

立法會
Legislative Council

LC Paper No. CB(2)1501/13-14(05)

Ref : CB2/PL/HS

Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 19 May 2014**

**Development of Chinese medicine hospital and
integrated Chinese-Western medicine**

Purpose

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on the development of Chinese medicine hospital and integrated Chinese-Western medicine ("ICWM").

Background

2. The Chief Executive announced in his 2013 Policy Address the establishment of a Chinese Medicine Development Committee ("the Committee") to give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicine in Hong Kong. Established in February 2013 and chaired by the Secretary for Food and Health, the Committee is tasked to study four key areas, namely the development of Chinese medicine services; personnel training and professional development; research and development; and development of the Chinese medicines industry (including Chinese medicines testing). A Chinese Medicine Practice Sub-committee and a Chinese Medicines Industry Sub-committee were formed under the Committee in May 2013 to study the relevant specific areas.

3. In the 2014 Policy Address, the Chief Executive announced that the Government had accepted the Committee's recommendations and reserved a site in Tseung Kwan O, which was originally earmarked for private hospital development, for setting up a self-financing Chinese medicine hospital to be operated in an ICWM mode. It is expected that the hospital could provide 400 beds as well as facilities to support the teaching, clinical practice and

scientific research of the Schools of Chinese Medicine under the three local universities, and help strengthen and enhance the quality of the professional training of Chinese medicine practitioners and the scientific research of Chinese medicine in Hong Kong. The Government also accepted the Committee's recommendation that before the establishment of the Chinese medicine hospital, some specific research projects, such as the introduction of inpatient services in public hospitals under the ICWM Pilot Project, would be carried out to gather experience in the operation and regulation of ICWM and Chinese medicine inpatient services.

4. To take forward the above recommendation, the Hospital Authority ("HA") has set up a dedicated task force to carry out preparatory work for the implementation of the two-year ICWM Pilot Project. Under the Pilot Project, HA will formulate clinical plan for three disease areas, namely stroke rehabilitation, low back pain and palliative care for cancer, covering both specified inpatient services and follow-up outpatient services. The plan of HA is to launch the clinical programmes in mid-2014.

Deliberations of the Panel

5. In the current term, the Panel discussed issues relating to the development of Chinese medicine hospital and ICWM at four meetings. The deliberations and concerns of members are summarized below.

Mode of operation of the Chinese medicine hospital

6. Members had long called for the establishment of a Chinese medicine hospital in Hong Kong. In their view, the establishment of a Chinese medicine hospital to provide inpatient services for members of the public and training grounds for local Chinese medicine graduates was crucial to foster the development of Chinese medicine in tertiary care in Hong Kong. While generally welcoming the Government's proposal to set up a Chinese medicine hospital in Tseung Kwan O, members were gravely concerned about the mode of operation and scope of services of the hospital. Question was raised as to whether X-ray examinations and diagnostic imaging services, which were required to be performed by trained professionals in Western medicine, would be provided at the hospital.

7. The Administration advised that given that the local healthcare system was based on Western medicine, it would not be feasible to set up a Chinese medicine hospital providing only Chinese medicine services. In this regard, a Chinese medicine hospital adopting ICWM was considered the most feasible mode of operation under the existing legal and administrative frameworks.

Hence, there was no cause for concern about the meeting of the professional requirements for operating the modern medical equipment for diagnosis and treatment on patients if these equipments would be made available in the proposed Chinese medicine hospital. The Administration stressed that it would carry out some practical research projects, such as the ICWM Pilot Project, before the establishment of the hospital in order to gather experiences in the operation and regulation of ICWM and Chinese medicine inpatient services. These would serve as the basis for formulating the mode of operation of the proposed Chinese medicine hospital.

8. Questions were raised as to whether the service scope of the proposed Chinese medicine hospital would be confined to the three disease areas under the study of the ICWM Pilot Project, and whether Chinese medicine practitioners or medical doctors would assume a leading role in the provision of treatment to patients admitted to the hospital if it was to be operated on an ICWM model. Some members cast doubt as to whether there could be candid collaboration between Chinese and Western medical personnel in the provision of clinical services to patients given the lack of mutual understanding between the two professions and the absence of Chinese medicine experts in the Government and HA to provide a balanced view in policy formulation.

9. The Administration advised that the Committee, which mainly comprised representatives from the Chinese medicine practice, the Chinese medicine trade and academia, would continue to hold discussions to map out the detailed mode of operation of the Chinese medicine hospital, including its scope of services and the roles of Chinese and Western medical personnel in the provision of treatment and care to patients, and make recommendations to the Government. Reference would also be made to the clinical and operational frameworks of the ICWM Pilot Project under which clinical protocols of the three disease areas under study would be jointly developed by a working group comprising experts in Chinese medicine and Western medicine to provide clinical guidelines for integrating Chinese medicine with Western medicine, inclusion and exclusion criteria, clinical outcome indicators and clinical risk management. A set of operational guidelines setting out the roles and responsibilities of the Chinese and Western medical personnel, workflow of transfer, discharge and follow-up treatment of patients would also be developed under the ICWM Pilot Project.

Regulatory regime for the Chinese medicine hospital

10. Noting that the proposed Chinese medicine hospital would not be run by HA but by an operating body on a self-financing basis, members were concerned about the regulatory regime for monitoring the operation of the hospital, including the level of charges so that its services would not become unaffordable to the less privileged. There was also a view that the support to be provided by

the hospital in the areas of teaching, clinical internships and scientific research would be limited if the three local universities offering University Grants Committee-funded full-time degree programmes in Chinese medicine would have no involvement in the operation of the hospital.

11. According to the Administration, same as those private hospitals providing Western medical services, DH would monitor compliance of the Chinese medicine hospital with the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165). The Administration had established a Steering Committee on Review of the Regulation of Private Healthcare Facilities in October 2012 to conduct a review on the regulatory regime for private healthcare facilities with a view to strengthening the regulatory standards. The review would cover, among others, the regulatory approach for private healthcare facilities providing Chinese medicine inpatient services. The Administration would consult the public on the various regulatory proposals put forward by the Steering Committee and prepare for the necessary legislative procedures in accordance with the results of the consultation. At present, the 17 Chinese Medicine Centres for Training and Research, which operated on a tripartite collaboration model involving HA, non-governmental organizations ("NGOs") and local universities with NGOs as the operators of the Centres, were providing Chinese medicine outpatient services for members of the public at a fee level of \$120 per attendance (including consultation and two doses of medicine).

Timetable for setting up the Chinese medicine hospital

12. On members' concern about the timetable for the setting up of the proposed Chinese medicine hospital, the Administration advised that the Committee was working in full swing to map out the feasible mode of operation and regulatory details of the hospital. The Government would take into account the recommendations of the Committee in taking forward the proposal. As regards the ICWM Pilot Project which would shed light on the development of Chinese medicine inpatient services and the establishment of the Chinese medicine hospital, the plan of HA was to conduct an interim review and a final review in the third quarter of 2015 and the third quarter of 2016 respectively. HA would brief the Committee and its Chinese Medicine Practice Sub-committee on the progress of the Project. According to the Administration, subject to the completion of the works procedures, the construction of the proposed Chinese medicine hospital was expected to be completed in four to five years' time.

Implementation of ICWM in public hospitals

13. Members were concerned about the present collaboration between Chinese and Western medical services for patients receiving treatment in public hospitals. The Administration advised that there had been increasing interface

between Chinese and Western medicine services in public hospitals in recent years. More than 20 public hospitals had provided Chinese and Western medicine shared care services covering pain management, rehabilitation treatment of stroke/diseases of the nervous system, cancer treatment, palliative care, treatment of diabetes mellitus, dysthymia, gynaecology, orthopedics and traumatology, osteopathy, as well as treatment of ear, nose and throat diseases.

14. Question was raised on why stroke rehabilitation, low back pain and palliative care for cancer were selected as the disease areas of the ICWM Pilot Project. The Administration advised that the three disease areas were selected because the treatment of Chinese medicine or the synergy effect generated by treatment of ICWM for these areas was effective with the support of scientific proof. This apart, a certain number of patients were anticipated for these disease areas. The inclusion and exclusion criteria of the three disease areas could also be clearly defined.

15. There was a view that HA should subject the ICWM Pilot Project to ethical review, and commission an independent body and engage the patient groups to assess the Project. HA clarified that the ICWM Pilot Project was not intended to be a clinical research subject to ethical requirements. It would invite local universities to participate in the formulation and assessment of the Project.

Relevant papers

16. A list of the relevant papers on the Legislative Council website is in **Appendix**.

**Relevant papers on the development of Chinese medicine hospital and
integrated Chinese-Western medicine**

Committee	Date of meeting	Paper
Panel on Health Services	21.1.2013 (Item IV)	Agenda Minutes
Panel on Health Services	18.3.2013 (Item IV)	Agenda Minutes
Panel on Health Services	20.1.2014 (Item III)	Agenda Minutes
Panel on Health Services	17.3.2014 (Item IV)	Agenda

Council Business Division 2
Legislative Council Secretariat
14 May 2014