must" and "Consider" purchasing self finance items in public hospitals respectively. Moreover, 73.5% of respondents opposed such service to be operated by private dispensary; whereas 43.6 % and 52.5% of respondents showed "Total Support" and "Support" to the service operated by HA respectively.

Mr Cheung added that during the implementation of the policy, HA should be aware of the transparency of pricing, drug list of self finance items and issues of profits generated from the dispensary. APMHO suggested HA allocating the profits to Safety Net accordingly and benefit the community.



病人互助組織聯盟

Alliance for Patients' Mutual Help Organizations

APMHO recommended HA taking into account the principles of Patient-Centered Healthcare while implementing the policy, which features involvement of patients in health policy, patients' choice and rights to make decision, rights of access to health care services, and rights to informed consent.

The interviewees were patients from 7 main network hospitals and patient groups including Prince of Wales Hospital (18.6%) · Queen Elizabeth Hospital (21.4%) · Queen Mary Hospital (8.0%) · Pamela Youde Nethersole Eastern Hospital (1.9%) · The United Christian Hospital (20.9%) · Tuen Mun Hospital(5.0%) · Princess Margaret Hospital (19.9%) and APMHO (4.2%).

About APMHO

APMHO, comprised of 37 organizations representing cross-disease patients with over 30,000 members, aims to advocate with a strong patients' voice on relevant aspects of healthcare policy by the Government. APMHO, a member of International Alliance of Patients' Organizations (IAPO), has been echoing to the global campaign of Patient-Centered Healthcare.

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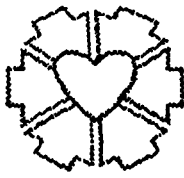
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新聞稿

病人互助組織聯盟調查發現
逾九成受訪病友支持公立醫院提供售藥服務

2006年5月25日，香港 —「病人互助組織聯盟」(簡稱：聯盟) 今日公布有關「公立醫院提供售藥服務」調查結果，發現逾九成受訪病友支持公立醫院提供售藥服務。聯盟表示，醫管局以市價向病人提供自費購買的藥物，將為病人提供一個方便及可靠的途徑，保障病人的服務使用權及選擇權，而該服務所得盈餘亦可歸入安全網，惠及大眾市民。

「病人互助組織聯盟」於2006年4月20至21日，向本港七間主要醫院及部份病人組織的會員共1,907名病友進行問卷調查，以了解病友對醫院管理局醫院售藥的意向。調查發現，大部份受訪病友均表示「方便」(92.1%)和「可靠」(98%)是促使他們使用公立醫院提供售藥服務的「重要」原因，當中過半受訪病友(54.6%)更表示「可靠」是一個「極重要」的原因，促使他們使用公立醫院的售藥服務。

聯盟主席張德喜先生指出：「病人使用公共醫療服務時，病人擁有獲取可靠藥物的知情權及選擇權。由醫管局為病人提供自費購買的藥物，將為病人帶來便利及保障，當局應慎重考慮病人的意願，盡快落實有關方案，於本港推動「以病人為中心的醫療衛生」(Patient-Centered Healthcare)。」

調查結果亦顯示，如醫管局醫院售藥的價錢與市價相若，有61.0%的受訪病友表示「一定會」及32.7%表示「可以考慮」使用醫管局醫院提供的售藥服務。此外，73.5%受訪病友不贊成由私營藥房來營運醫管局醫院的售藥服務，其中18%更表示「極不贊成」；相反有43.6%及52.5%的受訪病友分別表示「極贊成」及「贊成」由醫管局營運醫院的售藥服務。

張德喜補充，在落實執行有關政策時，醫管局應特別注意藥物收費的透明度，詳細檢討在公立醫院出售藥物的名冊，以及對出售自費藥物中所得盈餘作妥善安排，例如將盈餘撥入安全網，直接惠及大眾市民。



病人互助組織聯盟

Alliance for Patients' Mutual Help Organizations

聯盟建議，醫管局應根據「以病人為中心的醫療衛生」的原則，落實向病人提供自費購買藥物的方案，尊重病人參與決策的權利、病人的選擇權、決定權、服務使用權及知情權。

是次調查的受訪病友，均來自本港七間主要醫院及部份病人組織，包括沙田威爾斯親王醫院 (18.6%)、伊利沙伯醫院 (21.4%)、瑪麗醫院 (8.0%)、東區尤德夫人那打素醫院 (1.9%)、聯合醫院 (20.9%)、屯門醫院 (5.0%)、瑪嘉烈醫院 (19.9%)及病人互助組織聯盟 (4.2%)。

有關「病人互助組織聯盟」

病人互助組織聯盟由數十個不同病類的病人團體組成，成立於 1993 年，致力推動病人自助互助，對各項與病人相關的政策和社會議題進行倡導。香港病人互助組織聯盟是「國際病人組織聯盟」(International Alliance of Patients' Organizations)的基本會員，全力響應「以病人為中心的醫療衛生」這項全球性的政策倡導行動。

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