

LCQ15: Reducing drug wastage

Following is a question by the Hon Chan Kin-por and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (April 10):

Question:

It has been reported that the Hospital Authority (HA) indicated earlier that its annual expenditure on drugs exceeded \$9.6 billion, accounting for around 10 per cent of its total expenditure, and that it would further review its drug dispensing and charging systems in order to reduce unnecessary wastage. In this connection, will the Government inform this Council:

(1) whether it will review the drug dispensing situation of public healthcare institutions, such as examining if there is a need to change the cap of dispensing each prescription drug item at an amount of 16 weeks for patients receiving specialist outpatient services;

(2) as it has been reported that some patients (in particular elderly patients) have accumulated large quantities of drugs at home, whether the Government has reviewed if there are issues involving the dispensing of excessive drugs by public healthcare institutions, or the patients concerned not taking drugs according to schedule; if it has reviewed and the outcome is in the affirmative, of the solutions;

(3) as it has been reported that in the light of the tight supply of drugs amid the outbreak of the fifth wave of the Coronavirus Disease 2019 epidemic, HA has reduced the dispensing of each prescription drug to an amount of four weeks, whether the Government has reviewed the effectiveness of such arrangement, and whether it will suggest HA regularise such arrangement; and

(4) as it is learnt that some organisations once implemented drug collection programmes in the community to collect residual or expired drugs from patients, whether the authorities will consider drawing reference from the relevant experience to collect relevant drugs from patients; if so, of the details; if not, the reasons for that?

Reply:

President,

The public healthcare services of Hong Kong are heavily subsidised by the Government (at over 97 per cent of costs) to ensure that citizens would not be prevented, through lack of means, from obtaining adequate healthcare services. With the persistently ageing population and growing prevalence of chronic diseases in Hong Kong, healthcare demand continues to escalate. To cope with the rising demand of public healthcare services, the Hospital Authority (HA) has to allocate adequate resources annually to the highly subsidised healthcare services and drugs for patients' use. Due to the increase in drug costs, introduction of necessary new drugs for patients

based on clinical evidence and measures such as expansion of the HA Drug Formulary, the HA has in place a mechanism to monitor the utilisation and expenditures of drugs to drive prudent use of limited public healthcare resources.

In consultation with the HA and the Environmental Protection Department (EPD), the consolidated reply to the question raised by the Hon Chan Kin-por is as follows:

(1) – (3) When patients attend medical consultations, doctors will prescribe appropriate drugs in suitable quantities according to professional diagnosis and patients' clinical conditions. When dispensing drugs to patients, staff of the hospital pharmacy departments will also remind patients to take drugs according to instructions on the drug labels and to avoid adjusting, on their own initiative, the frequency or dosage of the drugs to be taken. The HA has been committed to providing drug counselling, and medication review and reconciliation services as well as continuously optimising the existing drug dispensing mechanism in public hospitals, with a view to ensuring medication safety of patients and enhancing their drug compliance while preventing storage of excessive drugs at patients' homes to lower the risk of inappropriate use and reduce wastage due to excess.

To enhance medication adherence and reduce unnecessary drug wastage, the HA implemented fee charging on drugs in the Specialist Out-patient Clinics in 2003. The charging unit at the time for each drug prescription was up to 16 weeks and the unit charge was HK\$10. Upon the review of fees and charges in 2017, the unit charge was increased to \$15. The consultation fee for General Out-patient Clinics was also increased to \$50 in the same year, and such fee already covers charges for prescription drugs in unlimited types and quantities. The Government and the HA will regularly review the fees and charges and arrangements for public healthcare services, including drug charges, according to the existing mechanism. Under the current review exercise on service fees and charges, the HA, guided by the consideration of encouraging appropriate use of drugs by patients, is looking into the charging drugs on the basis of quantity and duration and will submit a proposal to the Government.

When considering the review proposal, the Government will take into account applicable guiding principles (considering factors include costs, affordability of the citizens, appropriate use of services, resources prioritisation, support for the disadvantaged groups and public acceptance) and take into account the impact of the suggestions on citizens with different levels of affordability. The Government will also look into services with relatively distinct imbalance of resource allocation and those with wastage of resources, and assess whether it is necessary to guide proper use of public healthcare services among citizens through adjustment of charging arrangements, while at the same time further supporting those with genuine needs such as the disadvantaged groups and patients suffering from serious illnesses, so as to ensure proper use of limited resources. The Government and the HA will announce the review outcome in due course.

Besides, to enhance medication safety, the HA has been implementing the

"E-Fill" Drug Refill Service progressively in public hospitals since December 2017. The hospital pharmacy departments split the prescriptions for patients participating in the "E-Fill" Drug Refill Service into smaller quantities and easily managed packing for dispensing by batches and arrange pharmacists to review the prescriptions and confirm the latest conditions of the patients before drug refill. At present, the service is available in 15 public hospitals, covering around 100 000 patients. The HA has also allocated additional resources in recent years to set up pharmacist clinics to proactively provide clinical pharmacy service to specialist outpatients in need, such as providing comprehensive drug counselling and assessment for patients to assist them or their carers on selection and proper use of medications, so as to improve drug compliance and reduce the risk of drug wastage.

During the COVID-19 epidemic, there had been disruptions and uncertainties in the supply of certain drugs to various extents and public demand for the drug paracetamol once surged. To avoid citizens storing excessive drugs unnecessarily, the HA had made arrangement to the dispensing of the drug paracetamol by batches, with a cap of a four-week supply for each fill. If patients have clinical needs, they may refill the relevant drug. Upon implementation of the above arrangement, on average about 65 per cent patients did not return to the hospitals for refill of the drug paracetamol during the first three quarters of 2023. The above experience reflects that the arrangement of appropriate dispensing of drugs on the basis of quantity and duration has a positive effect on encouraging proper use of drugs (in particular those taken only when needed) by citizens. The Government will make reference to relevant past experiences when considering the HA's review proposal.

(4) From the environmental perspective, given the small quantities of unwanted medicines disposed of from households, they are currently treated together with municipal solid waste. The EPD has set tight standards for treatment and discharge of leachate from local landfills. The findings of a scientific study on environmental waters have suggested that environmental impact caused by residual medicines is insignificant. The EPD has no plans to establish medicines recovery arrangements.

The HA will continue to engage and liaise with the relevant departments, patient groups, professional pharmacist bodies and various stakeholders to continuously optimise the drug dispensing system and reduce drug wastage of patients through education, publicity and administrative measures. The HA will closely monitor the situation of drug use to ensure that while patients receive optimal treatments, resources are used in a highly efficient and cost-effective manner.