



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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電話號碼 Tel: (+852) 3509 8915
傳真號碼 Fax: (+852) 2840 0467

27 March 2013

Ms Elyssa Wong
Clerk to Health Services Panel, Legislative Council
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Ms Wong,

**Briefing by the Secretary for Food and Health
on the Chief Executive's 2013 Policy Address**

At the Health Services Panel meeting on 21 January 2013, the Administration was requested to provide information on various issues. Please find our reply at the **Annex**.

Yours sincerely,

(Ms Estrella Cheung)

for Secretary for Food and Health

c.c. Director of Health (Attn: SMO(P))
Internal - PAS(H)2

Follow up to Health Services Panel meeting on 21 January 2013

Public hospital capital works projects

A list of the major ongoing and new capital works projects for public hospitals under the Hospital Authority is set out below –

Project Title	Anticipated Increase in Number of Beds / Service Capacity upon Completion of Project
Expansion of Tseung Kwan O Hospital	<ul style="list-style-type: none"> ● Planned increase in number of beds : 178 ● Number of consultation rooms (CRs) of the Specialist out-patient department (SOPD) will increase from 48 to 70.
Redevelopment of Caritas Medical Centre, phase 2	Bed capacity planned to increase from 1,241 to 1,326
Redevelopment of Yan Chai Hospital	Number of CRs of general out-patient clinic and specialist out-patient clinic will increase from the current 36 to 54 after the redevelopment.
Tin Shui Wai Hospital	Planned bed capacity (in-patient and day beds) upon project completion : 300
Expansion of United Christian Hospital	<ul style="list-style-type: none"> ● Planned increase in number of beds : around 300 ● Number of CRs for SOPD will increase from 81 to around 180.
Redevelopment of Kwong Wah Hospital	<ul style="list-style-type: none"> ● Planned increase in number of inpatient and day beds : around 350 ● Number of CRs for SOPD will increase from 44 to around 100.
Redevelopment of Queen Mary Hospital, Phase 1	<ul style="list-style-type: none"> ● Project details under planning. ● The redevelopment project aims to renew the hospital into a modern medical centre with additional space and large floor plates to meet operational needs.
Establishment of Centre of Excellence in Paediatrics	Planned bed capacity (in-patient and day-patient services) upon project completion : 468

Project Title	Anticipated Increase in Number of Beds / Service Capacity upon Completion of Project
Redevelopment of Kwai Chung Hospital	Project details under planning.
Reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital	<ul style="list-style-type: none"> • The places for renal dialysis will increase from 17 to 25 after the reprovisioning. • Number of CRs for Ear, Nose and Throat Specialist Clinic will increase from 13 to 20.
Ward renovation in Kwai Chung Hospital	To bring about immediate improvement to the physical condition of the hospital to ensure safety of patients and the general public, comply with infection control requirements, and facilitate effective services provision before redevelopment of the hospital.
Refurbishment of Hong Kong Buddhist Hospital	Project details under planning to enhance the existing physical conditions of the hospital.

Chinese medicines traders carrying out business at domestic premises

2. The Chinese Medicine Council of Hong Kong (CMCHK) is a statutory body established under the Chinese Medicine Ordinance (Cap. 549) (CMO). It operates as an independent regulatory body and is responsible for implementing various measures for regulation of Chinese medicine practitioners and Chinese medicines. The Chinese Medicines Board (CMB) under CMCHK is responsible for licensing and regulatory control of the Chinese medicines traders as well as registration of proprietary Chinese medicines (pCms).

3. All provisions governing the regulation of Chinese medicines in the CMO, including those on registration of pCms and requirements on labelling and package insert for pCms, have been in full implementation since 2011. Coupled with the completion in the same year of all the processes for transitional licence holders to obtain formal licences, the Chinese Medicines Board (CMB) of the Chinese Medicine Council of Hong Kong decided in 2011 that Chinese medicines traders would not be granted new licences if they operate their Chinese medicines business in premises originally designed and constructed for domestic purpose, in order to further protect public health and ensure that Chinese medicines traders operate their business in appropriate premises.

4. Having regard to the fact that some licensed Chinese medicines traders are still operating Chinese medicines business in domestic premises and having considered the Buildings Department's views, the CMB decided to allow the relevant Chinese medicines traders to have a grace period of two years to relocate their business to appropriate premises to continue their operation. This grace period started from 1 January 2012 and will last until 31 December 2013 or a date on which the government department concerned carries out enforcement action against the use of their domestic premises for the present commercial purpose, whichever is the earlier. The Department of Health (DH) has already informed the affected Chinese medicines traders individually of the arrangement by letter on 22 December 2011.

5. In making the above decision, the CMB has taken into consideration a number of various factors, including the requirement that the Chinese medicines supplied need to be in compliance with the standards on safety, quality and efficacy, the practising requirements of the Chinese medicines trade as prescribed in the CMO and the operation of the traders, etc.

6. Since implementation of the current policy, the Food and Health Bureau and the CMB have received views from Members of the Legislative Council as well as representatives from various political parties and Chinese medicines trade associations on how the trade has been affected by the arrangement. After considering the concern of the traders, the CMB re-visited the issue in August 2012 and reiterated that the policy was necessary on legal grounds and that the affected traders were given adequate time to relocate their business to appropriate premises under the current arrangement. In fact, many affected traders have already relocated their business to appropriate premises to continue their operation after they have received the notification. As of 1 March 2013, there were 105 Chinese medicines traders operating at domestic premises, accounting for less than 2% of all licensed Chinese medicines traders in Hong Kong. The CMB will continue the existing policy and arrangement.

7. Upon the request of Members of the Legislative Council Hon Wong Kwok-hing, Hon Tang Ka-piu and Hon Kwok Wai-keung, a case conference was convened on the issue on 5 March 2013 with representatives of FHB, DH, the Buildings Department and the CMCHK.

Population-based breast cancer screening

8. Breast cancer screening refers to population-based tests on

asymptomatic women, with the purpose of identifying breast cancer patients before symptoms develop, such that treatment is given at the early stages. From the perspective of public health, when deciding whether a population-based screening programme should be implemented, the Administration needs to consider key factors including the local prevalence of the disease, accuracy and safety of the screening tests, effectiveness in reducing mortality rate of the disease, feasibility of launching screening programme and public acceptance.

9. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Government's Cancer Coordinating Committee (CCC) keeps in view local and international scientific evidences on population-based breast cancer screening. Having reviewed the latest scientific evidence, CEWG reaffirmed its recommendations for breast cancer screening in November 2012, that it is still not clear whether population-based mammography screening will bring more benefit than harm to asymptomatic women population at present. CEWG recommends women at increased risk of breast cancer (e.g. with family history of breast cancer/ovarian cancer, have personal risk factors) should seek advice from doctors about whether they should get mammography screening. CEWG will continue to review new scientific evidence on population-based breast cancer screening, in order to ensure the Government's policies on breast cancer prevention and screening are grounded on scientific evidence and the interests of public health.

10. Mammography is indeed used in many countries with population-based breast cancer screening programmes, but has its limitations and is not 100% accurate. Internationally, the latest Cochrane review in 2011 showed that mammography screening likely reduces breast cancer mortality by 15%, but also leads to about 30% overdiagnosis and overtreatment. Locally, studies have estimated that population-based mammography screening causes women more harm related to unnecessary interventions for follow-up or even treatment for false-positive screening results. On the other hand, women with false-negative screening result will be falsely assured and may delay seeking medical care even if she has early symptom of breast cancer.

11. Studies have found that there have been low or no reduction in breast cancer mortality among female population in countries such as in Sweden, Norway and the United States upon implementing population-based cancer screening by mammography. Other studies have revealed substantial amounts of harm, such as overdiagnosis in the United States and Norway. Some Asian populations (such as Singapore and Taiwan) have also implemented

population-based breast cancer screening programme, but there is no published data showing effectiveness or cost-effectiveness of the programme.

12. DH advocates the importance of breast awareness and recommends every woman need to be familiar with the normal look, feel and cyclical changes of her breasts so that she can spot irregular changes early on and seek medical advice promptly. Moreover, the Government will closely monitor and follow up the CEWG's recommendations to ensure that the local cancer prevention policies are implemented in the light of local circumstances.

Dental care needs of persons with disabilities

13. DH currently provides specialist oral maxillofacial surgery and dental treatment to the referred hospital in-patients, patients with special oral health care needs (such as mentally handicapped persons and persons suffering from autism) and dental emergency in the Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of seven public hospitals. The OMS&DUs also provides sedation for dental procedures and general anesthesia to persons in need of such treatments. The provision of specialist dental care service in the OMS&DUs is by referral. Members of the public in need of these services can be referred through hospitals/out-patient clinics/centres under the Hospital Authority or any registered dentists or medical practitioners.

14. Public dental service also includes School Dental Care Service under DH, which provides basic and preventive dental care to primary school children in Hong Kong, including those studying in special schools. School Dental Care Service would refer school children to the aforementioned OMS&DUs for treatment when necessary.

15. In order to promote good oral health for children with intellectual disability, the Oral Health Education Unit (OHEU) of DH has been conducting the "Dandelion Oral Care Action" Oral Health Promotion Programme since 2005 in special schools whose students have intellectual disability of varying degrees. OHEU collaborates with schools and parents to take care of the oral health of this group of children, and teaches them the correct toothbrushing and flossing techniques, so as to promote healthy teeth and gum of these children. OHEU trains school nurses and teachers to become Oral Health Trainers, and these Trainers will then train other teachers how to apply the systematic toothbrushing procedure. According to the learning ability of a child, the teachers will then teach him/her the toothbrushing procedure stage by stage.

16. A Task Force on Primary Dental Care and Oral Health has been formed under the Working Group on Primary Care since December 2010 to, among other things, provide advice on initiatives to promote and enhance primary dental care and oral health. It considers that priority should be given to improving oral health of and dental care for needy elderly, and hence the Government has launched a pilot project in April 2011 to provide elderly people residing in residential care homes (RCHes) or receiving services in day care centres (DEs) with outreach primary dental care and oral health care services free of charge. Mentally handicapped persons living in RCHes or receiving services in DEs would also be eligible for the scheme.

17. In addition, the Hong Kong St John Ambulance Headquarters at Macdonnell Road also operates a dental clinic that provides free and comprehensive dental services to handicapped persons and other patients with special needs. The dental clinic opens 5 sessions a week. Non-government organisations can apply in writing to arrange dental appointments for their clients.

18. The Government will continue to provide the existing dental services to mentally handicapped persons and persons suffering from autism, and would look into improvement measures to reduce waiting time and enhance service quality.

Food and Health Bureau

March 2013