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Are community pharmacies the magic bullet for Hong Kong's patients?

How will patients benefit and how much will proposed community pharmacies help Hong Kong's chronically overstretched public healthcare system?

Sammy Heung

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Illustration: Brian Wang

As part of his daily routine, Hong Kong retiree Yiu Po-tai, 81, has to rummage through a plastic bag full of medicine and gulp down 16 different pills to manage his chronic illnesses.

"I suffer from hypertension and had shingles two years ago, but I still have not recovered from the nerve pain," said the former construction worker, who lives alone in a subdivided flat in Sham Shui Po.

"I had a stroke 10 years ago ... and my face was paralysed twice around the time I had shingles."

To manage nerve pain in his arms, Yiu also took medicine from doctors in mainland China, where service was faster, and from a local pharmacy, besides prescriptions in Hong Kong.

Yiu's experience is not uncommon for many local patients with chronic diseases. They often use various medications prescribed by different doctors, taking pills without realising that some may be duplicates of others they use or have adverse effects. Fortunately for Yiu, a social worker noticed his situation and took him to a community pharmacy where a pharmacist cut his medication to 13 pills.

Non-government organisations currently operate a number of community pharmacies, providing medication management consultations, a dispensing service and referrals to other healthcare resources. Around 190 pharmacies serve as drug collection points for residents and those in homes for the elderly who use public hospital services.

The government will also launch a community pharmacy programme in the fourth quarter next year, with each of Hong Kong's 18 districts to get at least four to five facilities.

Experts said the community pharmacies could play an important role in reform of the city's healthcare system by serving as a gateway for patients with mild conditions to seek medical advice and obtain medication. But operators must ensure their facilities and computer systems are up to standard.

So how will patients benefit and how much will community pharmacies help Hong Kong's chronically overstretched public healthcare system?



Yiu Po-tai, 81, now takes 13 pills every day. Photo: May Tse

Hard to swallow

Pharmacist Joey Wong told the Post that one recent case involved the wife of an elderly dementia sufferer who had difficulty swallowing. As the man had to take a dozen pills, his wife would crush them or remove the capsules, she said.

“But we found that two medicines do not allow this method as it may affect the intake situation or cause side effects,” she said, adding that it had caused ulcers and burns in the man’s throat.

“So, we wrote a referral letter to the doctor explaining the situation and suggesting a medication change.”

Wong, who works for the Health in Action Community Pharmacy, said staff often conducted detailed consultations with elderly clients to see whether they were taking their medications correctly or if the drugs were still suitable for them.

The NGO Health in Action has been operating a community pharmacy in Kwai Chung since 2019.

“Many elderly people are taking medications they no longer need,” Wong said. “Some elderly may not understand why some drugs have to be taken before food or what is meant by an empty stomach.”

Cases of duplicated medications also occurred as patients had visited both public and private doctors for the same condition, she added.

She said the group also provided health advice through its hotline service, and organised outreach activities, education functions and health screenings.

Wong said pharmacists could only read information on the government’s electronic health record platform, eHealth, and it could be difficult for them to contact doctors to discuss a patient’s situation, while records were often incomplete.

She suggested the government also establish a platform for community pharmacists and doctors to communicate and access patient profiles and medication records.



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Health in Action founder Dr Fan Ning said the public healthcare system was overcrowded, with around 60 per cent of people in accident and emergency (A&E) wards classed as non-urgent cases.

He said one reason for that was the public did not know where to treat mild conditions such as hypertension, chronic pain and acne while private clinics were expensive.

He said community pharmacies could help to manage mild conditions by giving medical and lifestyle advice, and by providing necessary medications.

“We will explain to them that even if you are not a medical professional, you can still manage your own health through education. If you cannot handle it, then you can seek professional help,” he said.

“We provide an extra option for the public, and hope to drive the public to seek new models for health management, gradually aligning with the government’s other primary healthcare policies, so that we can eventually address the current public healthcare crisis.”



Pharmacist Joey Wong says the government could establish a platform for community pharmacists and doctors to communicate and access patient profiles and medication records. Photo: Jonathan Wong

Important role in reform

In last year's policy address, Chief Executive John Lee Ka-chiu said authorities would conduct a comprehensive review on the positioning and objectives of the healthcare system, advancing reforms and aiming to transform Hong Kong into an international hub for health and medical innovation.

Health authorities last week announced a revamp of the public healthcare subsidy regime, which included raising A&E department fees from HK\$180 to HK\$400, effective on January 1 next year.

The changes, part of the healthcare reforms, aim to reduce the abuse and wastage of public medical services.

Patients' rights advocate Tim Pang Hung-cheong of the Society for Community Organisation said the community pharmacy programme would play an important role in the reforms, and could work hand in hand with the fees revamp.

"With emergency room fees more than doubling, community pharmacies can provide an alternative choice of services for conditions which can be managed by simple medications," he said.

"Some of the service demand at emergency rooms can be transferred to community pharmacies."

He said if the patients were found to have more serious conditions, pharmacists could suggest that they sought help from doctors.



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Cutting waste

Under the revamp, patients at general outpatient clinics will need to pay an extra HK\$5 for a four-week supply of each drug. Specialist outpatient clinic attendees will have to pay HK\$20 for a four-week supply of drugs, up from HK\$15 for 16 weeks.

Health officials earlier said community pharmacies would procure commonly used medications for chronic or occasional illnesses through centralised purchasing by the Hospital Authority, and provide drug-dispensing services. But to qualify, the pharmacies must also have a registered pharmacist who has received certain training in primary healthcare.

Professor Ian Wong Chi-kei, head of the department of pharmacology and pharmacy at the University of Hong Kong (HKU), said that in the United Kingdom, community pharmacists also dispensed drugs for public hospitals, with patients collecting them every month.

"One of the benefits is that you do not have to store a large amount of drugs at home ... Hong Kong is very humid, and it can be an issue to store six months of drugs at home," said Wong, who is also a member of the government's Primary Healthcare Committee.

"Another benefit is that it can reduce wastage. If you have to switch to another medication and you have six months of drugs at home, you will need to throw them away."

Wong said pharmacists also answered questions and observed whether the patients had taken their medicine or had side effects.

"We know that many patients may have stopped taking medicines due to the side effects or lack of understanding of their purposes," he said.

"In hospital settings, pharmacies are often filled with long queues, leaving pharmacists with limited time to chat with patients."

So Yiu-wah, president of the Society of Hospital Pharmacists of Hong Kong, said it was expected that patients would be designated to a specific pharmacy so they could develop a long-term relationship there and their medicine could be collected at a fixed location.

He said that during a pandemic, the government could distribute masks or medicine at these designated pharmacies for registered residents.

So said when community pharmacists discovered irregularities in patients' medicine intake, they were expected to contact hospital pharmacists who would then tell the doctor in charge.



Health in Action founder Dr Fan Ning (right) says the public healthcare system is overcrowded, with about 60 per cent of people in A&E wards classed as non-urgent cases.
Photo: Jonathan Wong

The next steps

The government was expected to collect tenders from interested pharmacies for the programme before 2026, So said.

He said he believed organisations currently running community pharmacies would be interested in submitting tenders and could fulfil the government's requirements.

"We expect there will not be four to five community pharmacies in each district in one go. The programme may operate a few pharmacies in each of two to three districts first," he said.

"Prescriptions from the Hospital Authority may cover some common medicines first."

Only a few privately owned pharmacies had shown interest at this stage, as they might need more time to upgrade their equipment, he added.

So said the current number of pharmacists would not be enough to fill the demand for four to five community pharmacies in every district but the supply could be replenished in two years.

The Hong Kong Jockey Club Charities Trust launched a project with funding of more than HK\$415 million in 2024 and set up eight community pharmacies across Hong Kong. One of the collaborative partners was HKU.

Wong from HKU said they had established standards, guidelines and procedures for the pharmacies, which could be used as a reference for the government.

"For example, when doing drug management, what are the steps, what kind of documentation should be used, and how to let the government read the documentation?" he said.

He said another important component would be whether the pharmacies' computer systems could be connected to the eHealth platform.

"HKU has already helped the community pharmacies to create a system which allows them to read and retrieve the information from eHealth," he said.

Wong said that there should be a private space for patients to discuss their personal details with pharmacists.

He added that he expected the pharmacies to be operated on a co-payment basis to ensure the healthcare system's sustainability.

Wong said to submit a tender, an interested pharmacy would have to have a pharmacist who was in a primary healthcare subdirectory.

To enter the directory, the pharmacist will need to attend a primary healthcare course, which is currently only provided by HKU. But Wong said he expected similar courses to be opened by other institutions in the future.



Secretary for Health Lo Chung-mau says Hong Kong has to introduce "systemic reform of the healthcare system". Photo: Sun Yeung

Easier referrals on the way?

When the Primary Healthcare Blueprint was published in 2022, Secretary for Health Lo Chung-mau said under the ageing population and the rising healthcare demand, Hong Kong had to introduce "systemic reform of the healthcare system to shift the focus of the present system from treatment to disease prevention".

Primary healthcare refers to the first contact point for individuals and families in healthcare.

Since 2019, the government has set up district health centres (DHCs) or interim "district health centre expresses" in the 18 districts, providing health promotion, health assessment, chronic disease management and community rehabilitation services. As of the end of 2024, they had close to 350,000 members.

Services are provided by nurses, physiotherapists, occupational therapists, dietitians, pharmacists and social workers.

Pang said that as activities organised by the centres were mostly based on basic health concepts, community pharmacies could provide support when it came to health or drug-related issues.

"If someone visits a community pharmacy, they may also be referred to DHCs to participate in some health-related activities," he said.

Pang said some DHCs were set up right next to community pharmacies, creating great synergy.

"In the future, we may look into how to strengthen the connection between DHCs and community pharmacies, allowing them to benefit from each other."

Having public hospital patients collect medications at community pharmacies could also further promote the government's primary healthcare drive to residents, he added.

Under the Chronic Disease Co-Care Pilot Scheme, residents aged 45 or above with no known medical history of diabetes and hypertension are subsidised to undergo screening, attend consultations and receive testing services in the private sector on a co-payment basis. It was expanded to cover blood lipid testing last month. The scheme had more than 115,500 participants as of March 31.

Pang said that under the scheme, doctors might have limited time to talk to patients about what to pay attention to after taking medicine, or related dietary recommendations.

"This type of information can be supplemented by community pharmacies," he said.

"For example, the pharmacist can discuss with the patient how the medicine can help them or give suggestions to the doctor when the medicine is not as effective."

Wong said that doctors, pharmacists, nurses and optometrists in the primary health network could refer patients to each other.

“Community pharmacies will create a huge capacity to support the primary healthcare network which has not tapped into the potential of pharmacists,” he said.

“For example, the pharmacist may notice that the patient needs an eye examination at the optometrist. Or maybe the patient did not take drugs accordingly and the pharmacist may give a referral to the doctor.”

So said other than medical needs, community pharmacists might also refer residents in need, such as elderly people living alone, to social services.

“When the network is expanded, residents will not think of doctors or emergency services as their first choice when they have any medical issues,” Pang said. “It can help change mindsets.”

Yiu, the patient in his eighties, said he now visited a government clinic to manage all of his conditions following the recommendation of the pharmacist and the social worker.

“It is less confusing and complicated now,” he said. “It is such a hassle to go back to the mainland for medicine. I sometimes feel nauseous when taking the bus. Now it is much more convenient. I’m happier now.”

