

立法會
Legislative Council

LC Paper No. CB(2)1961/17-18

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Monday, 6 November 2017, at 2:30 pm
in Conference Room 3 of the Legislative Council Complex**

- Members present** :
- Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)
 - Dr Hon Pierre CHAN (Deputy Chairman)
 - Hon Tommy CHEUNG Yu-yan, GBS, JP
 - Hon WONG Ting-kwong, GBS, JP
 - Hon Starry LEE Wai-king, SBS, JP
 - Hon CHAN Kin-por, GBS, JP
 - Hon Mrs Regina IP LAU Suk-ye, GBS, JP
 - Hon YIU Si-wing, BBS
 - Hon CHAN Chi-chuen
 - Dr Hon KWOK Ka-ki
 - Dr Hon Fernando CHEUNG Chiu-hung
 - Dr Hon Helena WONG Pik-wan
 - Dr Hon Elizabeth QUAT, BBS, JP
 - Hon POON Siu-ping, BBS, MH
 - Dr Hon CHIANG Lai-wan, JP
 - Hon CHU Hoi-dick
 - Hon SHIU Ka-fai
 - Hon SHIU Ka-chun
- Members absent** :
- Hon Paul TSE Wai-chun, JP
 - Hon Charles Peter MOK, JP
 - Hon CHAN Han-pan, JP
 - Hon Alice MAK Mei-kuen, BBS, JP
 - Dr Hon Junius HO Kwan-yiu, JP
 - Hon KWONG Chun-yu

Public Officers : Ms Elizabeth TSE Man-yee, JP
attending Permanent Secretary for Food and Health (Health)
Food and Health Bureau

Mr Howard CHAN Wai-kee, JP
Deputy Secretary for Food and Health (Health) 1
Food and Health Bureau

Dr Eric ZIEA
Chief (Chinese Medicine Department) / Senior
Manager (Integrated Programs)
Hospital Authority

Ms Irene HO
Senior Manager (Chinese Medicine Hospital)
Hospital Authority

Mr CHEUNG Yee-kay
Senior Pharmacist (Traditional Chinese Medicine) 5
Department of Health

Attendance : New People's Party
by invitation

Mr Joey LEE Man-lung
Representative

Dr LEE Kai-ping

Dr KU Ping-yui

Mr CHAN Man-hon

Miss LAW Yee-ling

Union of Frontline Chinese Medicine Practitioner
(Hong Kong)

Mr LI Wing-keung
Vice Chairperson

Division of Nursing and Health Studies, The Open
University of Hong Kong

Ms KAM Yuen-ching
Senior Lecturer

Liberal Party

Mr LAM Wai-man
Member

Hong Kong College of Chinese Medicinal Nursing

Ms HO Mei-yi
President

Democratic Alliance for the Betterment and Progress of
Hong Kong

Mr YIP Man-pan
Deputy Spokesperson of Policy

何國偉中醫

Hong Kong Yee Yee Tong Chinese Medicine
Merchants Association Ltd.

Mr GAN Pei-tzeng
Chairman

楊卓明中醫

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Miss Kay CHU
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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I. Mode of operation of Chinese medicine hospital
[LC Paper Nos. CB(2)188/17-18(01) and (02)]

Presentation of views by deputations

Members noted the following papers on the subject under discussion:

- (a) the paper provided by the Administration (LC Paper No. CB(2)188/17-18(01)); and
- (b) the background brief prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)188/17-18(02)).

2. The Chairman reminded the organizations and individuals attending the meeting that they were not covered by the protection and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel. At the invitation of the Chairman, a total of 12 organizations and individuals presented their views on the mode of operation of Chinese medicine hospital. A summary of their views is in the **Appendix**. Members also noted the four written submissions from organizations and individuals not attending the meeting.

3. In response to Dr Helena WONG's query about the absence of representatives from the sector of Chinese medicine pharmacists at the meeting, the Chairman advised that a notice had been published on the LegCo website to invite interested parties to give views on the subject. Any interested party that wished to attend the meeting to make oral representation to the Panel could register accordingly.

Discussion

The Administration's response to the views expressed by deputations

4. Responding to the views expressed by the deputations, Permanent Secretary for Food and Health (Health) ("PSFH(H)), Deputy Secretary for Food and Health (Health) 1, Food and Health Bureau ("DS(H)1") and Chief (Chinese Medicine Department)/Senior Manager (Integrated Programs), Hospital Authority made the following points:

- (a) the Administration had invited non-profit-making organizations which were interested in developing and operating the Chinese medicine hospital at the reserved site in Tseung Kwan O to submit a non-binding expression of interest ("EOI") in early

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2016. After thorough consideration of the views collected from the seven EOIs received and in consultation with the Chinese Medicine Practice Subcommittee under the Chinese Medicine Development Committee, the Administration decided in January 2017 to finance the construction of the Chinese medicine hospital. It should be noted that while there was a view that the Administration should provide financial support to the Chinese medicine hospital in the first few years, say, the first five years, after it commenced operation, there were cases in other places that a Chinese medicine hospital could sustain financially under a self-financing model. The Administration would study carefully the best way forward so as to ensure that sufficient flexibility would be provided in the operation contract to cater for the long-term development needs of the hospital;

- (b) the Administration aimed to ensure that the Chinese medicine hospital would on the one hand provide for members of the public appropriate Chinese medicine and integrated Chinese-Western medicine ("ICWM") services with Chinese medicine having the predominant role, and on the other hand serve to support the teaching, clinical training and scientific research activities. On this premise, the Hospital Authority ("HA") had commissioned an international consultant ("the Consultant") to conduct a consultation exercise with local stakeholders and overseas experts on the mode of development of the Chinese medicine hospital. Subject to the completion of the consultation and the analysis report, the initial plan of the Administration was to announce the positioning of the Chinese medicine hospital and the development framework for major areas, such as the service scope and financial model of the hospital, in the first half of 2018. The Panel would be briefed on the proposed way forward;
- (c) with additional funding provided by the Administration, the remuneration packages for the Chinese medicine practitioners ("CMPs") employed by the 18 Chinese Medicine Centres for Training and Research ("CMCTRs") had been improved in recent years. These CMPs were provided with three-year on-the-job training and opportunities to participate in junior and senior scholarship scheme, visiting scholar scheme, training in research knowledge and practical knowledge, Chinese Medicine Research Practical Training Programme, commissioned training in western medicine, etc. In addition, HA had collaborated with

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CMCTRs and local universities to conduct systematic research programmes on Chinese medicine herbs and diseases; and

- (d) the ICWM Pilot Programme was implemented by HA to gather experience regarding ICWM and operation of Chinese medicine inpatient services. Since the services so provided were not part of the standard service of HA, participating patients had to pay a daily service fee for receiving ICWM treatments at HA and the standard consultation fee for each outpatient Chinese medicine visit at the relevant CMCTRs upon discharged from the hospital. The said fee would be waived for those patients who were Comprehensive Social Security Assistance recipients.

Discussion

Financial arrangement for the operation of the Chinese medicine hospital

5. Dr Helena WONG said that The Democratic Party was in supportive of the development of the Chinese medicine hospital. However, she expressed concern about the Administration's proposal of requiring the Chinese medicine hospital be run by a non-profit-making organization on a self-financing basis while the operation of all public hospitals which provided Western medicine services were largely supported by government subvention. She shared some deputations' view that the Chinese medicine hospital should be incorporated into the public healthcare system such that the services provided therein would be heavily subsidized by public funds and be affordable by most members of the public. The Chairman remarked that if the Chinese medicine hospital was to be incorporated into the public healthcare system, there was a need to consider carefully the governance structure of the hospital where Chinese medicine had the predominant role. At present, all public hospitals were managed by HA, which was a statutory body established under the Hospital Authority Ordinance (Cap. 113). Mrs Regina IP expressed concern over the complexity and difficulties in running a new private hospital, and the governance of individual non-profit-making organizations in the light of the Neighbourhood Advice-Action Council incident in August 2017 which involved wanton use of government subvention.

6. PSFH(H) advised that since the provision of Chinese medicine inpatient services was unprecedented, detailed and careful consideration of various factors was necessary when planning for the Chinese medicine hospital. The Administration would wait until the completion of the consultation and the analysis report by the Consultant to decide on the suitable financial arrangements for the operation of the hospital. PSFH(H)

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stressed that the financial arrangement for the Chinese medicine hospital, which, to her understanding, was the major concern of the stakeholders, was a separate issue from the governance structure of the hospital.

7. Mr SHIU Ka-fai held the view that since the Chinese medicine hospital would be the first of its kind in Hong Kong, its positioning should be to provide an affordable alternative to patients who preferred Chinese medicine services and to facilitate Chinese medicine to play a more active role in public health. He was wary that a self-financing Chinese medicine hospital might levy the high operating cost upon patients, and focus on generating profit to sustain its operation rather than allocating resources to support clinical training, teaching and scientific research. He shared the views of many deputations that the Administration should finance the operation of the hospital. Mr YIU Si-wing considered that being the first Chinese medicine hospital which was required by the Administration to provide inpatient and outpatient services on the one hand, and on the other hand to support the clinical training, teaching and scientific research in the field of Chinese medicine, the hospital should be run by the government to secure sufficient financial and manpower resources to cover such a wide spectrum of functions.

8. Mrs Regina IP urged the Administration to attach equal importance to the development of the Western and traditional Chinese medicine to fully implement Article 138 of the Basic Law, which set out that the Administration "shall, on its own, formulate policies to develop Western and traditional Chinese medicine", and having regard to Article 21 of the Constitution of the People's Republic of China, which set out that the State "promotes modern medicine and traditional Chinese medicine". In her view, the Administration should heavily subsidize the services provided by the Chinese medicine hospital through recurrent subvention, recruit all qualified locally trained Chinese medicine graduates and provide them with on-the-job training, and develop career and pay structure for CMPs.

9. PSFH(H) agreed in principle that the Administration should put more effort in nurturing more talents in Chinese medicine, as well as Western medicine practitioners and allied healthcare professionals with knowledge in Chinese medicine, along the development of the Chinese medicine hospital. Due consideration would be given to the conduct of teaching, training and research in Chinese medicine in the hospital. Separately, it should be noted that there was to be an upward adjustment to the salaries of the staff at the CMP rank employed by the respective operating non-governmental organizations of the 18 CMCTRs with effect from December 2017. On the invitation of the Chairman, Mr CHAN Man-hon remarked that the clinical training currently provided by the 18 CMCTRs was far

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from satisfactory, and there was a need for the Administration to allocate more resources to enhance the training for CMPs. Holding the view that the 18 CMCTRs had failed to provide effective support for both scientific research in Chinese medicine and training for CMPs, Dr LEE Kai-ping expressed disappointment to the Administration's reluctance to finance the operation of the first Chinese medicine hospital. Dr KU Ping-yui said that the 18 CMCTRs did not put enough emphasis on the training of CMPs as they had to sustain their operation on a self-financing basis.

10. Having regard to the already long waiting time for the healthcare services provided by HA, Dr KWOK Ka-ki expressed concern as to whether there would be a cut in the recurrent subvention to HA in order to set aside part of the public funds to support the operation of the Chinese medicine hospital. PSFH(H) advised that since the development of Chinese medicine hospital was a new initiative, the Administration would allocate new money to cover the expenditure, if any, so incurred. Mrs Regina IP expressed appreciation in this regard.

11. Mrs Regina IP considered that the heavy workload of public hospitals and special outpatient clinics could be alleviated by stepping up the promotion of preventive care by CMPs and the provision of primary healthcare services by family doctors. She took the opportunity to call on the Administration to include Chinese medicine services in the medical benefits for civil service eligible persons. Agreeing that Chinese medicine had a role in promoting primary healthcare, PSFH(H) advised that the network of service providers of the pilot District Health Centre to be set up in Kwai Tsing District would cover, among others, CMPs.

Clinical accountability and co-operation of Chinese and Western medicine practitioners in the Chinese medicine hospital

12. Mr YIU Si-wing asked if there was a need for the Administration to, before the service commencement of the hospital, amend the laws to clearly delineate the respective medical practice and clinical accountability of CMPs and Western medicine doctors, in particular in the handling of acute cases, to facilitate the operation of the Chinese medicine hospital and to ensure that Chinese medicine would have the predominant role in the hospital. Dr KWOK Ka-ki and Dr Pierre CHAN suggested that the Chinese medicine hospital could be solely managed and operated by Chinese medicine personnel in order to avoid various disputes possibly arising from the collaboration between Chinese and Western medical personnel, in particular in the area of clinical accountability. Dr KWOK Ka-ki further expressed concern over the professional indemnity issue

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involved in the operation of Chinese medicine hospital for protecting patients' interests.

13. PSFH(H) agreed that it was necessary to carefully examine issues relating to the roles and responsibilities of the Chinese and Western medical personnel at different stages of illness under the ICWM model, and legislative amendments might be considered at a later stage if required. The relevant work and consultations could be carried out in tandem with the planning and construction works of the Chinese medicine hospital to ensure that the hospital could commence operation as early as possible. DS(H)1 assured that various areas relating to the implementation of the ICWM model, including legal and insurance matters, would be covered in the second stage of the consultation exercise, and be thoroughly studied and discussed. At present, the professional indemnity insurance purchased by HA covered the ICWM Pilot Programme.

14. Dr Helena WONG urged the Administration to brief the Panel on and make public the outcome of the evaluation study on the ICWM Pilot Programme conducted by an external party under the commission of HA and the Consultant's analysis report on the consultation exercise on the mode of development of the Chinese medicine hospital before finalizing the contents of the tender documents for the hospital. DS(H)1 reiterated that the Administration planned to brief members on the positioning and development framework for major areas of the Chinese medicine hospital in the first half of 2018 upon completion of the consultation exercise and analysis report. Separately, the Administration would brief the Panel on the outcome of the evaluation on the ICWM Pilot Programme after the completion of a review of the Pilot Programme in the third quarter of 2018. Dr Helena WONG remarked that the Chinese medicine pharmacists should also be consulted on various issues relating to the development of Chinese medicine hospital.

Conclusion

15. In closing, the Chairman summarized that a general consensus of members and deputations was that the Administration should finance the operation of the Chinese medicine hospital so as to ensure that the hospital could well perform its various roles. He called on the Administration to take into account the views expressed by members and deputations at the meeting, and gauge the views from stakeholders in the second stage of the consultation exercise in determining the positioning and the development framework of the Chinese medicine hospital.

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II. Any other business

16. There being no other business, the meeting ended at 4:16 pm.

Council Business Division 2
Legislative Council Secretariat
24 August 2018

Panel on Health Services

**Special meeting on Monday, 6 November 2017, at 2:30 pm
in Conference Room 3 of the Legislative Council Complex**

**Summary of views and concerns expressed by organizations/individuals on
mode of operation of Chinese medicine hospital**

No.	Name of deputation/individual	Submission / Major views and concerns
1.	New People's Party	<ul style="list-style-type: none"> LC Paper No. CB(2)276/17-18(01)
2.	Dr LEE Kai-ping	<ul style="list-style-type: none"> LC Paper No. CB(2)188/17-18(03)
3.	Dr KU Ping-yui	<ul style="list-style-type: none"> LC Paper No. CB(2)188/17-18(04)
4.	Mr CHAN Man-hon	<ul style="list-style-type: none"> LC Paper No. CB(2)188/17-18(05)
5.	Miss LAW Yee-ling	<ul style="list-style-type: none"> LC Paper No. CB(2)188/17-18(06)
6.	Union of Frontline Chinese Medicine Practitioners (Hong Kong)	<ul style="list-style-type: none"> LC Paper No. CB(2)188/17-18(07)
7.	Division of Nursing and Health Studies, The Open University of Hong Kong	<ul style="list-style-type: none"> LC Paper No. CB(2)222/17-18(01)
8.	Liberal Party	<ul style="list-style-type: none"> Expressed support for the Administration to finance the construction of the Chinese medicine hospital. The Chinese medicine hospital should provide integrated Chinese-Western medicine services with Chinese medicine having the predominant role; and focus on providing specialty service for its patients, supplemented with long-term care services for patients suffering from chronic illness, from which the income generated could help sustain the operation of the hospital on a self-financing basis.
9.	Hong Kong College of Chinese Medicinal Nursing	<ul style="list-style-type: none"> LC Paper No. CB(2)242/17-18(01)
10.	Democratic Alliance for the Betterment and Progress of Hong Kong	<ul style="list-style-type: none"> The Chinese medicine hospital should be run by the Hospital Authority. The Chinese medicine hospital should provide Chinese medicine inpatient services, supplemented with other healthcare services (such as western medicine services and physiotherapy) to address various patients' needs, in particular in the area of chronic disease management.
11.	Hong Kong Yee Yee Tong Chinese Medicine Merchants Association Ltd.	<ul style="list-style-type: none"> LC Paper No. CB(2)222/17-18(02)
12.	楊卓明中醫	<ul style="list-style-type: none"> LC Paper No. CB(2)276/17-18(02)