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Legislative Council Panel on Health Services

Way Forward in the Development of Chinese Medicine Service in the Public Sector in Hong Kong

PURPOSE

This paper briefs Members on the Administration's way forward in the development of Chinese medicine clinics (CMCs) in the public sector.

BACKGROUND

2. The first phase of introducing CMCs in the public sector commenced in December 2003 with the establishment of three CMCs. The service has been provided on a tripartite model in which the Hospital Authority (HA) collaborates with a non-governmental organization (NGO) and a university in each of the clinics. Each of the three CMCs is attached to a hospital, namely the Tung Wah Hospital, the Yan Chai Hospital and the Alice Ho Miu Ling Nethersole Hospital. Patients are charged a fee of $120 per attendance which includes consultation and two doses of medicine. The NGO partner may provide Chinese medicine services other than herbal medicine services at the same site at market fee but these other services would not form part of the tripartite partnership.

3. The objectives of providing Chinese medicine service in the public sector were to develop standards in Chinese medicine practice, to systematize the knowledge base of Chinese medicine through, amongst others, clinical research and to provide training in "evidence-based" Chinese medicine.

Review of public CMC Service

4. The Administration has reviewed the objectives of providing Chinese medicine service in the public sector and believes that the objectives set out in paragraph 3 should continue to be pursued. In addition, the public sector should also play a part in the training of Chinese medicine graduates from the universities offering Chinese medicine degree courses. However, in both service provision and training of new graduates, the public sector should not be the sole or major player. Hong Kong has already had a private market that provides generally comprehensive and affordable Chinese medicine services to the community. The public sector should not seek to compete with the service providers in the private sector. The private sector should also be encouraged to train new graduates as most of the latter will practice in the private sector environment on completion of training.

5. The Administration has also reviewed the service provided in the three CMCs and has concluded that the service was effective in helping to achieve the objectives. The following are some indicators of the three CMCs' achievements –

- the number of consultations per month increased from 3,873 in Jan 2004 to 6,803 in March 2005;

- Promotion of Evidence-Based Chinese Medicine has been promulgated through active participation and presentations in international conferences and HA Convention 2005. To facilitate research, all CMCs have been involved in clinical studies and a total of 25 projects have been identified to date;

- The Chinese Medicine Pharmacy Management System has built in standards for quality control of herbs and safe dispensing which would help to steer the development of standards in Chinese medicine practice;

- The Chinese Medicine Information System, an integrated clinic management and patient record system has helped to capture information that will enrich the knowledge base of Chinese medicine practice;

- Guidelines for interface between western and Chinese medicine have been developed for both out-patient and in-patient service; and

- Training on research methodology has involved researchers with interest in Chinese Medicine.

6. The Administration has decided to proceed with the development of CMCs in the public sector in phases. The exact number of phases and the number of CMCs to be developed in each phase will have to be worked out. The next phase will probably involve the Wanchai and Yuen Long districts because sites are readily available. In addition, we are identifying a suitable site for a CMC in West Kowloon.

Service Delivery Model for CMCs to be developed

7. The tripartite model upon which the first three CMCs were based has worked well. The operational model has also proved to be able to meet the patients' expectations. The Administration has decided to continue to operate on these models with some adjustments –

- The NGO running the service in partnership with HA should be required to offer training to a number of local Chinese medicine graduates;

- Each CMC should be self-financed. Government funding would only cover–

  - Capital works required for the setting up of the clinic;
  - The capital and maintenance cost of the information system serving the clinic;

- Salary of the Chinese medicine graduates being trained;
- Honorarium for the Chinese medicine practitioners for supervising the graduates; and
- Salary of Senior Pharmacist on share basis.

- The clinics need not be attached to a hospital. Given the efficiency made possible by the use of information technology, the clinics can be more conveniently located for the benefit of patients.

NGOs will have to meet a series of criteria to be selected as partners, such as having the capability of implementing the collaboration arrangement, having a network in the district, in particular in the provision of medical services (to attract a sufficiently large pool of patients to use the service and join the evidence-based service on prioritized disease programmes), and having strong commitment to the district and having readiness and ability to top up the recurrent operating expenses in the case of having deficits.

Advice Sought

8. Members are requested to note the content of this paper.

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Hospital Authority
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