

Community Pharmacy Programme (Residential Care Homes)

Market Sounding Session

24 February 2026

This document is provided for reference only. It is not intended to be exhaustive and may be updated by the Government from time to time.

Programme Rundown

	Topic	Speaker
1	Highlights of the Community Pharmacy Programme (Residential Care Home)	<p>Dr. W L Cheung, Director of Strategic Purchasing Office, HHB 醫務衛生局策略採購統籌處總監 張偉麟醫生</p>
2	Service Workflow of the Community Pharmacy Programme (Residential Care Homes)	<p>Mr. Thomas TAM, Pharmacist (Strategic Purchasing), HHB, 醫務衛生局藥劑師(策略採購) 譚凱逸先生</p>
3	Integrating Community Pharmacy IT System with eHealth	<p>Mr. Clarence CHAU, Senior Systems Manager (eHealth Digital Platform), HA 醫院管理局高級系統經理 (醫健通電子平台) 周紹基先生</p>
4	Guide for completing the Request for Information (RFI) Proforma	<p>Ms. Anna LEE, Subject Matter Expert (Pharmacy) (Strategic Purchasing), HHB 醫務衛生局專題專家(藥劑)(策略採購) 李詩詠女士</p>
5	Questions and Answers	

Highlights of the Community Pharmacy Programme (Residential Care Homes)

**Dr W L Cheung,
Director of Strategic Purchasing Office, Health Bureau**

**張偉麟醫生
醫務衛生局策略採購統籌處總監**

24 Feb 2026

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Outline

1

Background of Community Pharmacy Programme

2

Service Highlights of CPP(RCH)

3

Service Volume of the Community Pharmacy

4

Implementation Timeline

Background-Primary Healthcare Blueprint

Primary Healthcare Blueprint

KEY RECOMMENDATIONS

REINFORCE PRIMARY HEALTHCARE MANPOWER

To progressively enhance the role of Chinese Medicine Practitioners, Community Pharmacists as well as other primary healthcare professionals in the delivery of primary healthcare services

CHAPTER 1: THE HEALTHCARE CHALLENGES IN HONG KONG

Primary care in the private sector comprises a wide selection of private service providers. They include general and specialist clinics as well as Chinese Medicine (CM) clinics, dental clinics, community pharmacies, diagnostic centres, medical laboratories, optical shops, etc. Choice is a cornerstone in private services. Patients, at their own expenses (with some under private insurance coverage), are free to choose their preferred doctors and other service providers according to their own needs and preferences. Other advantages over the public healthcare system include shorter waiting time, better environment, more convenient service locations, and more personal and tailored services where necessary.

CHAPTER 5: REINFORCE PRIMARY HEALTHCARE MANPOWER

CHAPTER 5 - REINFORCE PRIMARY HEALTHCARE MANPOWER: ACTION PLAN

5.4 Allied Health Professionals and Community Pharmacists

- To support the development of community pharmacy in Hong Kong under the advice of the Working Group on Community Pharmacy
- To designate community pharmacies to dispense drugs
- To engage community pharmacies to support the CDCC Scheme

Proposed Further Development of Community Pharmacy Services

- To recruit community pharmacists as part of the DHC network
- To strengthen pharmacists' role by including them as part of the multi-disciplinary team in the care protocols of DHC's structured chronic disease management programmes with a view to providing medication advice and counselling for DHC members, in particular those with polypharmacy, taking specific drugs (e.g. warfarin), newly diagnosed of diabetes mellitus/hypertension, discharged from hospital or having recent change of medication regime
- To utilise network community pharmacists in providing smoking cessation service for the public
- To provide other health promotion/disease prevention services as appropriate
- To further explore the role of community pharmacists in drug refill and related counselling in support of the public health system

To support the development of community pharmacy in Hong Kong, HHB has set up a Working Group on Community Pharmacy to advise on the following:

- development of community pharmacy services as steered by the SCPHD;
- enhancing training for pharmacists to support development of PHC; and
- defining the qualifications/training and work experience required for pharmacists to support programmes conducted by DHCs.

Against the above background, the Government proposes to enhance the role of community pharmacies including supporting patients or monitoring of drug compliance, dispensing drug to HA patients and patients joining the CDCC Scheme with a pre-defined community drug formulary.

Primary Healthcare Blueprint

To enhance the role of community pharmacy in supporting medication management in the delivery of primary healthcare services

To develop

Community Pharmacy Service Model

- 1) Drug dispensing for Primary Healthcare Commission (PHCC) subsidized programmes
- 2) Drug dispensing for Hospital Authority (HA) prescriptions
- 3) Drug dispensing & packaging for Residential Care Homes (RCH)
- 4) Other value-added services

Background-Policy Address

Policy Address 2024:

“developing a community drug formulary and launching a **community pharmacy programme** to help the public obtain affordable, primary-healthcare drugs through central purchasing and the community network”

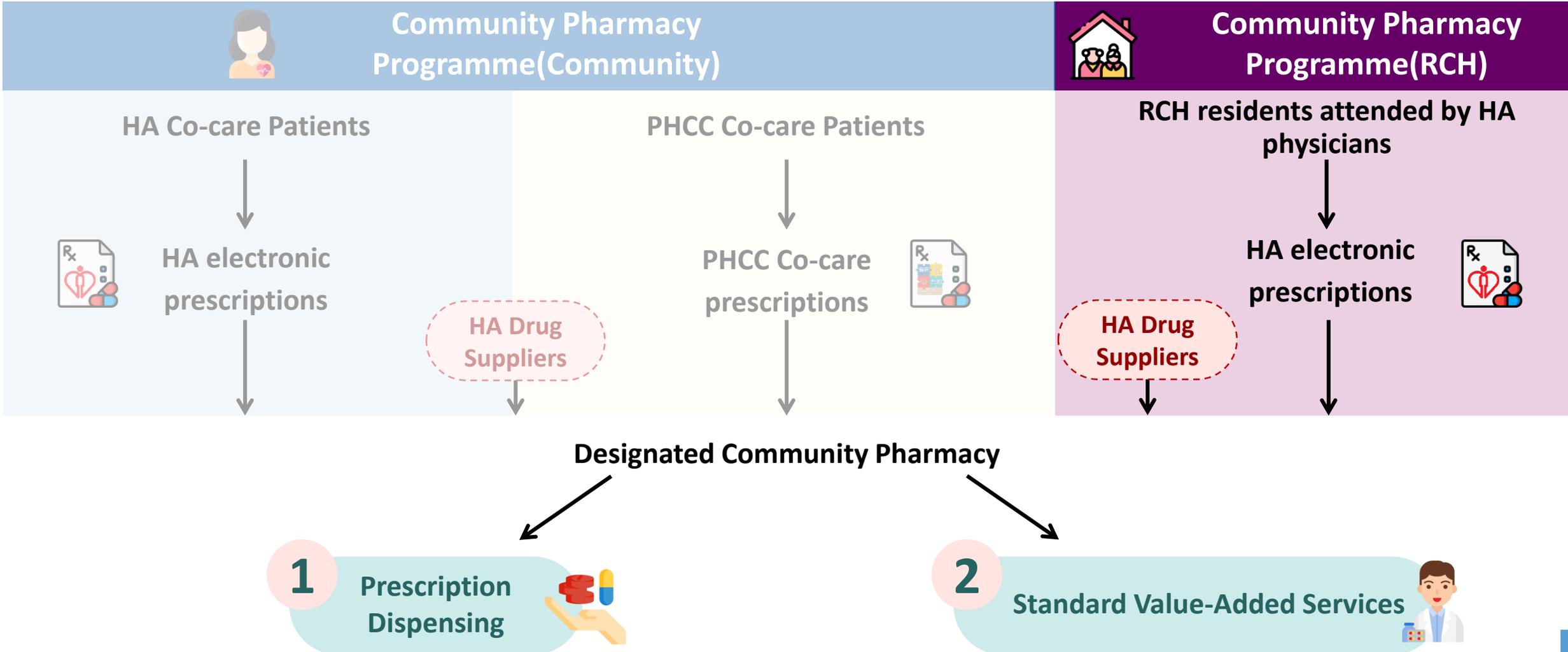


Policy Address 2025:



“Launch the Chronic Disease Co-care Platform on a pilot basis to conduct hepatitis B screening and promote the community drug formulary and **community pharmacy programme**, to enhance the management of chronic diseases.”

Community Pharmacy Programme (CPP) Service Model



Service Scope for CPP(RCH)

The Community Pharmacy shall provide partnered RCH and Programme Patients with:

1. Dispensing Service
2. Standard Value-added Services (VAS)
 - a) Core Standard VAS*
 - b) Elective Standard VAS, if applicable
3. Non-Standard Value-added Services, if applicable

**Core Standard VAS shall be made available by the Community Pharmacy for subscription by RCH*

Highlight of the Dispensing Service

- The Community Pharmacy shall provide services covering the dispensing against HA electronic prescriptions for drug items on the Designated Drug List (>1,000 drug items initially) with medication reconciliation
- The Community Pharmacy shall:
 - enrol & pair eligible RCH residents and maintain up-to-date paired Programme Patient list
 - package & label medications to facilitate drug administration with code scanning technology
 - ensure the applicability of the electronic Medication Administration Record (eMAR) system for the dispensing service at partnered RCH and timely update the medication profile of Program Patients in the eMAR system of Partnered RCH for drug administration by partnered RCH staff

Co-payment and Dispensing Service Fee

Patient Co-Payment for medication dispensing

- Co-payment per item benchmarks HA fees and charges
- Waiving applicable for eligible HA medical fee waivers or eligible persons entitled to HA medical benefits
- Community Pharmacy shall be responsible for collecting of co-payment payable from Programme Patients

Dispensing Service Fee for Community Pharmacy

- Monthly dispensing service fee per programme patient → **Tender bidding price**

(Monthly dispensing service fee will be granted provided that the programme patient receives at least one dispensing service during that month)

Government Subsidy



Government Subsidy
(i.e. Net Amount Payable
by Government)

=

Monthly Dispensing
Fee per Programme
Patient
(i.e. Tender bidding price)

-

Co-payment Payable
by the Programme
Patient in the calendar
month

Core Standard VAS

- The Community Pharmacy shall make available the following core Standard VAS for subscription by partnered RCH:
 - 1) Multi-dose packaging for solid-oral medications dispensed by the Community Pharmacy against HA electronic prescriptions* and the medication delivery
*(*Subscription of this Core Standard VAS by partnered RCH is a mandatory prerequisite for participation in the CPP(RCH))*
 - 2) Setup of eMAR system for the dispensing service and medication administration workflow at Partnered RCH
 - 3) Drug management and storage at partnered RCH
 - 4) Health promotion
 - 5) Staff training programme
 - 6) Multi-dose packaging for solid-oral medications and update of medication profile in eMAR system of partnered RCH for medications obtained other than dispensing by the Community Pharmacy (e.g. medications dispensed by HA pharmacy(ies) or private medical practitioner(s))
- Partnered RCH pays the community pharmacy for the core Standard VAS subscribed



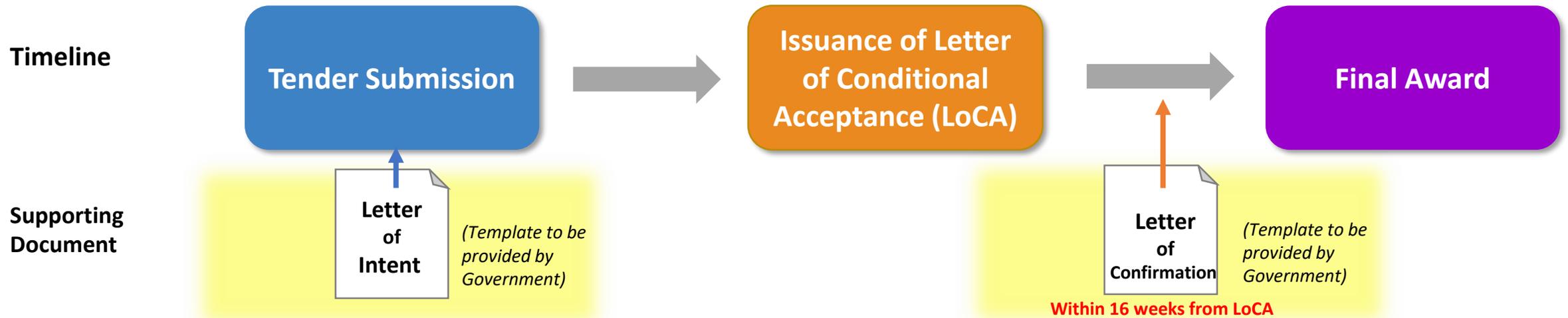
Elective Standard VAS

- The Community Pharmacy is encouraged to provide the following elective Standard VAS for subscription by Programme Patients:
 - 1) Smoking cessation service
 - 2) Medication management service
 - 3) Chronic disease management
 - 4) Oral health promotion and preventive oral care
- Programme Patient pays the community pharmacy for the elective Standard VAS subscribed

Service Volume of the Community Pharmacy – Tender Perspective

- The tenderer shall:
 - **commit to a monthly service volume between 1,000 to 4,500 Programme Patients (“Committed Service Volume”)**
 - achieve not less than 80% of the Committed Service Volume by the end of 6 months after the Date of Tender Acceptance
 - provide not less than 80% of the Committed Service Volume throughout the Service Period
 - Failure to achieve $\geq 80\%$ → submit report and propose Remedial Action Plan for Government’s approval
 - Non-compliance with the requirements set forth in the Remedial Action plan may lead to contract termination
 - have necessary resources to provide Dispensing Services at a capacity of up to 120% of the Committed Service Volume
 - Any proposed Committed Service Volume increase by $>20\%$ requires approval from the Government
- The number of prescriptions and medications to be dispensed per prescription may vary for each Programme Patient within the service period

Essential Document in Support of Committed Service Volume



The aggregated number of committed Programme Patients shall not be less than 80% of the Committed Service Volume.

“Letter(s) of Intent” from partnered RCH(s):

- Intent to engage the tenderer as service provider for CPP(RCH) (**non-committal**)
- Indication of the estimated number of potential Programme Patients at RCH
- Subscription of core Standard VAS on multi-dose packaging
- Establishment and/or applicability of eMAR system at RCH at service commencement

“Letter(s) of Confirmation” from partnered RCH(s):

- Confirmation of engagement with the tenderer as service provider for CPP(RCH)
- Indication of the number of residents who have enrolled to the programme
- Confirmation of subscription of core Standard VAS on multi-dose packaging
- Confirmation of establishment and/or applicability of the eMAR system at RCH at service commencement

Implementation Timeline

1st Batch Schedule

- Tender invitation: 1Q – 2Q 2026
 - 2-3 Community pharmacies to be selected
- Conditional acceptance: 3Q – 4Q 2026
- Service commencement: 1Q – 2Q 2027

Tentative 2nd Batch Schedule

- Tender invitation: 4Q 2026 – 1Q 2027
 - 2-3 Community pharmacies to be selected
- Conditional acceptance: 2Q – 3Q 2027
- Service commencement: 4Q 2027 – 1Q 2028

Thank You

Service Workflow of the Community Pharmacy Programme (Residential Care Homes)

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24 February 2026

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Outline

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Service Standard and Quality Assurance

2

Service Pledge on Medication Dispensing and Delivery

3

Overview of Service Workflow

4

Preparatory Work by Community Pharmacy

Service Standard and Quality Assurance

To ensure the **service quality** and **medication safety**, community pharmacy (CPh) is required to comply with:

- Legal and regulatory requirements
- Code of Conduct/Practice from the Pharmacy and Poisons Board
 - *Code of Professional Conduct for the Guidance of Registered Pharmacists in Hong Kong*
 - *Code of Practice for Authorized Seller of Poisons*
- Guideline(s) from Primary Healthcare Commission (PHCC), e.g.
 - *Guidelines of Practice for Community Pharmacy*
- Guideline(s) from Social Welfare Department, e.g.
 - *Guide on Drug Management in Residential Care Homes*
- Operation Manual and work instructions from the Government

Service Pledge on Medication Dispensing and Delivery

- The Contractor shall ensure that each Programme Patient receives uninterrupted medication supply.



Retrievable eRx from Government IT platform*:

- within the Basic Service Hours of CPh excluding General Holidays
(i.e. 9am to 7pm on Mon-Fri; 9am to 5pm on Sat)
- drug items on the Designated Drug List

With change(s) to Programme Patient's medication regimen

(e.g. +/- medication(s), change(s) in dose/frequency, etc.)

- CPh dispenses 1 day to 28 days medications as per eRx and in agreement with partnered RCH
- CPh delivers the medications to the partnered RCH on **the same day**

Without change(s) to Programme Patient's medication regimen

follows scheduled supply of ongoing maintenance medications

- CPh dispenses and delivers the medications to partnered RCH according to agreed scheduled supply interval (every 1 day to 28 days)
- CPh proactively manages the supply cycle—adjusting delivery dates to ensure supply continuity

Uninterrupted medication supply

* HA pharmacy(ies) will handle HA Rx requiring dispensing beyond the Basic Service Hours of the CPh. In addition, HA pharmacy(ies) will dispense drug items not on the Designated Drug List regardless of the time of the day (including during the Basic Service Hours of the Community Pharmacy).

Overview of Service Workflow



Maintenance of Programme Patient list

- Obtaining consent from Programme Patient for enrollment and pairing
- Updating the active Programme Patient list



Provision of dispensing service

- Retrieval of electronic Rx
- Preparing the medications and updating medication profile
- Calculation of patient co-payment payable
- Logging of dispensing information
- Dispatch of dispensed medication and delivery to partnered RCH
- Submission of dispensing service data



Reimbursement of service fee

- Calculation and collection of monthly patient co-payment payable
- Submission of dispensing service fee claim



Provision of Value-added Services

- Arrangement with partnered RCH and/or Programme Patients
- Provision and documentation of VAS
- Submission of service data



Maintenance of Programme Patient list

➤ **Contract arrangement with RCH**

- Enter into contract arrangement with RCH for the provision of Services

➤ **Obtaining consent from Programme Patient for enrollment and pairing**



- Obtain consent from RCH resident with the assistance from staff of partnered RCH
- Enrol and pair with the RCH resident for the CPP on the Government IT Platform

➤ **Updating the active Programme Patient list**



- Devise communication channel with partnered RCH for updates on Programme Patient status (e.g. admitted, discharged, transfer in/out or deceased, etc)
- Timely update the active Programme Patient list at CPh IT system



Provision of dispensing service

➤ Retrieval of electronic prescription (eRx)



- Retrieve eRx of Programme Patients from the Government IT Platform during Basic Service Hours

➤ Ordering of Programme Drugs



- Order Programme drug via Government IT Platform
- Timely acknowledge receipt of drug delivery



Provision of dispensing service

➤ Preparing the medications and updating medication profile

- Review the clinical appropriateness of the prescribed medications
- Perform reconciliation on the active medications
- Communicate with HA pharmacy for clarification on eRx, if required
- Update the Programme Patient medication profile for drug administration at partnered RCH
- Vet the eRx at the CPh IT system
- Package solid-oral preparations into **multi-dose packaging**
- Label dispensed medications with barcode/QR code for drug administration
- Perform packing of the dispensed medications
- Store the dispensed medications in optimal environment for dispatching to partnered RCH



Multi-dose Packaging

- Process separately for dispensed medications collected from HA pharmacies or private medical practitioners. **No mixing with Programme Drugs!**



Provision of dispensing service

➤ Calculation of patient co-payment payable

- Calculate the patient co-payment payable facilitated by the Government IT Platform in accordance with the dispensing information, patient eligibility and waiver status

➤ Logging of dispensing information

- Save the dispensing information in the CPh IT system

➤ Dispatch of dispensed medication and delivery to partnered RCH

- Retrieve and check updated data of the Programme Patients from the Government IT Platform before dispatch of dispensed medication
- Update the dispensing status (e.g. Issued) and the time of dispatch in the CPh IT system
- Deliver the dispensed medications to partnered RCH
 - on the same day for eRx with regimen change(s)
 - according to scheduled supply interval in agreement with partnered RCH for eRx with no regimen change(s)

➤ Submission of dispensing service data

- Timely submit the complete dispensing record to the Government IT Platform



Reimbursement

➤ **Calculation and collection of monthly patient co-payment payable**



- Calculate the monthly co-payment payable for Programme Patients facilitated by the Government IT Platform
- Generate invoice and collect the co-payment from Programme Patients

➤ **Submission of dispensing service fee claim**



- Submit claim for monthly dispensing service fee on the Government IT Platform

➤ **Arrangement with partnered RCH and/or Programme Patients**



- Make arrangement with partnered RCH and/or Programme Patients

➤ **Provision and documentation of VAS**



- Maintain an updated list of partnered RCHs subscribing for core standard VAS
- CPh pharmacists provide the VAS in accordance with service protocol as specified by the Government, if applicable

➤ **Submission of service data**



- Timely submit the documentation for VAS as specified by the Government to the Government IT Platform

Preparatory Work by Community Pharmacy

Period	Community Pharmacy (CPh)	
Before Tender Closing	<ol style="list-style-type: none"> 1) Study tender requirements 2) Formulate technical proposal and price proposal for submission of tender 3) Liaise with RCHs for signed “Letter of Intent” 	
After Issuance of Letter of Conditional Acceptance	<p><u>Collaboration with the partnered RCH</u></p> <ol style="list-style-type: none"> 1) Secure RCH’s confirmation and schedule sign-off the “Letter of Confirmation” 2) Ensure the applicability of the eMAR system of partnered RCH 3) Coordinate with the partnered RCH for the subscription of core Standard VAS, with multi-dose packaging for medications dispensed by CPh according to HA Rx as a mandatory component 4) Establish the logistics for service execution 5) Ensure the partnered RCH registered as “HCP” and residents registered as “HCR” in eHealth 6) Obtain resident’s consent for enrollment to the CPP 	<p><u>Readiness assurance</u></p> <ol style="list-style-type: none"> 1) Submit the documents/proof to the Government as stipulated in the tender 2) Establish IT connectivity to eHealth for retrieval of ePrescription and submission of dispensing data 3) Conduct production drill 4) Order Programme Drugs 5) Provide training to CPh staff 6) Prepare for inspection
Service Commencement		

Thank you

Community Pharmacy Programme (RCH)

Integrating Community Pharmacy IT System with eHealth

Prepared by: HA IT&HI

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Purpose & The 16-Week Integration Roadmap

What & How to Start

- Key Functions: What CP IT system should have
- Easy Interfaces: How CP IT System connect eHealth
- eHealth Supports: Resources from eHealth Developer portal



1. HCP Registration

2 Weeks



2. Learn and Develop CP IT System

12 Weeks



3. Conduct Compliance and Integration Test

8 Weeks



4. Connect to eHealth System

4 Weeks



Timeline

Conditional Offer

16 Weeks

Milestone

A standardized phased onboarding process ensures compliance prior to live data connection.

Successful completion of the 'Test' phase is mandatory for production access.

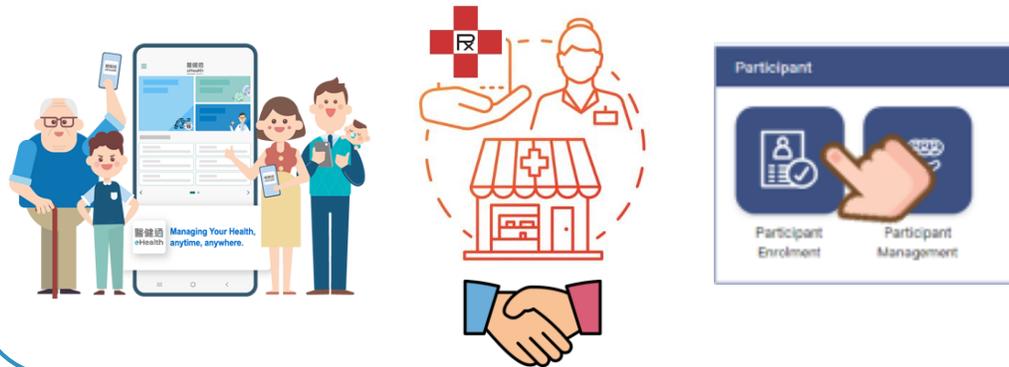
Content

- **Part A: Functional Requirement**
- **Part B: Data Interface and Connectivity Requirement**
- **Part C: Security and Network Requirement**
- **Part D: Further information on IT requirements for CPP(RCH)**

eHealth IT Features to support Community Pharmacies

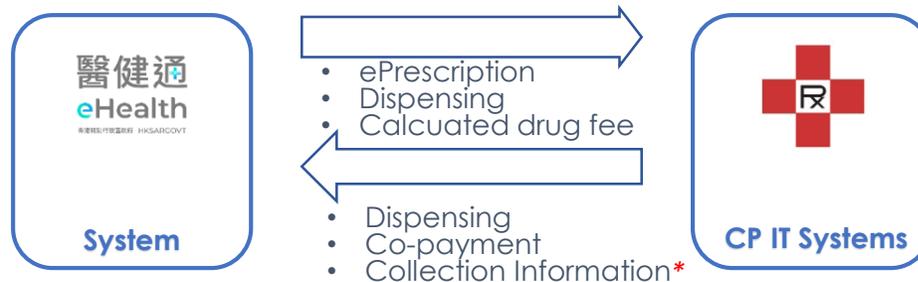
1

Facilitate **Programme Enrollment** and **Pairing** of Community Pharmacies.



2

Establish secure **Data Interfaces*** with CP IT Systems to transfer ePrescription, Dispensing and Drug Collection Information to close the service loop.



3

Provide functionality for community pharmacies to **order drugs for replenishment**, supporting the calculation of **drug co-payment**.



Order Drug



Reimbursement



Reporting



Drug Co-payment



eHR Viewer

* There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.

Part A: Functional Requirements to CP IT System

- 1 Retrieval function for retrieving electronic prescriptions and information specified by the Government from the eHealth/Strategic Health Service Operation Platform (SHSOP)
- 2 Medication dispensing function ensuring medication safety and complying with the requirements specified in the Operational Manual or guidelines provided by the Government, including but not limited to printing of dispensing label which facilitates code scanning administration technology
- 3 Clinical note documentation function for pharmacist services or Standard VAS and/or Non-standard VAS provided
- 4 Patient co-payment calculation function facilitated by the eHealth/SHSOP
- 5 Submission function for timely submitting full dispensing record, clinical documentation, co-payment payable and information specified by the Government to the eHealth/SHSOP
- 6 Programme Patient list maintenance function for keeping the pairing information under Community Pharmacy Programme up-to-date
- 7 User account access control maintenance function
- 8 Back date input function for system breakdown

Overview of Service Workflow



Maintenance of Programme Patient list

- Obtaining consent from Programme Patient for enrollment and pairing
- Updating the active Programme Patient list



Provision of dispensing service

- Retrieval of electronic Rx
- Preparing the medications and updating medication profile
- Calculation of patient co-payment payable
- Logging of dispensing information
- Dispatch of dispensed medication and delivery to partnered RCH
- Submission of dispensing service data



Reimbursement of service fee

- Calculation and collection of monthly patient co-payment payable
- Submission of dispensing service fee claim



Provision of Value-added Services

- Arrangement with partnered RCH and/or Programme Patients
- Provision and documentation of VAS
- Submission of service data

The service workflow is for reference only and may be updated from time to time by the Government



Maintenance of Programme Patient list

➤ **Contract arrangement with RCH**

- Enter into contract arrangement with RCH for the provision of Services

➤ **Obtaining consent from Programme Patient for enrollment and pairing**



- Obtain consent from RCH resident with the assistance from staff of partnered RCH
- Enrol and pair with the RCH resident for the CPP on the Government IT Platform

➤ **Updating the active Programme Patient list**



- Devise communication channel with partnered RCH for updates on Programme Patient status (e.g. admitted, discharged, transfer in/out or deceased, etc)
- Timely update the active Programme Patient list at CPh IT system



Provision of dispensing service

➤ Retrieval of electronic prescription (eRx)



1

- Retrieve eRx of Programme Patients from the Government IT Platform during Basic Service Hours

➤ Ordering of Programme Drugs



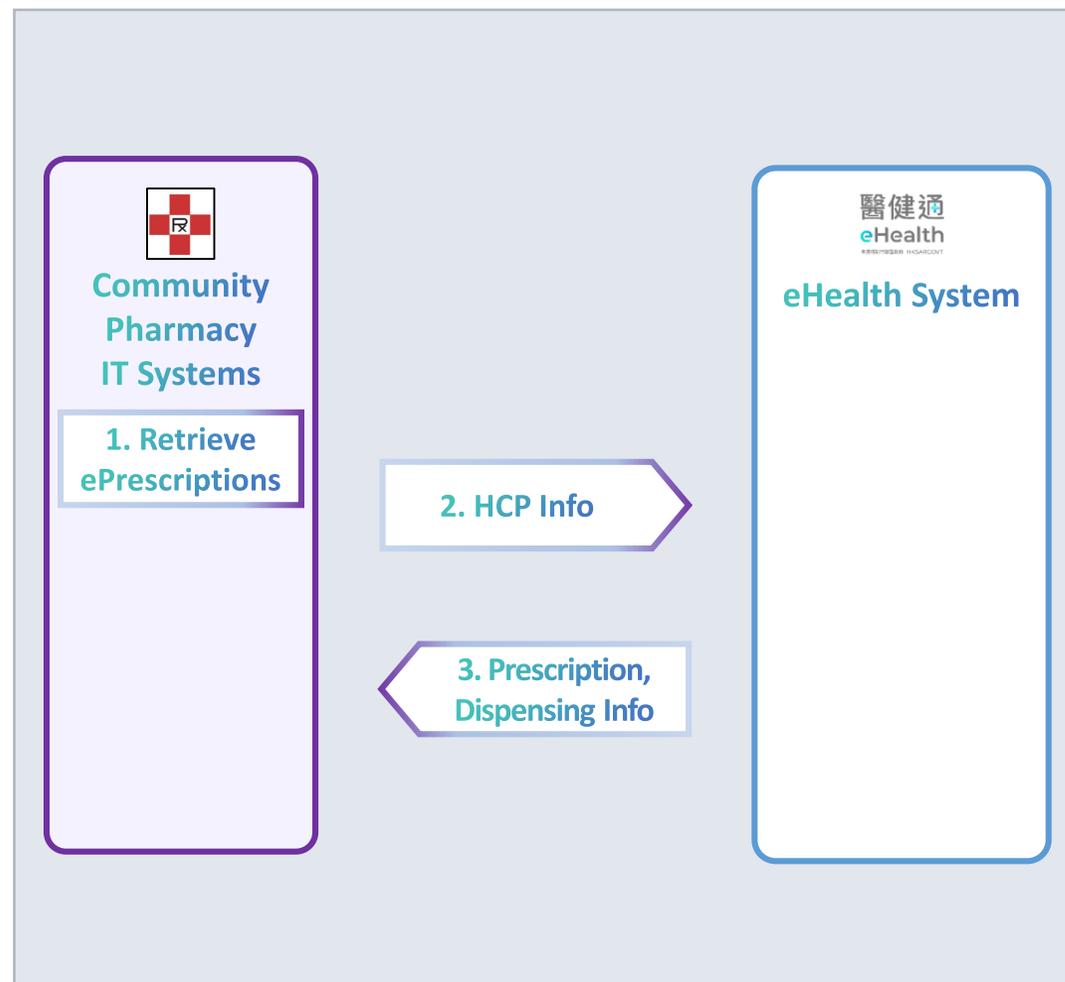
- Order Programme drug via Government IT Platform
- Timely acknowledge receipt of drug delivery

Retrieval of the electronic prescription

eHealth provided API use case

Enquire and retrieve eRx for paired Programme Patient from eHealth System

	Data Fields
Key Input	<u>HCP Information</u> <ul style="list-style-type: none"> HCP ID HSL ID
Key Output	<u>Prescription Information</u> <ul style="list-style-type: none"> Signed ePrescriptions
	<u>Dispensing Information</u> <ul style="list-style-type: none"> Dispensing Information



* For detailed information on the IT specifications and implementation, please refer to the official specification document.

* There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.



Provision of dispensing service

➤ Preparing the medications and Updating medication profile



2

- Review the clinical appropriateness of the prescribed medications
- Perform reconciliation on the active medications
- Communicate with HA for clarification on eRx, if required
- Update the Programme Patient medication profile for drug administration at partnered RCH
- Vet the eRx at the CPh IT system
- Package solid-oral preparations into **multi-dose packaging**
- Label dispensed medications with barcode/QR code for drug administration
- Perform packing of the dispensed medications
- Store the dispensed medications in optimal environment for dispatching to partnered RCH

The screenshot shows the eHealth system interface. At the top, there are navigation tabs: Clinical, eHealth+, Administration, Emergency Access, Standards, and Information. The user is logged in as DOCTOR001 TASHSOP. The main area is titled 'Please select patient' and contains a search bar with 'All Local Non-Local' options and a 'COVID-19 Related Records' filter. Below the search bar is a large green area with a stethoscope icon. To the right, there are several data entry forms: 'Problem / Diagnosis' with columns for Date and Description; 'Allergy & Adverse Drug Reaction' with columns for Allergen and Allergy Information; 'Laboratory Record' with columns for Date, Profile Description, and Institution; and 'Encounter / Appointment' with columns for Start Date, Specialty, and HCP. A 'Prescribing History' section is also visible. A yellow box at the bottom right of the screenshot contains the text 'Mock up - For Illustration Only'.



Multi-dose Packaging

- Process separately for dispensed medications collected from HA pharmacies or private medical practitioners. **No mixing with Programme Drugs!**



Provision of dispensing service

➤ Calculation of patient co-payment payable



4

- Calculate the patient co-payment payable facilitated by the Government IT Platform in accordance with the dispensing information, patient eligibility and waiver status

➤ Logging of dispensing information



2

- Save the dispensing information in the CPh IT system

➤ Dispatch of dispensed medication and delivery to partnered RCH



2

- Retrieve and check updated data of the Programme Patients from the Government IT Platform before dispatch of dispensed medication
- Update the dispensing status (e.g. Issued) and the time of dispatch in the CPh IT system
- Deliver the dispensed medications to partnered RCH
 - on the same day for eRx with regimen change(s)
 - according to scheduled supply interval in agreement with partnered RCH for eRx with no regimen change(s)

➤ Submission of dispensing service data



5

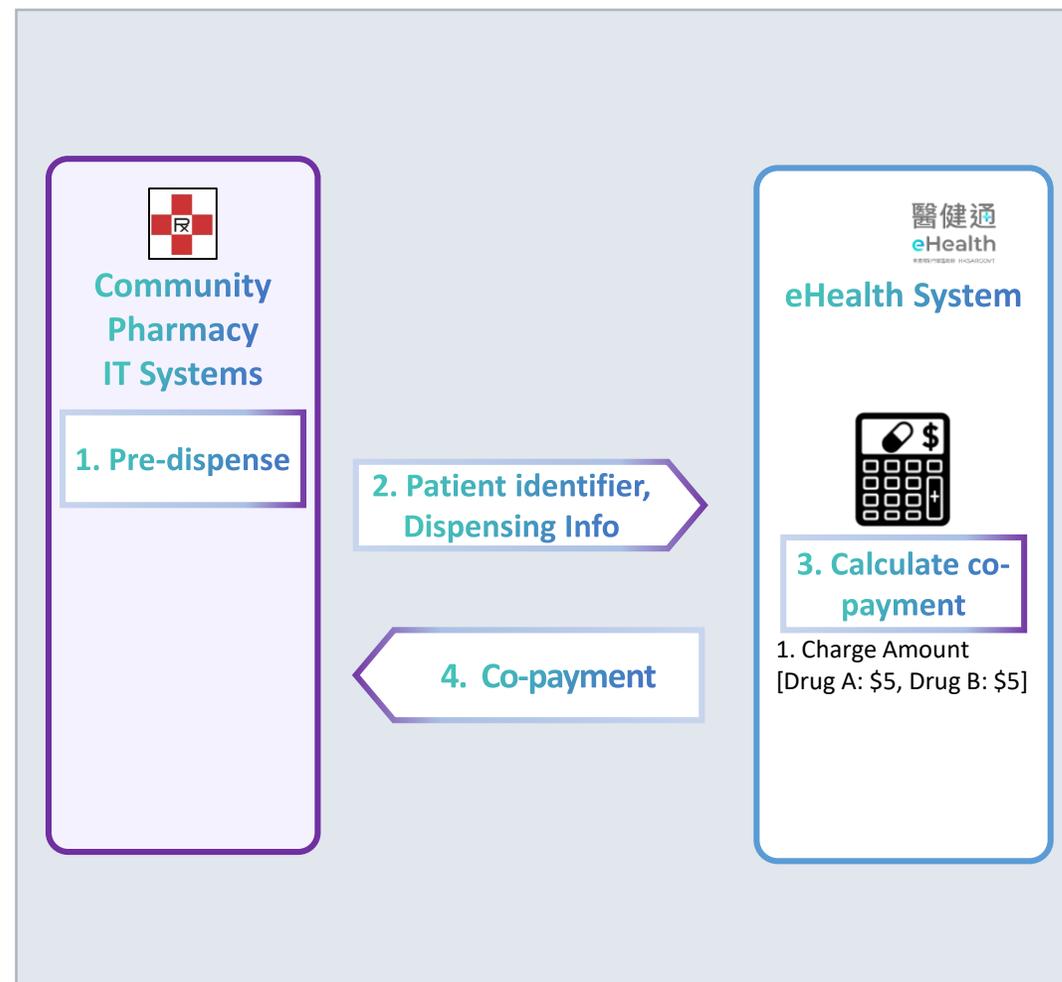
- Timely submit the complete dispensing record to the Government IT Platform

The service workflow is for reference only and may be updated from time to time by the Government

eHealth provided API use case

Provides real-time calculation of patient drug co-payment based on coverage rules

	Data Fields
Key Input	<u>Programme Patient identifier</u> <ul style="list-style-type: none"> HKIC No.
	<u>Dispensing Information</u> <ul style="list-style-type: none"> Dispense Duration Dispense Quantity
Key Output	<u>Drug Co-payment</u> <ul style="list-style-type: none"> Calculation Transaction ID Charge Amount



* For detailed information on the IT specifications and implementation, please refer to the official specification document.

* There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.



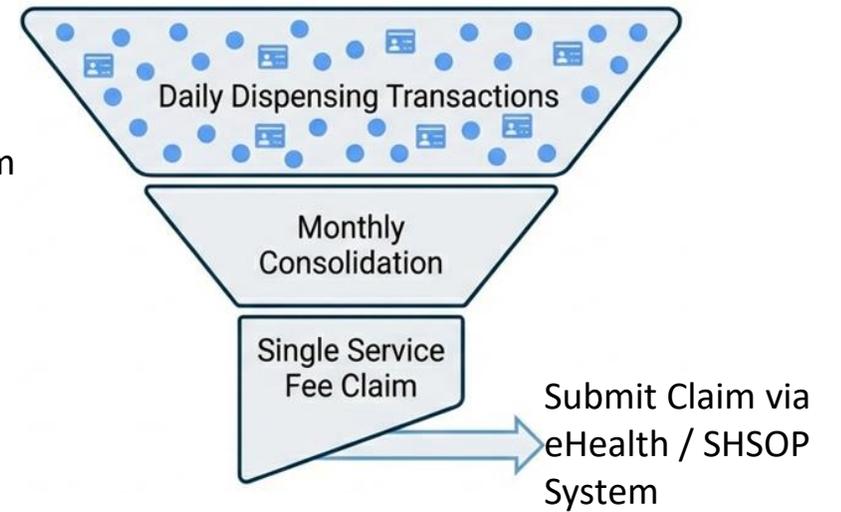
Reimbursement

➤ Calculation and collection of monthly patient co-payment payable

- Calculate the monthly co-payment payable for Programme Patients facilitated by the Government IT Platform
- Generate invoice and collect the co-payment from Programme Patients

➤ Submission of dispensing service fee claim 5

- Submit claim for monthly dispensing service fee on the Government IT Platform

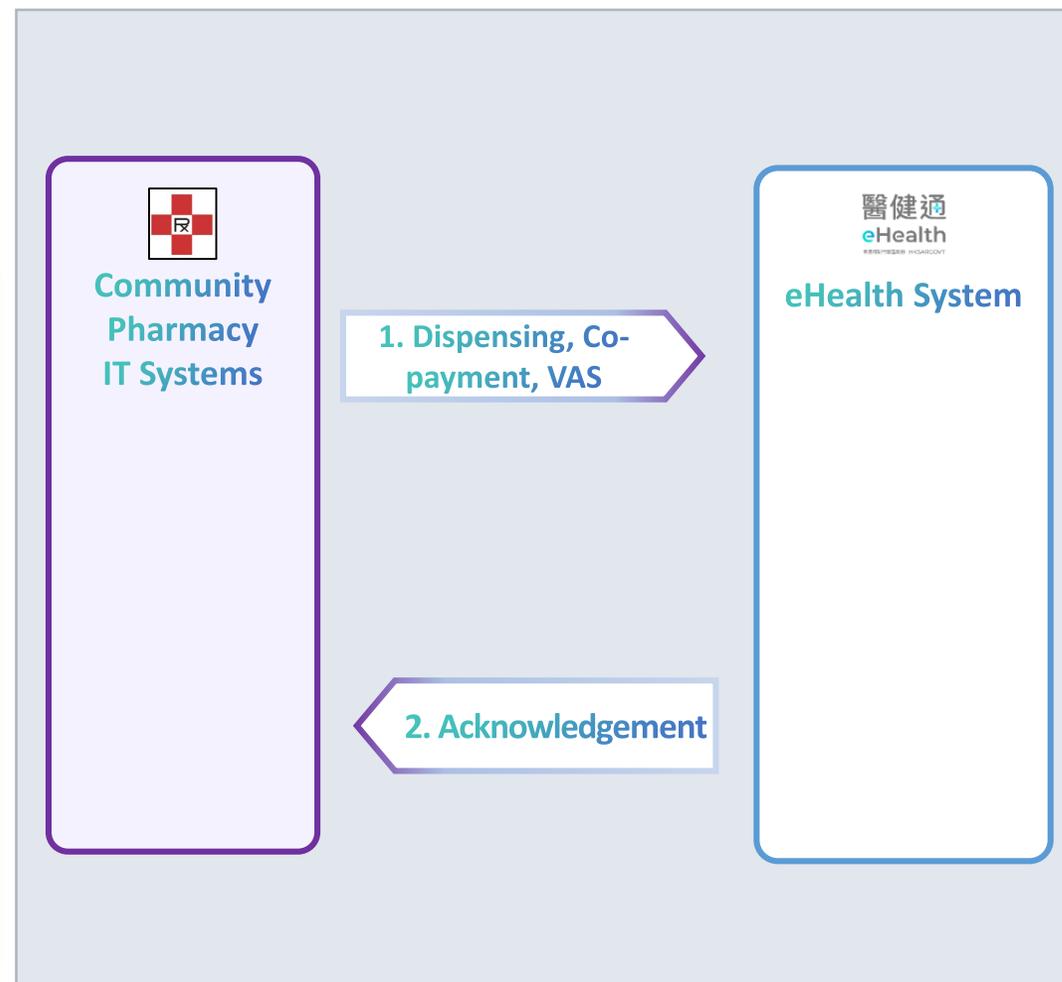


- **Arrangement with partnered RCH and/or Programme Patients**  
 - Make arrangement with partnered RCH and/or Programme Patients
- **Provision and documentation of VAS**  
 - Maintain an updated list of partnered RCHs subscribing for core standard VAS
 - CPh pharmacists provide the VAS in accordance with service protocol as specified by the Government, if applicable
- **Submission of service data**  
 - Timely submit the documentation for VAS as specified by the Government to the Government IT Platform

eHealth provided API use case

Allows submission of drug dispensing records and associated co-payment details.

	Data Fields
Key Input	<u>Programme Patient identifier</u> <ul style="list-style-type: none"> • HKIC No.
	<u>Dispensing Information</u> <ul style="list-style-type: none"> • Dispense Quantity • Calculation Transaction ID • Co-payment Information • CP Name, Address • Pharmacist Name • Charge Amount • Dispense Date • VAS Information • Dispense Duration
Key Output	<u>Acknowledgement</u> <ul style="list-style-type: none"> • Record Key • Datetime



* For detailed information on the IT specifications and implementation, please refer to the official specification document.

* There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.

Patient list maintenance function for keeping the pairing information under CPP up-to-date

Functional Requirements

- Maintain an up-to-date list of patients enrolled in the program **6**
- Keep patient-provider pairing information current and accurate
- Restrict access and edit permissions to **authorized users only**

** There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.*

User account access control maintenance function

Functional Requirements

- Assign and modify user roles (e.g., pharmacist, admin) for access control 7
- Enforce **strong authentication** (e.g., passwords, multi-factor) for user access
- Track account changes and access attempts for **compliance**

** There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.*

Back date input function for system breakdown

Functional Requirements

- **Log** dispensing, co-payment, and operational **data offline during outages**, with batch submission to ensure **data integrity** and **compliance** **8**
- After an outage, prioritizes automated, near-instant data transmission to **minimize delays** in patient care and subsidy processing

** eHealth provides high availability, encrypted backdating platform to ensure Community Pharmacies maintain operations and compliance during disruptions.*

** There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.*

Order Drug

Feature to Support Community Pharmacies

- CPh order the designated programme drugs in eHealth Drug Ordering function
- CPh confirm the receipt of drug items from Drug Supplier in eHealth Drug Ordering function

Mock up - For Illustration Only

Programme	Order No.	PR No.	PO No.	Drug Supplier	Drug Items	Order Date/Time	Order Status
CPP (RCH)	2500000022	PR00000019	PONo00000005	SUPPLIER ABC LIMITED Phone No.: 23456789	1. PRAZOSIN (HCL) 2. METOPROLOL TARTRATE 3. ASPIRIN	15-Sep-2025 14:97	Approved 15-Sep-2025 14:38
CPP (RCH)	2500000023	Pending	Pending	Pending	1. PRAZOSIN (HCL) 2. METOPROLOL TARTRATE 3. ASPIRIN	19-Sep-2025 09:25	Submitted 19-Sep-2025 09:25
CPP (RCH)	2500000025	Pending	PONo00000006	SUPPLIER ABC LIMITED Phone No.: 23456789	1. METOPROLOL TARTRATE 2. METOPROLOL TARTRATE 3. ASPIRIN	22-Sep-2025 10:34	Approved 22-Sep-2025 14:36
CPP (RCH)	2500000030	Pending	Pending	SUPPLIER ABC LIMITED Phone No.: 23456789	1. METOPROLOL TARTRATE 2. PRAZOSIN (HCL) 3. SENNA	29-Sep-2025 16:41	Submitted 29-Sep-2025 15:51

* There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.

Reimbursement (Service Fee Claim)

Feature to Support Community Pharmacies

- A streamlined process begins with a **user-friendly**, centralized platform for submitting claims
- A robust tracking system ensures **transparency** and **accountability** throughout the claims process
- Leverage technology to enhance **efficiency** and **accuracy**

Mock up - For Illustration Only

eHealth Services > Reimbursement

Payment Report Summary of Reimbursement Report

Invoice No.:

Programme:

Community Pharmacy name:

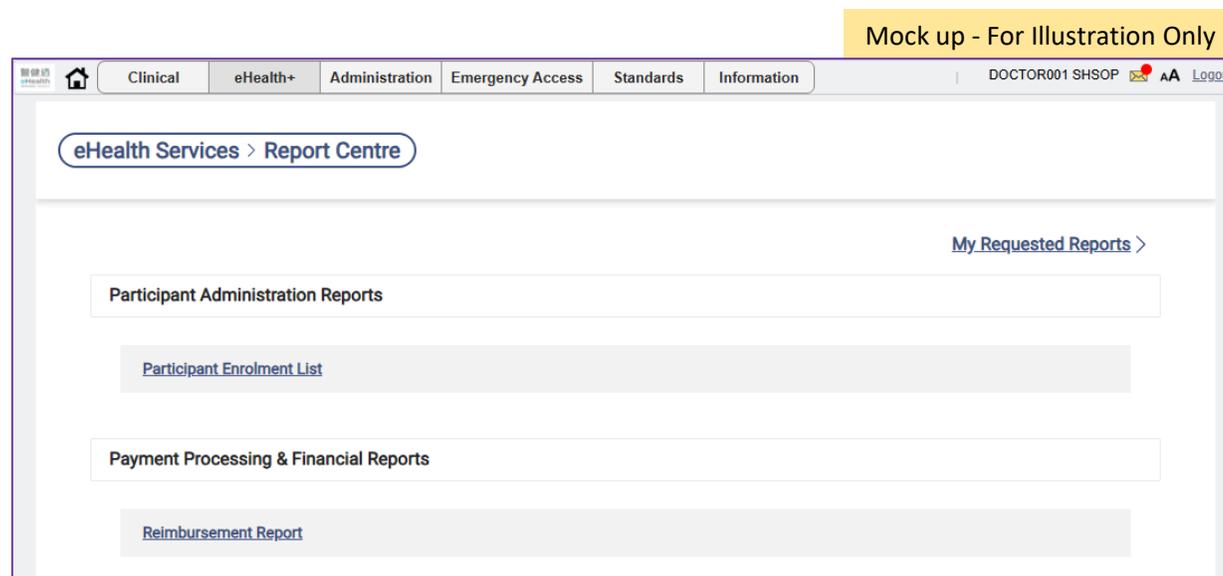
Sep 2025	Invoice No.: CPP2025090000001665 Status: Approved Submission Date: 28-Sep-2025 Invoice Date: 28-Sep-2025	\$ XXX.00
	Programme: CPP (RCH) Service Type: - Community Pharmacy: ABC Pharmacy	<input type="button" value="Detail"/>
Sep 2025	Invoice No.: CPP2025090000001662 Status: Approved Submission Date: 28-Sep-2025 Invoice Date: 28-Sep-2025	\$ YYY.00
	Programme: CPP (RCH) Service Type: - Community Pharmacy: ABC Pharmacy	<input type="button" value="Detail"/>
Sep 2025	Invoice No.: CPP2025090000001663 Status: Submitted Submission Date: 28-Sep-2025 Invoice Date: -	\$ ZZZ.00
	Programme: CPP (RCH) Service Type: - Community Pharmacy: ABC Pharmacy	<input type="button" value="Detail"/>

1 < > 2 3 4 5 ... 53 > >|

Reporting

Feature to Support Community Pharmacies

- Generate reports that meet operational needs
- Provides a **fixed snapshot** of data from a specific point in time
- **Consistent** and **unchanging** structure, ideal for comparing data over time or for routine analysis

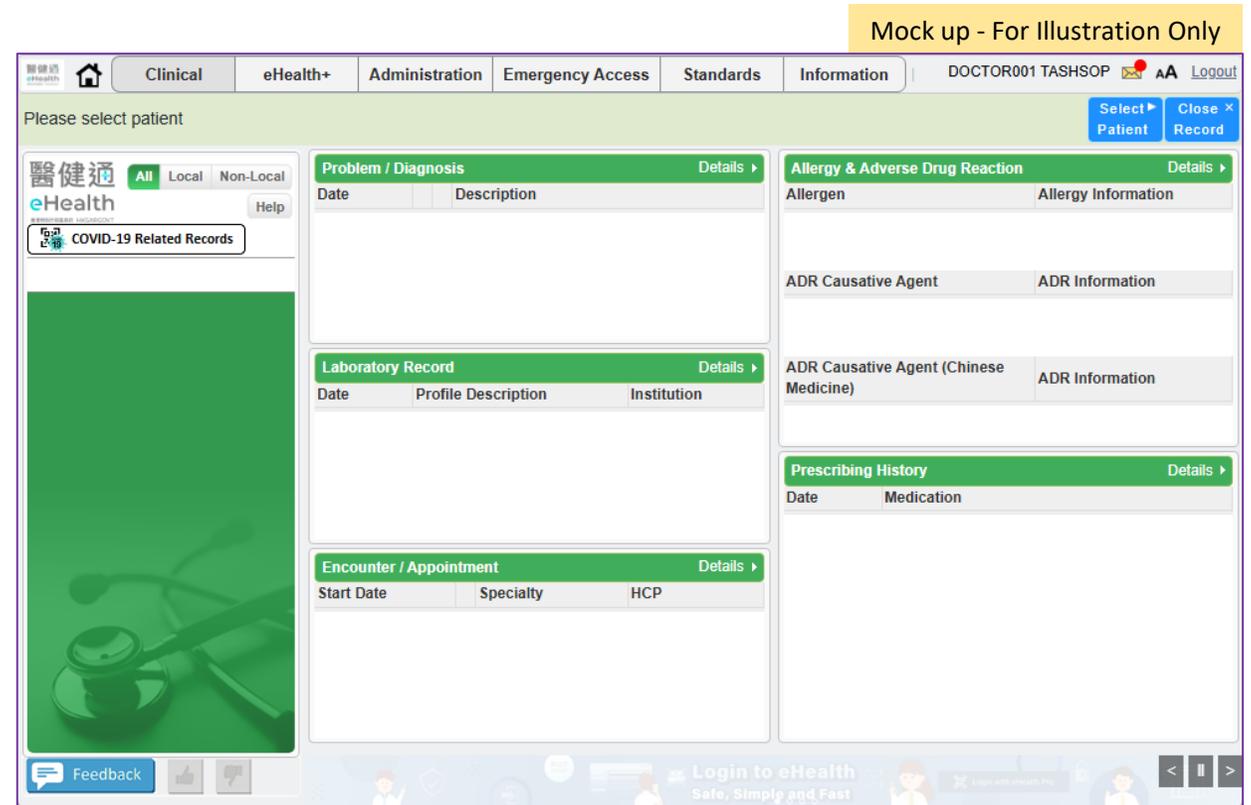


* There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.

eHR Viewer

Feature to Support Community Pharmacies

- The electronic Health Record (eHR) Viewer is a **secure** website **authorized** health care providers can use to access patient information
- Enhance medication **safety** by sharing of patients' allergy and ADR records via eHealth System



* There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.

Part B: Data Interface Requirements to Connect to eHealth / SHSOP System

Data Interface Requirements

- Data using the eHealth **FHIR** API for processing and submit **Dispensing** Records and **Drug Order** Records to **eHealth System**
- Support **standardized** formats to ensure data is machine-readable, consistent, and exchangeable
- Use encryption (e.g., HTTPS) for **secure** data transmission
- Maintain **audit logs** for all data access, subject to **inspection**

eHealth API Suite to support Community Pharmacy

Key APIs

API Name	Usage	Key Input	Key Output
ePrescription Data Retrieval	Enquire and retrieve eRx for paired Programme Patient from eHealth	<ul style="list-style-type: none"> HCP Information 	<ul style="list-style-type: none"> Prescription Information Dispensing Information
Dispensing & Co-payment Submission	Allows submission of drug dispensing records and associated co-payment details.	<ul style="list-style-type: none"> Programme Patient Identifier Dispensing Information 	<ul style="list-style-type: none"> Acknowledgement
Drug Co-payment Calculator	Provides real-time calculation of patient drug co-payment based on coverage rules.	<ul style="list-style-type: none"> Programme Patient Identifier Dispensing Information 	<ul style="list-style-type: none"> Drug Co-payment

* There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.

Part C: Network Requirements to Connect to eHealth / SHSOP System

Network Requirements

- Broadband service with **adequate bandwidth** to support data exchange with eHealth
- At least one public **fixed IP address** is required to facilitate testing during the development phase
- Network setup should support **automatic failover** or **backup connectivity** options to maintain service availability during outages or disruptions.

** There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.*

Part C: Security Requirements to Connect to eHealth / SHSOP System

Security Requirements

1. System Security & Compliance

- Electronic Medical Record (EMR) or Systems interfacing with eHealth System must undergo independent penetration testing
- Conduct Security Risk Assessment and Audit (SRAA) and Privacy Impact Assessment (PIA) every two years
- Security compliance checks and endorsement processes will be performed regularly

2. Data Hosting & Access Control

- All EMR/Interface Systems must be **hosted in Hong Kong data centres**
- **Cloud-based** EMR systems must enforce multi-factor authentication (MFA) for privileged accounts
- All users must use MFA when accessing the **cloud-based** EMR system remotely

3. Protection of HCR Data

- All Personally Identifiable Information (**PII**) **must be encrypted** irrespective of the storage media (e.g.: database, file or disk storage level) — PII must not be stored in plain (unencrypted) format.
- Secure management of encryption keys must be implemented and documented in accordance with industry best practices.

4. Secure Network Connections

- Connections from healthcare providers (HCP) to the cloud EMR system must use a Virtual Private Network (VPN) or leased line
- EMR/Interface Systems require fixed IP addresses or VPN connections

* There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.

Part C: Security Requirements to Connect to eHealth / SHSOP System

Security Compliance

Contractor shall be required to conduct an annual Compliance Checking and Endorsement Process as given below.

Requirement A: The Contractor is required to submit the following security assessment checklist on annual basis:

Security Assessment Checklist Submitted by Healthcare Providers (HCP)	
Part I, II	Checklist for Connection Mode B
Part III (mandatory to submit)	Checklist with Additional Security Requirement for Data Download HCPs
Part IV (Applicable for HCPs using Cloud EMR)	Checklist For Cloud EMR
Part V (Applicable for HCPs using SaaS EMR)	Checklist For SaaS EMR

Note: HCPs with Mode A or B connection with eHealth can skip Parts I, II, IV and V of the Security Assessment Checklist as the respective Security Compliance Process has already been completed.

* There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.

Part C: Security Requirements to Connect to eHealth / SHSOP System

Security Compliance

Contractor shall be required to conduct an annual Compliance Checking and Endorsement Process as given below.

Requirement B: Web Vulnerability Scanning, Penetration Testing and SRAA

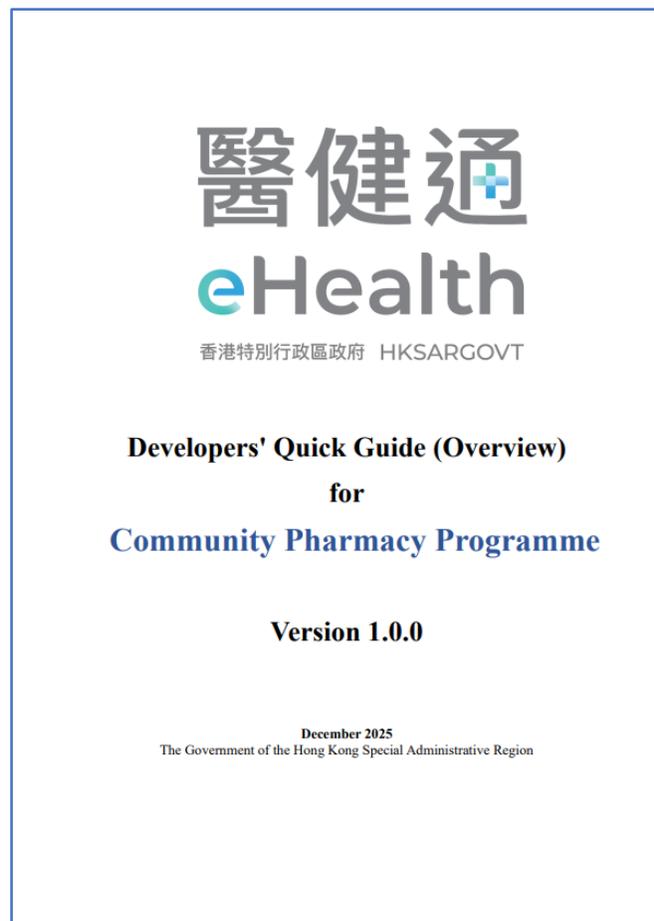
- Perform the following scanning by 3rd party provider for HCP Internet-facing Systems
 - Network port scanning for Internet-facing IP addresses
 - Web vulnerability scanning and Penetration Testing
- Performed Security Risk Assessment and Audit (SRAA) within past 24 months by 3rd party provider



** There may be minor adjustments after finalising the user requirements to ensure that your systems can support the programme's operations efficiently.*

Part D: Further information on IT requirements for CPP(RCH)

- “Developers’ Quick Guide (Overview) for Community Pharmacy Programme” will be available and appended to the IT specifications of the tender document for CPP(RCH)



Part D: Enhance your IT System to support Drug Dispensing & Subsequent Inspection



e-Prescription data

CP Pharmacists should be able to conveniently access patients' **latest e-Prescriptions** and the scheduled supply of ongoing maintenance medications directly within the CP system to support **drug dispensing process**.

Retrieved **e-Prescription records** along with related **dispensing data from the past two years** within the local Community Pharmacy system should also be available to support **inspection**, auditing, and internal review processes by ensuring timely access to accurate Programme Patient medication records.

ABC Pharmacy System
Pharmacist | CHEUNG SIU MING
07-Aug-2025 19:35:28

Search by Document ID -- Select a Year -- -- Select a Month -- Search

Patient's Prescription & Dispensed Medication List

Patient Name: Chan Tai Man

Patient Phone: +852 9123 4567

Patient Address: 123 Example Street, Hong Kong

Medical Record No: MRN-789456123

Patient HKID: C608461(1)

Patient Sex: Male

Patient Age: 35

Patient pairing status: Paired

It is assumed that the system design of your IT system is able to address the legal requirements for managing ePrescriptions.

To be able to display latest e-Prescription details

To be able to display scheduled supply of ongoing maintenance medication details

Dispensing workspace

Search past two years records of Paired Programme Participants (to support inspection)

Related Dispensing information

CPh workspace (for dispensing process)

Thank you

Guide for completing the Request for Information (RFI) Proforma

Ms. Anna LEE,
Subject Matter Expert (Pharmacy) (Strategic Purchasing), HHB
醫務衛生局專題專家(藥劑)(策略採購)
李詩詠女士

24 February 2026

This document is provided for reference only. It is not intended to be exhaustive and may be updated by the Government from time to time.

Request for Information Proforma

What do we need to know?



Request for Information Proforma

Request for information (RFI) exercise is conducted to obtain the latest market information on services related to Community Pharmacy Programme (RCH)



Points to note:

- 1 Download Proforma: <https://www.healthbureau.gov.hk/en/tender/index.html>
- 2 Complete and return to: cpp_rch_rfi@healthbureau.gov.hk
- 3 Deadline for submission: 12:00nn (Hong Kong Time), 3 March 2026
- 4 Enquiries (writing to): cpp_rch_rfi@healthbureau.gov.hk

**The purpose of this RFI exercise is solely to collect market information and will neither constitute a pre-qualification nor a tender exercise*

Key Components:



Part 1
Information of
Service Provider



Part 2
Requirements



Part 3
Price Estimation



Part 4
Others

Part 1

Information of Service Provider

Information of Service Provider

- Name
- Nature
- Contact information
- Expression of Interest



To: Mr Eric CHEUNG

[by email: cpp_rch_rfi@healthbureau.gov.hk]

(Please complete and return the Proforma on or before **12:00 noon (Hong Kong Time) on 3 March 2026**)

P R O F O R M A
Request for Information (“RFI”) for the
Provision of Services for Community Pharmacy Programme (Residential Care Homes) of the Health Bureau

Part 1: Information of Service Provider

Name of the Community Pharmacy: _____

Nature of the Organisation: (**Please delete whichever is not applicable**) Company / Non-government organisation/ Company limited by guarantee / Others (please specify) _____

Name of Contact person: _____ Post title: _____

Email Address: _____ Telephone no.: _____

Date: _____

This document does not constitute any offer or invitation / solicitation of any offer in connection with the exercise described herein. Neither this document nor any activities in connection therewith shall create any legal obligations or liabilities in any way on the part of the Government. Neither this document nor anything contained herein shall form the basis of any contract or commitment whatsoever. In responding to the RFI, a respondent shall be deemed to have agreed to all the terms of this RFI.

Dear Sir / Madam,

I would like to provide the information in Part 2 to Part 4 of this Proforma. My organisation/company is interested in providing the following services:

Community Pharmacy Programme (Residential Care Homes)

(**Please tick (☑) and complete Part 2 to Part 4**)

Key Components:



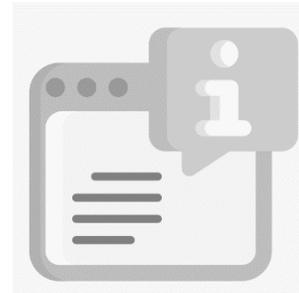
Part 1
Information of
Service Provider



Part 2
Requirements



Part 3
Price Estimation



Part 4
Others

Part 2 Requirements

2.1A – Scope

- Premises requirements
- Service provision (Dispensing and Value-added services)
- Collection of co-payment from patients

2.1B – General Requirements

- Equipment and facilities
- Staffing
- Legal and regulations, Code of Practice and Code of Professional Conduct
- eHealth participation
- IT system (Refer to “***Framework for IT Deployment on Community Pharmacy Programme (Residential Care Homes)***”)
- Quality assurance and risk management
- Service hours and service pledge
- Other obligations (e.g. hotline services, emergency contact)



Part 2 Requirements

2.1C – Dispensing Service-specific Requirements

- Service volume
- Dispensing process
- Labelling of dispensed medications
- Storage of the dispensed medications
- Medication delivery

2.1D – Programme Drugs Management

2.2 – Insurance

- Public Liability Insurance
- Professional liability insurance

2.3 – Service Period



Part 2: Requirements

2.1 Service Requirements (Please tick (☑) and supplement as appropriate)

Section	Details	Please tick (☑) if fully comply	Alternative proposal (if any)
A	Scope		
A1	<p>(a) The Contractor shall ensure that the Community Pharmacy is a registered premises as an Authorized Seller of Poisons with a valid Certificate of Registration of Premises issued under Section 13 of the Pharmacy and Poisons Ordinance by the Pharmacy and Poisons Board of Hong Kong (“Certificate of Registration of Premises”).</p> <p>(b) The Contractor shall provide partnered RCH and eligible patients residing in the partnered RCH who have enrolled in the Community Pharmacy Programme (each a “Programme Patient”) with healthcare services related to the community pharmacy services as detailed below:</p> <p>(i) Dispensing Service covers the dispensing of prescriptions from HA including but not limited to HA electronic prescriptions issued by Specialist Outpatient Clinics (SOPC), Family Medicine Outpatient Service, Community Geriatric Assessment Teams (CGAT), Community Psychogeriatric Team, Community Psychiatric Services and discharge prescriptions for dispensing of selected drug items from the HA Drug Formulary to be advised and updated by the Government from time to time (“Designated Drug List”).</p> <p>(ii) Core Standard Value-added Services (“Standard VAS”) shall be made available for procurement by partnered RCH. Core Standard VAS include:</p> <ol style="list-style-type: none"> (1) multi-dose packaging for solid-oral medications dispensed by the Community Pharmacy against HA electronic prescriptions; (2) setup of eMAR system and medication administration workflow at partnered RCH; (3) drug management and storage at partnered RCH; (4) health promotion; (5) staff training programme; and (6) multi-dose packaging for solid-oral medications and update of medication profile in eMAR system of partnered RCH for medications obtained other than dispensing by the Community Pharmacy.(e.g. medications dispensed by HA pharmacy(ies) or private medical practitioner(s)) 	<p style="text-align: center;">☐</p> <p style="text-align: center;">☐</p> <p style="text-align: center;">☐</p>	

	<p>(iii) Elective Standard VAS is encouraged to provide to Programme Patients for procurement, which include: (please tick if applicable)</p> <ul style="list-style-type: none"> (1) Smoking Cessation (2) Medication Management Services (3) Chronic Disease Management (4) Oral Health Promotion and Preventive Oral Care <p>(iv) Provision of Non-standard Value-added Services, if applicable (Please specify: e.g.)</p> <p><u>Points to note:</u></p> <p>(i) Partnered RCH and Programme Patients can opt to procure the core Standard VAS, elective Standard VAS and Non-standard VAS.</p> <p>(ii) The Community Pharmacy must inform the partnered RCH that procurement to multi-dose packaging core Standard VAS stipulated in Clause A1(b)(ii)(1) above is a mandatory prerequisite for participation in the Community Pharmacy Programme (Residential Care Homes).</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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	<p>(g) The Contractor shall ensure proper repair and maintenance of the Community Pharmacy to comply with all safety and infection control standards.</p> <p>(h) The Contractor shall ensure the Community Pharmacists and supporting staff (such as dispenser and pharmacy assistant) have access to up-to-date reference materials pertaining to the practice of Community Pharmacy to ensure the safety and quality of the Services.</p> <p>(i) Printer-generated labelling equipment are required for the provision of the Services .</p> <p>(j) Multi-dose packaging and labelling equipment for solid-oral drug preparations are required for the provision of the Services.</p> <p>(k) The Contractor shall perform preventive maintenance service in accordance with the standards or manuals laid down by the equipment manufacturers for any pharmacy automation equipment involved in the dispensing or packaging process. The preventive maintenance shall include, but not be limited to, all necessary healthiness check, routine cleansing, repairs, fastening / replacement of parts, calibration, adjustments, cleaning and lubrication necessary in accordance with manufacturer's checklist (if applicable), or procedures outlined in the service manual, etc.</p> <p>(l) The Contractor shall ensure the installation, operation, maintenance and replacement of any pharmacy automation equipment involved in the dispensing or packaging process comply with the statutory ordinances such as electricity, fire safety, workplace, pollution control, environmental protection and other relevant Hong Kong Ordinances.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
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<p>B7</p>	<p><u>Service Hours</u></p> <p>(a) The Contractor shall provide Services in accordance with the Basic Service Hours for partnered RCH and Programme Patients to meet the dispensing service pledge as stipulated in clause B7 (b) below:</p> <p>(i) “Basic Service Hours” means:</p> <p>(1) provision of the Services for partnered RCH and Programme Patients from 0900 to 1900 on Mondays to Fridays (excluding General Holidays); and</p> <p>(2) provision of the Services for partnered RCH and Programme Patients from 0900 to 1700 on Saturdays (excluding General Holidays)</p> <p>(ii) For the avoidance of doubt, the Community Pharmacy shall complete the medication dispensing, updating medication profile at partnered RCH eMAR system and medication delivery in accordance with the dispensing service pledge stipulated in Clause B7 (b), notwithstanding that such completion may occur after the Basic Service Hours."</p> <p><u>Service Pledge</u></p> <p>(b) The Community Pharmacy shall manage the dispensing and delivery of medications to the partnered RCH in compliance with dispensing service requirements and in accordance with the Programme Patient’s latest prescriptions, ensuring that medication supply is uninterrupted:</p> <p>(i) <u>Dispensing of prescriptions with regimen change(s)</u>: For retrievable prescription during the Basic Service Hours that alters the Programme Patient’s regimen (e.g. addition/deletion of medication(s), change(s) in dose/frequency, etc.), the Community Pharmacy shall dispense and deliver the medications to the partnered RCH on the same day to ensure timely administration.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
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B8	<p><u>Other Obligations</u></p> <p>(a) The Contractor shall provide a hotline during service hours of Community Pharmacy of the provision of Services for enquiry by partnered RCH and Programme Patients of the Services throughout the Service Period. The relevant information should be submitted for each awarded Community Pharmacy within sixteen (16) weeks from the date of Letter of Conditional Acceptance.</p> <p>(b) The Contractor shall provide a contact means (to be agreed by both parties) for emergency contact by Government and HA during the Service Period to facilitate the handling of urgent situations, such as critical incidents that could affect the Services or adverse weather condition arrangements. The relevant information should be submitted for each awarded Community Pharmacy within sixteen (16) weeks from the date of Letter of Conditional Acceptance.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
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<p>C2</p> <p>(updated on 12 Feb 2026)</p>	<p><u>Dispensing Process</u></p> <p>(a) When dispensing a prescription or refill issued by clinicians from HA, the Community Pharmacist is responsible for validating the prescription and assessing the clinical appropriateness of the prescribed medications in relation to the patient’s clinical and medication history (including reconciliation of the active drugs for review from eHealth and all shared electronic records, where relevant).</p> <p>(b) The Contractor shall ensure that the Community Pharmacist timely updates (if applicable) the medication profile of the Programme Patient in the medication administration system of the partnered RCH.</p> <p>(c) The Contractor shall ensure that the Community Pharmacist takes all reasonable steps to inform the partnered RCH staff regarding the update in medication profile and ensure the partnered RCH staff have access to the medications with regards to the changes in drug regimen.</p> <p>(d) The Contractor shall ensure that the Community Pharmacist takes all reasonable steps in the dispensing process to ensure safe and appropriate dispensing.</p> <p>(e) Unless otherwise authorized by the Government, the Contractor shall ensure that the Community Pharmacist dispenses the HA-specified preparation to avoid any confusion for the partnered RCH staff and patient, according to all available information, including the record(s) from eHealth.</p> <p>(f) Packaging of solid-oral preparations into multi-dose packaging shall follow the requirements specified in the prevailing edition of the “Guide on Drug Management in Residential Care Homes” jointly published by the Department of Health, the Hospital Authority and the Social Welfare Department.</p> <p>(g) The dispensed medications (e.g. from HA pharmacy(ies) or private medical practitioner(s)) collected from Programme Patients for multi-dose packaging, where applicable, shall be processed separately and shall not be mixed together for packaging.</p>	<p><input type="checkbox"/></p>	
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	<p>(g) The Contractor shall clean the interior of the vehicle(s) and the containers for carrying the dispensed medications with appropriate disinfection methods daily. Cleaning records shall be kept by the Contractor and provided to the Government upon request. Cleaning materials and consumables shall be arranged by the Contractor at its own cost. The Contractor shall also observe effective infection control guidelines upon request.</p> <p>(h) The Service involves handling confidential and sensitive data. The Contractor, the Contractor's driver(s) and staff responsible for medication delivery shall observe all applicable data privacy laws and regulations in Hong Kong in relation to the personal data obtained or accessed by the Contractor.</p> <p>(i) The Contractor shall ensure that its driver(s) and staff responsible for medication delivery immediately report any incident or event which may or will affect the provision of the Services, including but not limited to:</p> <ol style="list-style-type: none"> (1) when the packaging materials of any dispensed medications are found not intact at any time prior to the receipt by partnered RCH staff; (2) when any dispensed medication is missing throughout the entire delivery process or is reported missing by partnered RCH staff after delivery; and (3) when any dispensed medication is delivered to the incorrect recipient or address. <p>The Contractor shall report to the Government promptly and seek the Government's instruction or agreement on handling such cases.</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>	
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2.2 Insurance

The Contractor shall, at its own cost and expense, effect and keep in force, and renew upon expiry, during the Service Period all insurance policies that the Contractor shall be required to take out under the Applicable Laws, and as appropriate and adequate to cover the liability of the Contractor in respect of claims, losses, costs, damages and expenses arising out of or in the course of the carrying out of this Contract, including all insurance policies covering the types of insurance with the minimum insured amount as follows and with the Government included as one of the insured parties against potential claims:

Please indicate whether you can fulfil the insurance requirement. If the answer is no, please fill in alternative proposal of insurance plan

Insurance	Minimum Insured amount (HKD)	Please tick (☑) if fully comply	Alternative proposal of insurance plan
Public Liability Insurance	Not less than HK\$ 10 million for each claim or a series of claims arising from one (1) event, but otherwise unlimited in the aggregate indemnity amount for all claims arising during the entire Service Period	<input type="checkbox"/>	
Professional liability insurance (Medical malpractice insurance)	Not less than HK\$ 30 million in aggregate for each twelve (12)-month period	<input type="checkbox"/>	

2.3 Service Period

Your organisation/ company is interested in providing the above Services for a period of:

- 3 years
- 4 years
- 5 years
- >5 years

Key Components:



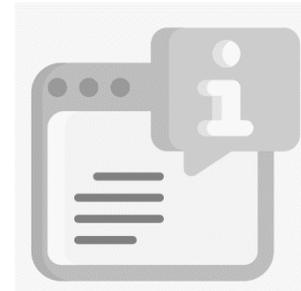
Part 1
Information of
Service Provider



Part 2
Requirements



Part 3
Price Estimation



Part 4
Others

Part 3

Price Estimation

A. Estimated no. of Programme Patients each month*

**Each proposed Service Location of the Community Pharmacy shall provide territory-wide services in Hong Kong to Programme Patients meeting the Minimum Service Volume and within a range of 1,000 to 4,500 Programme Patients every month throughout the Service Period.*

B. Monthly Dispensing Services Fee

- HK\$? per Programme Patient



Part 3: Price Estimation

3.1 Monthly Dispensing Services Fee

Please indicate in the following table: (1) the Estimated number of Programme Patients each month, (2) the Monthly Dispensing Service Fee per Programme Patient, and (3) the Name and Address of the Proposed Service Location of the Community Pharmacy.

Item	Description	Service Location Ref.	Estimated number of Programme Patients each month	Monthly Dispensing Service Fee (HK\$) per Programme Patient	Name and Address of the Proposed Service Location (as shown on the Certificate of Registration of Premises under Section 13 of the Pharmacy and Poisons Ordinance)
1	Provision of the Services at a Community Pharmacy	1a			
1	Provision of the Services at a Community Pharmacy	1b			
1	Provision of the Services at a Community Pharmacy	1c			

Points to note:

- (i) *Each proposed Service Location of the Community Pharmacy shall provide territory-wide services in Hong Kong to Programme Patients meeting the Minimum Service Volume and within a range of 1,000 to 4,500 Programme Patients every month throughout the Service Period.. Please refer to Clause 2.1(C1) in this Proforma on requirements of Service Volume in providing the Estimated number of Programme Patients each month.*

Key Components:



Part 1
Information of
Service Provider



Part 2
Requirements



Part 3
Price Estimation



Part 4
Others

Part 4 Others

A. Provision of medication packaging service (if applicable)

- No. of existing RCHs
- No. of existing RCH patients

B. Sub-contracting

C. Any Other Suggestions (if any)



Part 4: Other Requirements

4.1 Provision of medication packaging service

Please indicate in the table below the number of existing RCHs and patients to whom you are providing medication packaging service, if applicable.

Service Location Ref.	Number of existing RCHs (if applicable)	Number of Existing RCH patients (if applicable)
1a		
1b		
1c		

4.2 Sub-contracting

Please tick and provide details below if you intend to engage sub-contractor in the provision of the Services:

- Yes, sub-contracting of _____ (details of services provided by sub-contractor) will be provided by _____ (name of sub-contractor)
- No, sub-contracting will not be necessary for the provision of the Services.

Point to note:

(i) *Sub-contracting of the provision of Dispensing Service and Standard Value-added Services shall not be accepted.*

4.3 Any other suggestions related to the Services?



1

Deadline for Submission

12:00nn (Hong Kong Time), 3 March 2026

2

Complete and return to :

cpp_rch_rfi@healthbureau.gov.hk

3

Enquiries (writing to):

cpp_rch_rfi@healthbureau.gov.hk

Questions & Answers

1. Please **raise hand** to indicate you wish to express views
2. Please indicate the name of your organization
3. After the meeting, please return the **Proforma** on or before 12:00nn (Hong Kong Time), 3 March 2026



