Public Forum on Medication Management of Citizens and Community Pharmacy Services in Hong Kong

CHOW, Dilys Yan-wing
Sha Tin District Health Centre Express. Unit 1520, Level 15, Tower II, Grand Central Plaza, 138 Sha Tin Rural Committee Road, Shatin, New Territories

ABSTRACT

The Sha Tin District Health Centre Express has conducted a survey in early 2024 to study the medication management and utilization of community pharmacy services by local residents in Sha Tin to formulate pharmacy services that address community needs. The results showed that citizens faced problems in medication management such as inappropriate side effects management and nonadherence, low awareness of community pharmacy services, and service gap that falls short of public expectation. Subsequently, a public forum was held in March 2025 with pharmacists, doctors, and the general public to discuss situations reflected from survey findings and commonly encountered problems faced by citizens. Conceptualizing the term "community pharmacy" was one of the major foci of the general public, along with other pharmacy service needs, which was consistent with recent government initiatives. Concerted efforts of different healthcare professionals and service providers are vital to holistic and continuous healthcare services provision. Citizens should be involved in the planning of primary healthcare and community pharmacy services.

Keywords: *Primary healthcare, Community pharmacy, Community pharmacist, Medication management, Public engagement*

INTRODUCTION

In the past few years, significant progress in the development of community pharmacy services (CPS) in Hong Kong has been driven by the growing establishment of non-governmental organization (NGO) community pharmacies with new service models such as the Jockey Club PHARM+ Community Medication Service Network Project, the COVID-19 pandemic which accelerated telepharmacy and medication delivery services, and the HKSAR Government support as put forward by the Primary Healthcare Blueprint in 2022, which has laid down the directions of community pharmacy development and showed recognition of the roles of community pharmacists and other healthcare professionals such as allied health.[1-4] The Chief Executive's Policy Address in October 2024 and September 2025 have again shown the determination of the HKSAR Government in developing CPS in Hong Kong by setting the timeline of rolling out the Community Pharmacy Programme, first phase in Q4 2026.[5,6] One month after the Policy Address 2025 was released, the Community Drug Formulary mechanism and Guidelines of Practice for Community Pharmacy were promulgated by the Primary Healthcare Commission.[7]

Understanding the needs of the population is vital to develop impactful services that cater for community needs. In spite of the progress made by local community pharmacy service providers, data on citizens giving "their say" on what they need is scarce. Therefore, the Sha Tin District Health Centre Express (STDHCE) has conducted an anonymous survey from March to May 2024 to understand the medication management practice and utilization of CPS by Sha Tin residents, and explore further pharmacy service development.[8] A total of 733 responses were received and the results showed potential drug related problems including inappropriate side effects management and nonadherence. Respondents also showed low awareness of CPS, and service gaps between known services and perceived community needs.

Based on the survey findings, a public forum "相藥在沙田－談社區藥劑服務論壇" was held in March 2025 to further raise public awareness and spark discussion on medication management by the public and CPS. This article summarizes discussions and findings from the forum.

EVENT OVERVIEW

The event was held on 15 March 2025 at the Heung Yee Kuk Building in Sha Tin. It attracted 168 attendees, including 154 general citizens (140 (90.9%) were members of STDHCE) and 14 representatives from the medical-social sector (pharmacists, doctors, and representatives from District Services and Community Care Teams).

The event started with a summary presentation on the pharmacy survey findings, followed by one-hour discussion with guest speakers based on the survey, and a 30-minute question-and-answer session inviting questions from the floor.

Four guest speakers were invited to share their opinions on stage:

- Dr. Carl Wong (Family Medicine Doctor), Medical Consultant, Sha Tin District Health Centre Express

- Dr. Joyce Ching (Family Medicine Doctor), Chairman, Health In Action, which operates the Health In Action Community Pharmacy
- Mr. Marco Lee (Pharmacist), Senior Pharmacist (Primary Care Services Development Manager), Department of Pharmacology and Pharmacy, The University of Hong Kong
- Mr. Philip Chiu (Pharmacist), Head of Professional Service, Mannings, DFI Retail Group

The discussion focused on six major aspects: (1) demand for CPS; (2) chronic disease and drug management; (3) minor ailment management; (4) supplements, traditional Chinese medicines, and health literacy; (5) other CPS needs; and (6) sustainability of CPS.

***Photo 1**. Public participation in the pharmacy forum "相藥在沙田 – 談社區藥劑服務論壇"*

***Photo 2**. Invited speakers sharing on stage*

FORUM DISCUSSION FINDINGS

Community Pharmacy Service Demand

- According to the survey, 39.8% respondents were not aware of any CPS in Hong Kong. The most noticeable service was drug and health education talks (38.3%).[8]
- Community pharmacy service has transformed from dispensing-oriented to service-oriented in the past few years, such as the availability of structured and documented minor ailment and medication management services.
- Increasing the variety and quality of CPS is the key to raising public awareness.

Chronic Disease and Drug Management

- The survey showed that 16.0% of chronic medications users would stop taking their medicines when the symptoms were under control. Furthermore, 57.2% of chronic patients have experienced suspected adverse reactions to drugs, and 11.8% and 10.5% would discontinue the drug or reduce the dose by themselves, respectively. Only 14.6% of total respondents were aware of medication management services (MMS) in the community but 49.9% considered MMS as a community need.[8]
- MMS comprise a detailed, patient-centered review on the appropriateness, effectiveness, safety, and adherence of medication therapy between pharmacist and the patient (and/or caregiver) to improve health outcomes. This level of high-intensity intervention differs from a general drug consultation on simple questions such as side effects or administration method of a drug, thus would be more useful in complex cases such as polypharmacy and changes in drug regimen.
- Pharmacists would arrange follow-up appointments to monitor the drug management and health outcomes of patients, and refer to other healthcare professionals (e.g. family doctors, dietitians, physiotherapists) as needed to ensure holistic patient care.

Minor Ailment Management

- 89.8% of survey respondents have taken medications for minor ailments in the past year, constituting the most common type of drug product taken (compared to chronic medications, supplements, and Chinese medicines). The medications were most frequently obtained from public and private doctors, as well as non-pharmacy stores with drug supply (around 50% respondents for each), while less than a quarter were from pharmacies (which did not necessarily imply clients received pharmacist consultation as well).[8]
- The general public do not always know how to evaluate the severity of their symptoms and would self-medicate without proper guidance while delaying appropriate management of their apparent "minor ailments". Citizens often face obstacles in booking General Out-patient Clinic appointments in the Hospital Authority (HA) and have financial concerns to visit private general practitioners, especially for the underprivileged.
- Registered pharmacists in the community are readily accessible in different districts and locations, providing non-appointment-based and free-of-charge consultations on minor ailments. Pharmacists are trained to evaluate and provide pharmacological and nonpharmacological advice to handle minor ailments, and refer patients to doctors when red flags are identified.

- Citizens were suggested to maintain a record of previous medications tried to treat their conditions to facilitate assessment by pharmacists and doctors.

Supplements, Traditional Chinese Medicines and Health Literacy

- 67.3% of survey respondents have taken supplements in the past year, constituting the second most common type of drug product taken. The products were mostly self-purchased from non-pharmacy physical (58.0%) and online (25.4%) retail stores, and also obtained from relatives or friends (26.8%).[8]
- Supplements are generally used without robust evidence, but widely popular among the general public due to perceived "naturality" and "less toxicity" than conventional treatment.
- Citizens were advised to choose supplements with relatively more evidence and consider the economic value before purchasing the products. Other than supplements, lifestyle modification could be another means of improving health.
- The general public was encouraged to ask the right persons (trained healthcare professionals in the specialized area, such as pharmacists about drugs) and seek from the right platforms (reliable media and websites) for medical advice.

Other Community Pharmacy Service Needs

- Affordable drugs and health management products in the community was known by 14.2% of respondents and perceived as community need by 42.0%.[8] Promoting the use of generic drugs under suitable circumstances and expanding brand variety of products in the locality could bring-in competitions, reduce product prices and increase users' affordability. The establishment of more community pharmacies in different locations could further enhance geographical accessibility to meet the health needs of citizens.
- Drug disposal service was known by 9.1% of respondents and perceived as community need by 40.2%.[8] Currently, there is no official guidance on proper disposal of unserviceable, expired, or excess drugs in households, endangering the environment and human health. Drug waste handling campaigns organized in the past few years by community parties were all one-off basis and of limited time period due to the significant manpower and financial costs involved. Citizens were encouraged to reduce drug wastage by requesting a smaller quantity of drugs to be taken on as needed basis, and improving drug adherence with professional support.
- Drug delivery service was known by 17.5% of respondents and perceived as community need by 25.6%.[8] Setting up dispensing outlets of drugs from the Hospital Authority to community pharmacies could enhance convenience to patients and raise public awareness on the roles of community pharmacists. Nonetheless, constraints in pharmacy set-up, including hardware (e.g. space for drug storage and private consultation) and software (e.g. IT system interface and communications with HA), and striking a balance between maintaining high service standards and meeting the high output levels anticipated (given the large volume of cases in HA) were the major concerns from the angle of community pharmacy operators.

Sustainability of Community Pharmacy Services

- In the survey, 38.5% hoped for free MMS, while 26.5%, and 23.2% were willing to pay for $1-50 and $51-100 per hour, respectively.[8]
- Copayment model (as in the Chronic Disease Co-Care Pilot Scheme launched in November by the Health Bureau to subsidize Hong Kong residents to screen and manage hypertension, diabetes, and hyperlipidemia in the private medical sector) and medical insurance schemes (Voluntary Health Insurance Scheme implemented by the Health Bureau in April 2019 to regulate indemnity hospital insurance plans for individuals) put forward by the government could be some ways to finance CPS, of which most are provided free-of-charge currently (e.g. no dispensing fee, free general consultation and pharmaceutical services such as MMS).[9,10]
- Preliminary findings from a survey about patient satisfaction on minor ailment service provided by pharmacists showed that majority of patients need not further seek for consultations from other healthcare professionals (such as doctors) after the pharmacist encounter, in turn helped to save potential additional medical costs incurred. (verbally reported by one speaker)
- Citizens were encouraged to take personal responsibility for their health, and were reminded that quality services by pharmacists were valuable and should be appreciated with reasonable payment.

PUBLIC DISCUSSION

Participants were enthusiastic in the question-and-answer session, showing active public participation in the matter being discussed. Citizens were most interested in the definition, scope, and practice of "community pharmacy" (社區藥房). Speakers in the forum and STDHCE further elaborated on modes of existing pharmacy practices to address public enquiries. Issues on information sharing in the Electronic Health Record Sharing System by healthcare professionals in non-governmental bodies such as private practice, refill of drugs from HA at community pharmacies in case of drug shortage, and post-discharge follow-up at the primary healthcare setting were also of interest to citizens. These questions have not been specifically covered in the pharmacy survey as well as the forum, demonstrating the effect of "pooling the wisdom" from different people, particularly the general public, in driving service development and the importance of prioritizing service needs.

POST-EVENT EVALUATION

The post-event participant feedback survey received a total of 87 replies, including 81 from the general public and 6 from representatives of the medical-social sector. Respondents rated positively on all scores (mean scores) including enhanced understanding on medication management of citizens (public: 3.9/5, industry: 4.3/5), existing CPS (public: 3.8/5, industry; 4.5/5), reflection on personal health management and use of CPS (public: 3.8/5), understanding on public expectations on CPS (industry: 4.5/5) and future CPS planning (industry: 4.3/5). Respondents largely agreed (public: 4.2/5, industry: 4.3/5) to extend the medication management and CPS survey to Hong Kong territory-wide.

Similar to the question-and-answer session, some participants further enquired on the definition and concept of "community pharmacy" in the post-event evaluation form. In-house pharmacist in STDHCE provided further explanation to individual citizens based on their personal experience and needs. Some participants from the industry suggested to provide more case sharing as illustration and involve more stakeholders or different age groups of the general public. Of note, the event was open to all regardless of background including age, place of residence, and job, and these data were not collected from the general public (only organization names and job titles were collected from representatives of the industry). Nevertheless, involvement of a wider range of participants could potentially contribute to expanded aspects of discussion.

DISCUSSION

The public forum demonstrated that CPS have shifted from mainly dispensing medications to offering a wider range of patient-centered care. Pharmacists are now playing a more active role in both chronic disease and minor ailments management. There is a growing public demand for affordable medicines and health appliances supply as well as drug disposal service. On the other hand, service providers need policy, infrastructural and technological support to provide diversified and sustainable services.

Since the establishment of the first NGO community pharmacy in 2009,[11] the functions of community pharmacy have gradually shifted from drug dispensing and general face-to-face consultations to a wide range of services such as subsidized drugs supply, travel packs, structured MMS and minor ailment management service, outreach and home visits. Currently, there are nearly 30 NGO community pharmacies serving communities in 17 districts (none in Island District) in HK, driving the development of pharmacist-led primary healthcare services development.[12] On the other hand, chain pharmacies have the advantage of implementing coordinated district-wide pharmacy services such as drug delivery and drug disposal services.[3,13,14] There are around 130 chain pharmacies in HK, of which two groups have pharmacies in all 18 districts.[12]

The survey on which the forum was based on revealed gaps in CPS provision, including differences between services known and those perceived as community needs by citizens, and also divergent understanding on the roles of community pharmacies by pharmacists themselves and the general public.[8] Other than the use of effective promotion strategies, enhancing transparency of services provided by different pharmacies, as reflected by the abundance of citizens asking "what is community pharmacy", is highly important for citizens to better utilize CPS in their health management. A local group of young pharmacists have developed an online map enabling citizens to search for pharmacists with prescription dispensing, minor ailment management, or general consultation services at different districts.[15] The inclusion of pharmacists in the Primary Care Directory will be a step forward to categorize and formalize pharmacy services officially, and a means for general public to seek assistance from community pharmacists readily.[16] Training on pharmacist-led primary healthcare services in local Bachelor of Pharmacy and postgraduate continuous professional education programmes are crucial to nurture sufficient competent pharmacists in the primary healthcare setting, thus extend the scope, accessibility, and impact of CPS.

The term "community pharmacy" has been a confusion among both outsiders and insiders of the pharmacy industry as the law, Cap. 138 Pharmacy and Poisons Ordinance, has only defined "Authorized Seller of Poisons" (ASP; also called "pharmacy", "dispensary", "drug-store", or "藥房" in Chinese), but not "community pharmacy".[17] While ASPs could generally be regarded as "community pharmacies", in contrast to "hospital/clinic pharmacies" as shown by the diverging ways they are regulated by law, debates revolving the scope and practice of "community pharmacies" that do serve community needs arise within the industry. With the formulation of the Guideline of Practice for Community Pharmacy by the Primary Healthcare Commission and implementation of the Community Pharmacy Programme, the concept of "community pharmacy" would be clarified to the industry, other healthcare workers, and the general public.[7] And while the society is in a heated discussion about "community pharmacy", community pharmacists working outside of the pharmacy, such as those providing MMS and system-level medication management support to residential care homes, pharmacists working in primary care clinics, pharmacy informatics, and those in the District Health Centres/Expresses, also play important roles in contributing to CPS development (社區藥劑服務發展 vs. 社區藥房服務發展).

Public engagement in service planning could raise public awareness and curiosity on the matter, stimulate questions from citizens to understand further about CPS, and through self-reflection, improve personal and family health management. At the same time, service providers and policy makers could understand public needs, mobilize resources more effectively, and gain public support when implementing new services. Clear explanations on the rationale of programmes and services, prioritization of public needs to cater for, and challenges in implementation by policy makers could provoke public discussion and generate potential solutions by the effect

of "pooling wisdom" from different parties. Adopting an open-minded attitude to collect continuous feedback from service users could facilitate service enhancement.

As the functions of community pharmacies become more service-oriented, it is possible that they generate less income because most services are not paid for or charged at very low prices that barely cover costs. The phenomenon is apparent that most NGO pharmacies as pioneers of many CPS rely on fundings to support their services, which are free or undercharged to increase public acceptance and participation rate. Conversely, independent and chain pharmacies rely on product sales, including both pharmaceutical products and other commodities such as tissue papers, beauty products, and health food and supplements, to cover costs and generate income as self-financing companies.[18] Service providers should receive considerable financial gains as an incentive to implement further services. Different reimbursement models for CPS, including dispensing and cognitive pharmaceutical services that utilize the expertise of pharmacists to optimize pharmacotherapy, have been adopted in different countries, such as fee-for-service, capitation, patient co-payment, and universal public health insurance.[19] Hong Kong can learn from the experience of other countries in developing sustainable CPS models for itself. The healthcare reform announced by the government in March 2025 is not only about raising charges in the Hospital Authority, but also enhancing private healthcare fee transparency and exploring the feasibility of devising service standards for public and private healthcare sectors.[20,21] With a general improvement in quality of healthcare services in HK, it is anticipated that citizens would gradually adapt to paying for services of worth.

Given the escalating development of CPS, this is the golden era of community pharmacy and pharmacist service development in the locality that everyone, including pharmacists in all sectors, other medical and social professionals and institutions, public and private medical and nonmedical institutions (e.g. information technology and insurance industries), and most importantly the general public, should take an active role to be involved.

CONCLUSION

Service providers of different professional backgrounds and sectors must work together to provide accessible and comprehensive care, empower citizens to improve their health as well as disease and medication management. Public engagement by different means such as survey and forum should be encouraged to guide and prioritize service development that cater for local needs.

ACKNOWLEDGEMENT

Sha Tin District Health Centre Express is fully subsidized by the government, and operated by The Hong Kong Society for Rehabilitation in doing health promotion, health assessment, disease screening and management work in the primary healthcare setting.

Author's background

CHOW, Dilys Yan-wing *is the Pharmacist at Sha Tin District Health Centre Express, The Hong Kong Society for Rehabilitation. Her email is dilys.chow@rehabsociety.org.hk*

References

1. So SP, Yung JC, Li AY, Lee MT, Wong JK, Cheng FW, et al. Primary Care Pharmacy – A Review of Current Situation and Future in Hong Kong. Hong Kong Pharm J. 2024;31(1):20-27.
2. Lee TK, Cheung GD, Law KK, Lee MT, Wong CK. Introduction to Jockey Club PHARM+ Community Medication Service Network Project. Hong Kong Pharm J. 2024;31(3):68-70.
3. Hospital Authority. Press Release: HA medication delivery service added over 100 community collection points [Internet]. 2024 Sep 9 [cited 2025 Oct 6]. Available from: https://www.ha.org.hk/haho/ho/pad/276598c.pdf
4. Health Bureau, HKSAR Government. Primary Healthcare Blueprint Supplement [Internet]. 2022 Dec [cited 2025 Oct 6]. Available from: https://www.primaryhealthcare.gov.hk/bp/en/
5. HKSAR Government. The Chief Executive's 2024 Policy Address [Internet]. 2024 Oct 16 [cited 2025 Oct 6]. Available from: https://www.policyaddress.gov.hk/2024/public/pdf/policy/policy-full_en.pdf
6. HKSAR Government. The Chief Executive's 2025 Policy Address Supplement [Internet]. 2025 Sep 17 [cited 2025 Oct 6]. Available from: https://www.policyaddress.gov.hk/2025/public/pdf/supplement/supplement-full_en.pdf
7. HKSAR Government. Press release: Primary Healthcare Commission announces Community Drug Formulary mechanism and Guidelines of Practice for Community Pharmacy to pave way for launch of Community Pharmacy Programme next year (with photo) [Internet]. 2025 Oct 30 [cited 2025 Nov 20]. Available from: https://www.info.gov.hk/gia/general/202510/30/P2025103000223.htm
8. Chow DY. District-based Survey on Medication Management and Community Pharmacy Services Utilization of Hong Kong Citizens. Hong Kong Pharm J. 2025;32(3):93-102.
9. Health Bureau. Chronic Disease Co-Care Pilot Scheme [Internet]. 2025 Mar 28 [cited 2025 Oct 6]. Available from: https://www.primaryhealthcare.gov.hk/cdcc/en/index.html
10. Health Bureau. Voluntary Health Insurance Scheme [Internet]. 2025 Sep 30 [cited 2025 Oct 6]. Available from: https://www.vhis.gov.hk/en/
11. St James' Settlement. 惠澤社區藥房. [cited 2025 Oct 6]. Available from: https://charityservices.sjs.org.hk/charity/pharmacy
12. Pharmacy & Poisons Board of Hong Kong. List of Authorized Sellers of Poisons [Internet]. 2025 Sep 5 [cited 2025 Oct 6]. Available from: https://www.drugoffice.gov.hk/eps/do/en/consumer/news_informations/relicList2.html?indextype=4A
13. No author. 萬寧升級回收藥物計劃夥4家社區機構擴展回收網絡. Sing Tao Daily [Internet]. 2025 Jun 17 [cited 2025 Oct 6]. Available from: https://www.stheadline.com/esg/3465444/
14. No author. 藥物回收｜屈臣氏藥房再推藥餘回收計劃. Hong Kong Economic Times [Internet]. 2025 Jun 18 [cited 2025 Oct 6]. Available from: https://news.hket.com/article/3966530/
15. Pharmacists Connect. Connect Your Pharmacist [Internet]. [cited 2025 Oct 6]. Available from: https://www.pharmacistsconnect.org/pharmacistsmap
16. HKSAR Government. Press release: LCQ13: Separation of prescribing from dispensing of drugs [Internet]. 2025 Jun 18 [cited 2025 Oct 6]. Available from: https://www.info.gov.hk/gia/general/202506/18/P2025061800567.htm
17. HKSAR Government. Hong Kong e-Legislation: Cap. 138 Pharmacy and Poisons Ordinance. 2025 May 23 [cited 2025 Oct 16]. Available from: https://www.elegislation.gov.hk/hk/cap138
18. Hon, T. 當社區藥房不再是賣保健食品和奶粉的雜貨店時. Economic Times Net [Internet]. 2019 Jul 30 [cited 2025 Oct 6]. https://www.etnet.com.hk/www/tc/lifestyle/archive/polisee/61330
19. Hussain R, Babar ZU. Global Landscape of Community Pharmacy Services Remuneration: a Narrative Synthesis of the Literature. J Pharm Policy Pract. 2023;16(1):118.
20. HKSAR Government. Press release: LCQ4: Public healthcare services and their fees and charges [Internet]. 2025 Mar 26 [cited 2025 Oct 6]. Available from https://www.info.gov.hk/gia/general/202503/26/P2025032600488.htm
21. HKSAR Government. Press release: Fee schedule for public healthcare services gazetted to take effect on January 1 next year [Internet]. 2025 Apr 25 [cited 2025 Oct 6]. Available from: https://www.info.gov.hk/gia/general/202504/25/P2025042500709.htm