Response Paper from

The Pharmaceutical Society of Hong Kong
&
The Society of Hospital Pharmacist of Hong Kong

On

The Consultation Document on Health Care Reform
“Lifelong Investment in Health”
published by Health and Welfare Bureau, Government Secretariat
Government of the Hong Kong Special Administrative Region
The People’s Republic of China

March 2001
Response to
The Consultation Document on Health Care Reform – “Life long Investment in Health”
by
the Pharmaceutical Society of Hong Kong and the Society of Hospital Pharmacists of Hong Kong

I. Purpose

1. The purpose of this submission is to:

   a) express the collective views and opinions of the pharmacists in Hong Kong to the Government of the HKSAR on the Consultation Document on Health Care Reform

   b) describe the roles and functions of the pharmacists in the health care system embracing the primary, secondary and extended care both in the community and the institutional practice

   c) highlight problematic areas which have weakened the contributions of the pharmacists in the health care system in Hong Kong

   d) make suggestions to the HKSAR on the necessary actions to use the expertise, knowledge and skills of the pharmacists to bring about good health and well being for the people of Hong Kong

   e) make our response to different suggestions included in the Consultation Document

II. General opinion & views from the pharmacist profession

2. Both the Pharmaceutical Society of Hong Kong (PSHK) and the Society of Hospital Pharmacists of Hong Kong (SHPHK) welcome the Consultation Document on Health Care Reform – “Life long Investment in Health” released by the Government of HKSAR. We, as citizens in Hong Kong, believe that the Government has the true intent to address a major society issue that will extensively affect the people in Hong Kong today and in the next generation. We, in general, support the strategic directions outlined in the consultation document which, with its focus on the primary health care, has pointed out the right directions for the health care reform.
3. We, as pharmacists in Hong Kong, would like to take this opportunity to share our expertise, knowledge and skills with the Government in order to help shape the health care system for Hong Kong. Also, we, as an important member of the health care team, would like to play our full part in delivering the vision of the health care reform for the benefits of all the people in Hong Kong.

III. The pharmacist as an overall expert in drugs

The Pharmacy profession and our training

4. Pharmacists are highly qualified professionals. By our training and education, we understand the nature and effect of medicines and medicinal ingredients and how they may be used to prevent and treat illness, relieve symptoms or assist in the diagnosis of disease. Through the practice of pharmaceutical care, we can take part in specific activities and services where an individual pharmacist “cooperates with a patient and other professionals in designing, implementing and monitoring a therapeutic plan that will produce specific outcomes for the patient”. The concept of pharmaceutical care has evolved in recent years from an emphasis on prevention of drug related problems (basically drug management) to the expanded roles of pharmacists in the treatment of routine acute illnesses, management of chronic diseases and primary disease prevention.

The goal of drug therapy & the working relationship between physicians and pharmacists

5. Drugs are often the treatment of choice of the physician. The goal of drug therapy is to improve patients’ health and quality of life. Optimal drug therapy is safe, effective and appropriate and requires a valid information base meeting the needs of patients and allowing access for the patients.

6. Pharmacists have complimentary and supportive responsibilities to the physicians to achieve the goal of providing optimal drug therapy. This requires communication, respect, trust and mutual recognition of each other’s professional competence. The Government must take the lead to ensure that the society at large recognizes and allows the healthy development of the working relationship of both physicians and pharmacists.
IV. The roles and functions of the Pharmacists in the health care system

7. To enable the Government to better appreciate the contributions of the pharmacists to the overall health care system, specifically, we wish to describe our roles and functions in the various health care settings.

(a) Our roles as gate keepers in the Primary Health Care

8. In Hong Kong, most community pharmacies are located within easy reach by the people as they are situated in busy streets, shopping malls and residential areas. In this setting, the community pharmacists are, in particular, well placed to help people cope with every day problems. Pharmacists, as a team member of the primary care providers, can attend to the clinical needs of individual patients helping them to stay healthy, deal with minor illnesses, perform the basic health screening, make necessary referral to seek related medical treatment, advise patients on the management of their disease and get the most out of their medicines.

(b) Our Roles in the Hospital / Institutional Settings

9. Pharmacists in the hospital/institutional setting can work in a multi-disciplinary team approach to enhance the patient care process, especially in the medicinal therapy. Pharmacists can ensure that the pharmaceuticals used are safe, efficacious and meeting the required standards and quality, address the safety and efficiency in the drug distribution process for the in-patients, optimise the drug prescribing process by screening the prescriptions for the patients and where appropriate, making the clarifications and interventions.

10. Additionally, pharmacists can provide specialised service such as the aseptic dispensing service for Total Parenteral Nutrition (TPN) products, cytotoxic drugs and Centralised Intravenous Admixtures Service (CIVAS). These are specialised pharmaceutical production services operated in controlled production environment to meet quality and occupational safety standards. Also, with a set of standard operational procedures/guidelines for delivering the pharmaceutical service, pharmacists can help to promote safe medication practice.
(c) **Our Roles in the Medication Use Process**

11. In the medication use process, prescriptions released from the physicians can be cross-checked by pharmacists to improve safety. Through our interactions with the patients, detailed counseling can be provided to the patients to empower the patients to take the medication correctly. Early detection for any drug therapy related problems can be made, including such as any need for additional therapy, avoidance of unnecessary drug therapy, identification of inappropriate drug therapy, detection of too low or too high dosage or adverse drug reaction and any problem in drug compliance.

(d) **Our Roles to facilitate the interface of care**

12. Pharmacists are in an important position to act as an interface between the hospital and community settings. Studies overseas have shown that pharmacists are the most accessible health care professional to many chronically ill patients. For example, pharmacists see diabetes patients five times more often than any other health care providers. (Rakel, 1990, P.3) This accessibility enables pharmacists to take an active part to help manage the medication aspect of discharged patients from hospitals. Pharmacists are in a convenient setting to provide supplementary information on disease management, on medication management, on lifestyle changes, etc., to the patient or their carers. This has made pharmacists the ideal candidates to bridge the public and private health care to help achieve the seamless health care environment. A schematic illustration of this integrated health care model is shown in Appendix 1.

V. **Existing problems limiting the development of pharmacy roles in Hong Kong**

(a) **Failure of Government to recognise the roles of pharmacists**

13. The Hong Kong Government has failed to recognise the roles and contributions of pharmacists. This is evident from the lack of support in setting the local pharmacy school in Hong Kong. The first local pharmacy school was only set up in 1992 at the Chinese University of Hong Kong. The first batch of local pharmacists became available only since 1996 with a yearly output of only about 30 pharmacists. As a result, the pharmacist to population ratio is relatively low in Hong Kong, as compared to both nearby countries and the European countries. This can be seen from the following chart:
## Pharmacists Number to Population Ratio

<table>
<thead>
<tr>
<th>Country / Year</th>
<th>No. of practising pharmacists per 100,000 population</th>
<th>Practising pharmacist / Population ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia (1996)</td>
<td>66.8</td>
<td>1: 1497</td>
</tr>
<tr>
<td>United Kingdom (1995)</td>
<td>69.5</td>
<td>1: 1439</td>
</tr>
<tr>
<td>United States (1996)</td>
<td>69.7</td>
<td>1: 1434</td>
</tr>
<tr>
<td>Japan (1996)</td>
<td>94.4</td>
<td>1: 1059</td>
</tr>
<tr>
<td>Taiwan (2000)</td>
<td>71.5</td>
<td>1: 1399</td>
</tr>
<tr>
<td>Singapore (1999)</td>
<td>26.8</td>
<td>1: 3731</td>
</tr>
<tr>
<td><strong>Hong Kong (1999)</strong></td>
<td><strong>18.4</strong> <em>(registered pharmacist)</em></td>
<td><strong>1: 5436</strong></td>
</tr>
</tbody>
</table>


14. In addition, the current health care system and structure of the service are not conducive for the pharmacists to make their contributions. So, most of the pharmacists who were graduated and trained from different overseas countries, before the local pharmacy school is available, have chosen not to continue their career here in Hong Kong. As a result, the pharmacist profession in Hong Kong has been relatively young and has not integrated sufficiently into the health care system or in the society. Most of the time, it is only a minority whose voice could not be heard at the policy making level and would tend to be neglected in important health planning and related resource allocation processes.

(b) Over emphasis on Hospital Care

15. In the past, the Government has put too much emphasis and resource to support the development and operation of hospital care. It is alarming to know that in Hong Kong about 39% of total public health expenditure is spent within hospitals with only 2.3% on health promotion and preventive activities. The public hospitals under the management of the Hospital
Authority has almost monopolised the health care market especially in the secondary care and extended care. This has resulted in the lack of competition between the public and private hospitals and the lack of choice for the patients and the public. The public hospitals, not through their own faults, have even distorted the balance between the primary and secondary care to the extent that their A&E departments are swamped with patients with non-acute conditions who should be, more appropriately, treated in the primary care setting.

16. As a result, the public has been induced to abuse the A&E service, instead of approaching the local community service such as the General Practitioners and the community pharmacists.

c) Lack of system / infrastructure to support primary health care

17. Other complimentary measures to educate the public about their health and improve awareness of the importance of other primary health services also seem to be lacking. Even schools promulgate the incorrect message to the students. This is seen from the text extracted from the ‘General Studies for Primary School 6A’ (2nd ed. 2000, published by Federal Publications): “When we are sick, we should go to see doctor rather than buying drugs from chemists without prescriptions. There are many kinds of drugs available at the chemists. To survive the keen competition, the producer or salesperson of a certain company may exaggerate its healing power. The correct way to buy drugs from stores is to get a prescription from a doctor, rather than believing the advertisement alone.” It is sad indeed that even the Education Department has failed to recognise the role of pharmacists in the community and has allowed such a distorted message to filter into the school curriculum.

d) The existence of obsolete pharmacy related laws and ordinance

18. The current laws and ordinance governing the pharmacy practice is at least a few decades outdated and do not serve the needs of the community. The Department of Health and the Pharmacy & Poisons Board are fully aware of the shortfalls. Hence, in the Chief Executive’s Policy Address in 2000 on Health Service, one of the policy objectives under the subheading ‘to ensure that a supportive legislative and policy framework for public health is in place’ is to replace the existing drug-related ordinances by new legislation. However, up till now, no concrete plans have been announced on the details of the revamp of the related ordinance. Also, there is an inadequate
representation of the pharmacists in the ordinance revamp process so that it is anticipated that the new laws when available, would not meet the original objective of ensuring a supportive and legislative policy framework for public health.

19. The current law does not support the community pharmacists to function as primary care gatekeepers and is unsatisfactory in many areas, some examples being:

(i) Inadequate representation of pharmacists in the Pharmacy and Poisons Board so that no balance and comprehensive views can be reflected in the current system

(ii) Inappropriately allowing the ownership of the retail pharmacy to be a non-pharmacist

(iii) Inappropriately requiring the pharmacist to be present at the premise for two thirds of the opening hours of the premise

(iv) Inappropriately allowing the existence of Listed Sellers of Poisons without the presence of pharmacists

(v) Confusing and arcade legal classification of the drugs which does not encourage the pharmacists to initiate drug treatment for minor ailments

(vi) Unclear labelling requirement allowing inconsistent practice between doctors and pharmacists leading to confusion amongst patients

(vii) Improper legislative control of health food supplements allowing health food supplements to be sold like consumer goods

(viii) Ineffective Undesirable Medical Advertisements (UMA) Ordinance which does not effectively protect the public from misusing western pharmaceutical products or Traditional Chinese medicines, owing to its inappropriate control by not putting it under the pharmacists’ direct supervision in the Department of Health

(ix) Inappropriately allowing dispensing outlets to perform dispensing activities without having pharmacists on duty e.g. the nursing and elderly homes, government clinics
VI. Suggestions to utilise pharmacists as health care members

20. To enable the pharmacists in Hong Kong to take a share of the responsibility in meeting the objectives of the health care reform, the pharmacy profession recommends that the Government, in moving onto stage three of the health care system review i.e. development and implementation of plans, to seriously consider and incorporate the suggestions from us. These suggestions involve changes and they should be initiated simultaneously because they are all inter-dependent to each other.

(a) Cultural Change

21. Educating the public about the role of pharmacists: The Education Department with collaboration from the Central Health Education Unit should take up the responsibility to educate the public about public health and that all health care professionals including doctors, nurses and allied health practitioners such as pharmacists, occupational therapists, etc. can each contribute to enhancing the general health status of the public. There should not be any dominance of a particular health profession.

22. Teaching citizens of Hong Kong about self-care: Everyone in Hong Kong should be informed about the importance of self-care. They can use the community pharmacy settings to consult pharmacists if they encounter minor ailments. Measures should be adopted to discourage the public in using the A&E services provided by the public hospitals. Pharmacists are well positioned to play a role in providing “self-care” advice or counselling because they are knowledgeable in drugs and are able to provide patient-focused service. As a result, pharmacists can be extensively and intensively utilized to provide “seamless” care, linking both hospital and private community pharmacies.

23. Mandatory issuance of prescription: Presently, prescription writing and its issuance from doctors to the patient is not mandatory. And patients are not fully aware of the details of the charges, i.e. how much being consultation fees and how much are on drug fees. There should be a mandatory requirement for doctors to write and issue all prescriptions for the patients who can then have a genuine choice of whether having the prescription dispensed by pharmacists or by clinic assistants.
(b) Legislative changes -

24. **Revamp of the Pharmacy and Poisons (P & P) Ordinance:** The present P&P Ordinance should be revamped and in particular, the forensic classifications of drugs. Reference can be made basing on many overseas’ system where all medicines are legally classified into four categories, i.e. Controlled Drugs (CD’s), Prescriptions Only Medicines (POM’s), Pharmacy Medicines (P’s) and the General Sales List (GSL) items. More items should be classified under Pharmacy Medicines (P’s) to enable the pharmacist to support the practice of “self-care” for the public.

25. **Setting up of a Pharmacist Council:** The Pharmacist Council should be set-up with the appropriate terms of reference and composition so that the council can monitor and take care of all matters in relation to the development and practice of the pharmacy profession.

26. There should be other legislative changes to enhance the practice of community pharmacy, e.g. during opening hours of a pharmacy, there should be pharmacists on duty at all time, pharmacy should only be under the ownership of pharmacist, etc.

27. As mentioned in the above, the prescription issuance from doctors to patients should be made mandatory. That way, patients have their own choice of whether to get their drugs dispensed from the doctor’s clinic or outside at the community pharmacy.

28. All dispensing activities and all the drug-related matters at all dispensing outlets should be performed under the supervision of pharmacists. This applies to all levels, from government clinics to all elderly homes. A model with very positive outcome can be seen in the project done at the Chi Lin Care and Attention Home by the Pharmaceutical Society of Hong Kong. (Please see brief report as in Appendix I)

29. This should be an update of the Undesirable Medicine Advertisement (UMA) Ordinance to align with today’s pharmaceutical indications. The enforcement should be proactive and should be put under the jurisdiction of the Department of Health.

30. The appropriate legislative control should be put in place to control the registration, import & export and sale and distribution of health food
supplement. In this way, the interests of the public health can be better protected, as it is not uncommon to find misleading information, incorrect claims on some of the packaging of the health foods/supplements now available in the market. Equally, these health food supplement would be subjected to inspection and surveillance by the Health / Pharmaceutical Inspectors.

31. There should be mandatory drug labelling requirement for all drugs dispensed at any dispensing outlet. All the details for the drug labels should be clearly stated and no exemption should be made for any profession or dispensing outlet.

**VII. Our response to specific areas of proposals in the Consultation Document**

32. In addition to the above recommendations by the pharmacy profession, we would like to make our response to the specific areas in the consultation document.

(a) **Proposed Reforms to the Health Care Delivery System**

**Strengthening Preventive care:**

33. We support the Government’s recommendation for Department of Health to take up the tasks of strengthening the preventive care, with collaboration from the Education Department and the Environmental Protection Department.

34. We recommend that the government should seek the active participation and support from the pharmacy profession to co-organize the related educational talks, preparation and dissemination of promotion materials or planning and delivery of any related events. Pharmacists can help in the education of the public on drugs themselves during counseling and perform health promotion to the public especially in the community settings. Issues that will be touched upon include how to promote healthy lifestyle, how to take relevant measures to combat certain diseases, how to modify lifestyle for particular diseases, how to optimize compliance on drugs for patients on drug treatment, how to detect side effects of drugs and ways of avoiding these side effects; how to prepare pharmaceutical care plan, etc.
35. In addition, pharmacists can advise on immunization programmes for children, family planning for women, perform various health screening tests, participate in promotion of maternal and children health care, advise on programmes such as drug and alcohol abuse prevention or smoking cessation programmes.

Re-organise Primary Medical care

36. As the Government intends to develop the Family Medicine, there should also be a scheduled plan for the development of community pharmacist practice. Let us reiterate, community pharmacists are in a very appropriate position to make contribution in this area. It should be pointed out that the need is to re-organise primary health care and not just primary medical care.

37. The roles of pharmacists in primary health care can include an educator of self-care, an advisor to implement self-care, an interface between private & public sector, a facilitator in reduction of polypharmacy, a specialist in follow-up of a patient’s prescription, provision of drug counseling and formulating pharmaceutical care plans.

38. Community pharmacists can act as drug advisers on minor ailments such as stomach-ache, motion sickness, or cold etc. (Blenkinsopp, Vol.312, P.629-632). The role of pharmacists, in the discipline of “milder ailments” or “self-limiting ailments”, will become a collaborator with patients to work out the management of health problems. (Please see brief framework as in Appendix II)

39. We would also object to the plan for Hospital Authority to take over the management of the Government General Out-Patients Departments (GOPDs). This is because the Hospital Authority (HA), as it is, has already dominated the health care market. Grouping the GOPDs under the HA will only create a single giant health care provider that will not support healthy market competition.

40. All health professionals should have mandatory continuing education. This can ensure a high quality of the health professionals as their knowledge is always kept at the forefront. Our profession is pleased to inform the Government that all registered pharmacists in Hong Kong have attained the professional and educational standards equivalent to many developed countries such as the U.S., U.K., Canada and Australia.
41. But, in addition to the stringent licensing system for the pharmacists, we have, since November 2000, established a unified Continuing Education (CE) program for all pharmacists in Hong Kong. This unified CE programme is jointly organized by a central committee with members from PSHK, SHPHK, CUHK and Public Pharmacists’ Association HK. The CE Programme echoes well with the Government advocating for all health professionals to continuously undertake CPD (Continuous Professional Development) to ensure that knowledge, practice and skills are updated. This also gives confidence to the patients that pharmacists are always keeping abreast of the latest development in pharmacy; hence, high standard to service can be guaranteed.

42. It is hoped that this CE programme with its accreditation scheme will pave the way for any future plan to make the CE a mandatory requirement for all pharmacists as part of the registration or license renewal prerequisites.

Development of a community-focused, patient-centred and knowledge-based Integrated Health Care Service

43. We agree with the government’s proposal to develop the community-based model adopting a multi-disciplinary and multi-sectorial approach. Repeatedly, we emphasize our crucial role as community pharmacists. In addition, we can build up links with the nursing home, care and attention centres and old aged homes to help integrate the service.

44. For patient-centred and knowledge-based health care service, pharmacists also have very clear contributions. e.g. polypharmacy is a well known problem amongst the patients in Hong Kong especially by the elderly and patients with chronic health problems. Polypharmacy is defined as the concurrent use of multiple prescriptions including OTC medications. The practice of polypharmacy has led to the increase in risk of adverse drug reactions such as drug-drug, drug-food and drug-disease interactions. Besides, non-compliance is also found to be a problem. Pharmacists can help to educate patients to keep a medication profile of their own and this can be reviewed each time when drugs are dispensed. Alternatively, the community pharmacists can help to maintain the information. Unnecessary medications can be questioned / eliminated and as a result, the drug regimen can be simplified. The measures adopted in the minimization of polypharmacy aims at decreasing expenditure on drugs as well as improving compliance.
45. In British Columbia, Canada, a program called “trial-prescription” program has been successfully carried out and what it aims at is to cut down drug wastage and the overall cost paid by the patient. With agreement with the prescriber after consultation on the programme, a patient who joined the programme would be assigned to go to a particular community pharmacy. The pharmacist would dispense a small quantity, like a week’s worth of supply instead of the whole month’s supply prescribed by the doctor. The pharmacist would also follow up by contacting the patients by phone to see if the drug is effective or if there were any undesirable side effects. In about 35% to 45% of the cases, the patients had chosen not to fill the remainder of the one-month supply. Similar services can be carried out in Hong Kong. (Suppl. To MacLean’s Magazine, Nov 17, 1997)

46. The community pharmacy can really provide a myriad of services beside the ones mentioned above. Various campaigns can be hosted in the community pharmacy, such as DUMP (Disposal of Unwanted Medicines and Poisons) campaign which can reduce the availability of unneeded medicines at homes, so reducing inappropriate use of drugs and incidents of accidental poisoning. These are all examples to illustrate that pharmacists as drug experts can function in a variety of roles in the pharmaceutical, environmental and educational perspectives.

47. Regarding the Government’s proposal to revamp the funding mechanism to become population based. We would like to suggest other means of funding the health care service. The idea of having a pharmacist as a partner or the sole owner of a pharmacy is to be advocated. The main difficulty however, lies in the fact that pharmacists might not have the necessary capital to start the business. It is hoped that the Government can support this start off with some sort of business loans to support the idea. This is advantageous to the health care field as that implies more control to the pharmacy services with professional “code of ethics”
On Promotion of Use of Chinese Medicine:

48. **Double degree in western and Chinese pharmaceuticals:** With the determination of the government to incorporate TCM (Traditional Chinese Medicine) into modern practice of health care, pharmacists can play an important role in their well grounded scientific training in Western medicine. To enable pharmacists to be equally competent in the management of TCM, double degree in Pharmacy and Traditional Chinese Medicine should be made available in the local university.

(b) **Proposed Improvements to the Systems of Quality Assurance**

49. The Hong Kong population deserves the highest standard of health care. To do this, there should be a framework of quality assurance. We suggest the followings:

50. **Setting up a central reporting channel on pharmaceutical products:** An example to illustrate the "pharmacovigilance" system for managing complaints on pharmaceutical products is the MedWatch ([www.fda.gov/medwatch/index.html](http://www.fda.gov/medwatch/index.html)). This is the reporting program used by FDA of the United States on pharmaceutical products. The reports are received by means of mail, phone, fax or Internet and are forwarded to the FDA centre for evaluation. Reported events can include life threatening reactions, or events which require patient hospitalization or those events that lead to disability, congenital anomaly, organ failure and other events requiring some kind of intervention such as changes of drug therapy, treatment with other drugs, or other therapies. (FDA Reports, 1999) As a result of these reported events, FDA can recommend the appropriate labelling changes or at times, product withdrawal to pharmaceutical manufacturers. The government of HKSAR should set up similar reporting mechanism in Hong Kong to handle all adverse events and complaints on pharmaceutical products, whether these occur to patients in their normal course of drugs administration or to subjects involved in clinical trials.

On Complaints Office:

51. **Set up of a proper complaints office:** The complaint office with the involvement of a fair mix of representatives from all health care professionals such as nurses, social workers, physiotherapists, occupational therapists, and pharmacists, etc. should be set up. A transparent system operated under just
and fair principles with the objectives of improving the quality of service in all health care sectors should be adopted.

52. In addition to what we have commented under paragraphs 39-41, we would like to recommend to the Government to increase the supply of local pharmacists by providing the necessary university grants to increase the intake of pharmacy students at the Chinese University of Hong Kong. This is important in order to bring the pharmacist to population ratio to a satisfactory standard in par with our neighboring countries. Collectively, the pharmacists can make more significant contribution to the health care service in Hong Kong.

System Support

53. The Government should make it a mandate for the separation of prescribing from dispensing. The profession thinks that the patients and consumers should have the automatic right to get a prescription each time they see a doctor and have a choice in getting their medications dispensed at a doctor’s clinic or a community pharmacy.

54. The pharmacy related legislation must be changed as detailed under paragraphs 23-30 to provide the necessary system support for the practice of pharmacy in Hong Kong. There should always be one set of standard for dispensing practice, whether it is in the hospital, in the government or private clinics, in the old aged homes or in the community pharmacies. All dispensing activities must be carried out under the supervision of pharmacists complying with the full requirement in drug labeling, drug storage and control.

On Regulatory Measures

55. The Government must put the necessary regulatory measures in place and made it known to all professionals involved in the drug dispensing and drug control processes. Regular inspection and audit must be carried out at all private or public premises to ensure the compliance of the practice to the standard and quality at these premises.
(c) Options for Financing Health Care Service

56. Set up Pharmaceutical Benefits Scheme in Hong Kong: In this scheme, patients after attending the public sector or the private GPs can have their prescriptions dispensed in the community pharmacies. Community pharmacies can reimburse from Government on the drugs dispensed against the prescriptions. Alternatively, there should be an essential drug list for use in the public sectors. For the drugs that have not been enlisted in the essential drug list for the public service, patients should get the medications dispensed through community pharmacies via the issuance of prescriptions. In this way, it can lighten the financial burden that has to be shouldered by the government. There is also a shifting of prescription from the public to the private sector.

References


Advertising Supplement to Nov. 17, 1997 Issue of MacLean’s Magazine, “You and your pharmacist – a healthy relationship” by Canadian Association of Chain Drug Store and the Canadian Pharmacists Association


Appendix I

Development of a model at the Chi Lin Care & Attention Home

The objectives of the Chi Lin project are to be achieved through different phases. In phase 1 which we have now established, volunteer pharmacists from the PSHK provide dispensing service to the residents using the Webster-Pak multiple dose blister package. The aim is to organize each residents’ medications from whatever sources into unit dose packages with entries of the appropriate dose, frequency and special instructions, etc. into their drug profiles. So far, over 40 fellow pharmacists have been recruited and the majority attend one night session per week. The service is now being provided to over 100 residents on the entire third floor of the Chi Lin home and plans to extend the service to the second floor are underway.

It is anticipated that as phase 1 proceeds, the volunteer pharmacists will be growing in number and getting more experienced in the operation at Chi Lin. This should serve as a sound background on which phase 2 can be implemented with improving patient compliance being our primary objective. Strategies under planning include monitoring of drug administration, group and individual patient counseling as well as staff training. The latter comprises such aspects as knowledge on drug storage, drug use, and techniques with special devices including inhalers, insulin injections and glucometers for the diabetics. To go further, ward rounds with on-site doctors and feedback to physicians on prescriptions are some possibilities in order that community pharmacists can fully utilize their knowledge and skills to demonstrate their roles in improving the health care of nursing home residents.
Community-based integrated Health Care Model

Appendix II

- Hospital
  - Specialist Outpatient Care
  - Outpatient Care
  - Multi-Service Social Centres
  - Family Medicine Practice
  - Day Treatment Centres
  - Pharmacist (Community & Hospital)
  - Residential Care
  - General Patient
    - Preventative Care
    - Health Promotion Clinics
  - Home Care Services
    - Patient Support & Self-help groups

- Discharge Patient with chronic disease
- Old-age Home
- Drug info
- Health Care Campaign
- Patient Counselling
- Rx