立法會
Legislative Council

LC Paper No. CB(2)2019/17-18
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 12 February 2018, at 2:30 pm
in Conference Room 2 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-yee, GBS, JP Hon YIU Si-wing, BBS Hon Charles Peter MOK, JP Hon CHAN Chi-chuen Hon CHAN Han-pan, JP Hon Alice MAK Mei-kuen, BBS, JP 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 Hon KWONG Chun-yu
Members absent	:	Hon Paul TSE Wai-chun, JP Dr Hon KWOK Ka-ki Dr Hon Junius HO Kwan-yiu, JP

Public Officers attending :	Items IV to VI
	Dr CHUI Tak-yi, JP Under Secretary for Food and Health
	Item IV
	Miss Amy YUEN Wai-yin Deputy Secretary for Food and Health (Health) 2 Food and Health Bureau
	Dr Sarah CHOI Mei-yee Head, Primary Care Office Department of Health
	Ms Ruby KWOK Senior Manager (Primary Health Care) Hospital Authority
	Item V
	Miss Amy YUEN Wai-yin Deputy Secretary for Food and Health (Health) 2 Food and Health Bureau
	Dr CHOY Khai-meng Chief Manager (Service Transformation) Hospital Authority
	Dr Frank CHAN Wan-kin Senior Manager (Transformation Projects) Hospital Authority
	Item VI
	Miss Grace KWOK Principal Assistant Secretary for Food and Health (Health) 1 Food and Health Bureau
	Dr Edwin TSUI Assistant Director (Traditional Chinese Medicine) Department of Health
	Dr Eric ZIEA Chief (Chinese Medicine Department) Hospital Authority

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. Information paper(s) issued since the last meeting

Members noted that no information paper had been issued since the last meeting.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)827/17-18(01) and (02)]

2. Dr Fernando CHEUNG considered that the Administration should brief the Panel on the response measures that had been and would be taken by the Administration and the Hospital Authority ("HA") for the 2017-2018 winter surge and the possible 2018-2019 summer surge. He was particularly concerned about the measures put in place by HA under the additional one-off allocation of $500 million from the Administration to address the work pressure and manpower constraint problems arising from the 2017-2018 winter surge.

3. The Chairman suggested and members agreed to discuss the subjects "Voluntary Health Insurance Scheme" and "Five hospital projects under 10-year Hospital Development Plan" as proposed by the Administration as well as the subject "Response measures for seasonal influenza" at the next regular meeting scheduled for 19 March 2018 at 4:30 pm, with the end time of the meeting be extended to 7:00 pm to allow sufficient time for discussion.

(*Post-meeting note*: At the request of the Administration and with the concurrence of the Chairman, the agenda item "Voluntary Health Insurance Scheme" has been renamed as "The legislative proposal for introducing tax reduction under the Voluntary Health Insurance Scheme".)

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4. The Chairman invited views from members on the Administration's proposal to remove from the Panel's list of outstanding items for discussion the subject "Review of HA" (item no. 40 referred). Members raised no queries.

III. Report of the Joint Subcommittee on Long-term Care Policy and the proposal for priority allocation of a debate slot to the Chairman of the Joint Subcommittee

[LC Paper No. CB(2)852/17-18]

5. Members noted the report of the Joint Subcommittee on Long-term Care Policy which was in Annex I to LC Paper No. CB(2)852/17-18.

6. Members also expressed support for the request of the Joint Subcommittee for priority allocation of a debate slot under rule 14A(h) of the House Rules for a motion debate on its report at a Council meeting, as well as its proposal that only one other debate on a Member's motion not intended to have legislative effect should be held at that Council meeting. Members noted that since debates on Members' motions not intended to have legislative effect which were scheduled for the Council meeting of 7 February 2018 could not be held at that meeting, motion debates at that meeting and at subsequent Council meetings had to be deferred accordingly. In this connection, the motion debate to take note of the report of the Joint Subcommittee was proposed to be held at the Council meeting of 9 May 2018 instead of 11 April 2018 as originally set out in the paper.

IV. Development of primary healthcare services

[LC Paper Nos. CB(2)382/17-18(01), CB(2)715/17-18(01), CB(2)817/17-18(01), CB(2)827/17-18(03) and (04)]

7. Under Secretary for Food and Health ("USFH") briefed members on the development of the primary healthcare services in the public sector as well as the latest progress in the setting up of the pilot District Health Centre in Kwai Tsing District ("the pilot DHC"), details of which were set out in the Administration's paper (LC Paper No. CB(2)827/17-18(03)).

8. Members noted the background brief entitled "Development of primary healthcare services" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)827/17-18(04)).

9. Members also noted two letters dated 22 November 2017 and 2 February 2018 from Mrs Regina IP and Mr SHIU Ka-chun respectively

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requesting the Panel to hold a meeting to receive views from members of the public on the District Health Centre Pilot Project in Kwai Tsing District ("the Pilot Project") and a submission on the Pilot Project from 關注葵青區地區康健中心民間連線 (LC Paper Nos. CB(2)382/17-18(01), CB(2)817/17-18(01) and CB(2)715/17-18(01)). The Chairman suggested and members agreed that the Panel should hold a special meeting in March 2018 to receive views from members of the public on the Pilot Project.

(*Post-meeting note*: The special meeting for the above purpose has been scheduled for Monday, 26 March 2018, at 9:30 am.)

Development of primary healthcare

10. Dr Helena WONG expressed concern that while the Primary Care Development in Hong Kong: Strategy Document was published in 2010, slow progress had so far been made in this regard. She asked whether the lack of progress was due to inadequate resources, adding that a suggestion of the Democratic Party was that $10 billion should be earmarked to develop and promote primary healthcare.

11. Head, Primary Care Office, Department of Health ("H/PCO, DH") advised that with the release of several reports and consultation documents since 1990, various steps had been taken to promote the development of primary healthcare. These included, among others, the publication of the reference frameworks on various aspects of preventive care and disease management, the launch of the Primary Care Directory, and promotion of the family doctor concept. As a next step, the pilot DHC with a brand new operation mode would be set up within two years. USFH added that the setting up of the pilot DHC was aimed to reduce unwarranted use of public hospital services, strengthen the public's capabilities in health and chronic diseases management and improve service accessibility with the support of district-based healthcare service providers in various fields.

Pilot DHC in Kwai Tsing District

12. Mr POON Siu-ping, Dr Fernando CHEUNG and Ms Alice MAK sought elaboration about how the pilot DHC would be different from the existing Community Health Centres ("CHCs") under HA. USFH advised that the pilot DHC would provide primary healthcare services through medical-social collaboration and public-private partnership ("PPP"). The pilot DHC would make use of the local network to procure services from organizations and healthcare personnel serving the district so that the public could receive necessary care in the community setting. As regards CHCs

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under HA, their focus was on providing medical consultation services for patients with episodic diseases, specific care services by multi-disciplinary teams for chronic patients and patient empowerment services to encourage patients to strengthen their ability in disease management. Ms Alice MAK and Mrs Regina IP remained of the view that the differentiation between the functions of the pilot DHC and CHC was unclear.

13. Mr POON Siu-ping and Dr Fernando CHEUNG sought information about the annual service throughputs of the Tin Shui Wai, North Lantau and Kwun Tong CHCs since their commencement of services in 2012, 2013 and 2015 respectively. Dr Fernando CHEUNG further requested HA to provide information on the respective annual funding provision for and establishment of the said centres for the same periods. USFH undertook to provide the requisite information in writing after the meeting.

Admin/ HA

14. Dr Pierre CHAN questioned about the rationale for setting up the pilot DHC in Kwai Tsing District. USFH advised that the Kwai Tsing District Council had made use of a one-off grant under the Signature Project Scheme to provide primary healthcare services in several aspects for local residents. It was considered that the experience gained would serve a solid basis to put forward the Pilot Project, which was planned to be progressively expanded to the remaining 17 districts in the future.

15. Dr Fernando CHEUNG considered that it was not feasible to assess the effectiveness of the pilot DHC in promoting primary healthcare in the absence of the proposed details, such as service scope, service throughputs, financial and manpower requirements and the ratio of subsidized and non-subsidized services to be offered, of such setting up. Ms Alice MAK asked about the latest progress in the setting up of the pilot DHC. Dr Elizabeth QUAT expressed support for the development of primary healthcare and the setting up of pilot DHC. She enquired whether the pilot DHC would provide round-the-clock public general outpatient services and public dental services which had long been called for, and whether Chinese medicine practitioners ("CMPs") would play a role in the pilot DHC. Mrs Regina IP urged the Administration to be mindful of the service needs of the vulnerable ethnic minorities living in the Kwai Tsing district. Being a past resident of Kwai Chung and a chronic disease patient, Mr SHIU Ka-chun opined that the pilot DHC should take care not only of the service needs of patients but also of the health status of the healthy and high-risk population.

16. USFH advised that after having taken into account the deliberations by the Steering Committee on Primary Healthcare Development ("the Steering Committee") and the Working Group on the District Health Centre

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Pilot Project in Kwai Tsing District ("the Working Group") which comprised, inter alias, members of the Kwai Tsing District Council, the Administration had identified five sub-districts of Kwai Tsing District for the setting up of five satellite centres. The service planning of the pilot DHC would take into account the district-based big data covering, among others, the health profile and service needs of the population in the district. Consideration would be given to providing medical, nursing, allied health and drug counselling services, etc., in flexi-hours to cater for the service needs of the community, including that of ethnic minorities. In addition, basic health risk assessment would be offered by the pilot DHC to facilitate identification of chronic diseases and health risk factors. The role of CMPs in the pilot DHC would be examined by the Steering Committee which comprised a representative from the sector.

17. Dr Elizabeth QUAT sought elaboration about the sources of the big data for understanding the health profile of the Kwai Tsing population. USFH advised that the big data would include, among others, the Population Health Survey and the Thematic Household Survey conducted by the Department of Health ("DH") and the Census and Statistics Department respectively.

18. Mr POON Siu-ping asked about the timetable and venue for setting up the pilot DHC. Mrs Regina IP raised a similar question and in particular how the five sub-districts of Kwai Tsing District were identified. Ms Alice MAK said that as a member of the Kwai Tsing District Council, she cast doubt on the rationale for dividing the District into five sub-districts. USFH and Deputy Secretary for Food and Health (Health)2, Food and Health Bureau ("DS(H)2, FHB") advised that the Chief Executive had directed in her 2017 Policy Address that the pilot DHC would be set up within two years. With Kwai Chung and Tsing Yi of Kwai Tsing District being divided into three and two sub-districts respectively, the Pilot DHC would have a core centre serving as its headquarters, supplemented by five satellite centres to provide a network with multiple access and service points. To enable the early set-up of the Pilot DHC, rental of premises was an option under consideration.

19. Dr Fernando CHEUNG called on the Administration to conduct a public consultation exercise on the setting up of the pilot DHC in order to gauge views from stakeholders, in particular those of Kwai Tsing District. Mr SHIU Ka-chun opined that the Administration should hold public consultation meetings to collate views from residents of the District who were women, ethnic minorities, tenants of sub-divided flats, low-income people and advocacies on mental health. In addition, representatives of non-governmental organizations serving the District should be invited to sit

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on the Steering Committee to facilitate the implementation of medical-social collaboration. The Chairman remarked that those parties currently engaged in the Healthy Cities projects of Kwai Tsing District should also be consulted. At the request of Mr SHIU Ka-chun, USFH undertook to advise in writing its plan, when available, to gauge the views of and engage the district stakeholders concerned in the course of taking forward the Pilot Project.

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20. Dr Pierre CHAN asked about the additional directorate support to take forward the Pilot Project and whether the relevant work fell under the purview of the Primary Care Office ("PCO") under DH. DS(H)2, FHB advised that while the Food and Health Bureau ("FHB") would take the lead in taking forward the pilot DHC and provide secretariat support for the Steering Committee and Working Group, representative of PCO was ex-officio member of the Steering Committee and the Working Group. The directorate support for the relevant work would be absorbed by the existing staffing establishment of FHB.

Existing primary healthcare services

Elderly Health Care Voucher Scheme

21. Dr CHIANG Lai-wan called on the Administration to consider lowering the eligible age for the Elderly Health Care Voucher ("EHV") Scheme from 65 to 60 to facilitate more elderly persons to better manage their health conditions upon retirement at the age of 60. USFH took note of the suggestion, adding that efforts would be made by the Administration to continuously enhance the EHV Scheme as appropriate.

22. Dr Pierre CHAN asked about the measures to be taken by the Administration to address the abusive use of EHVs by the service providers for requesting the EHV holders to purchase expensive dried fish maw and spectacles as reported in the media. Referring to the aforesaid cases, Mr CHAN Chi-chuen sought clarification about whether the EHV holders concerned would be held liable. He also expressed concern that there were cases whereby the service providers charged EHV holders a consultation or service fee which was higher than that they charged non-EHV holders.

23. H/PCO, DH advised that to prevent abuse, EHVs were not allowed to be used solely for the purchase of medical items or for the purchase of drugs at pharmacies. DH had put in place measures and procedures for checking and auditing voucher claims on the EHV Scheme to ensure proper disbursement of public monies in handling reimbursements. These included routine checking, monitoring and investigation of aberrant patterns of transactions and conducting investigation based on complaints and

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intelligence. If any service providers were found to have failed to comply with the terms and conditions of the EHV Scheme agreement, the Administration would not reimburse the EHV claims, or would recover the amount involved from the service providers concerned in case the reimbursement had been made. DH would refer cases involving service providers and/or EHV holders suspected of fraud to the Police for follow up, and might disqualify the service provider concerned from participating in the EHV Scheme. If the service providers concerned were suspected of professional misconduct, DH would refer the case to the relevant professional bodies for follow up. On Mr CHAN Chi-chuen's suggestion of conducting surprise inspection to combat abusive use of EHVs, H/PCO, DH undertook to relay the suggestion to DH's Health Care Voucher Unit for consideration.

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24. Mr CHAN Chi-chuen requested the Administration to provide in writing information on the number of complaints received under the EHV Scheme since the conversion of the Scheme into a recurrent support programme in 2014, with a breakdown by the number of substantiated cases and the claims involved, and the actions taken by the Administration in respect of these cases.

Public general outpatient services

25. Mr POON Siu-ping enquired about the service and manpower arrangements under the Risk Factor Assessment and Management Programme and Nurse and Allied Health Clinics, which were implemented by HA to enhance chronic disease management in public general outpatient clinics ("GOPCs"). Senior Manager (Primary Health Care), HA ("SM(PHC), HA") advised that multi-disciplinary teams which comprised nurses and allied health professionals had been set up at selected GOPCs in all seven hospital clusters under the above two programmes.

26. Dr CHIANG Lai-wan considered that HA should provide round-the-clock general outpatient services. Dr Pierre CHAN was of the view that manpower should not be a reason for the Administration to turn a deaf ear to the community's call for the provision of round-the-clock public general outpatient services and comprehensive public dental services. Ms Alice MAK urged HA to ensure that there would be adequate medical manpower to support the gradual increase in the service quotas of GOPCs by more than 44 000 attendances in 2017-2018 and 2018-2019 such that there would be an appropriate duration of consultation for each patient. Given that many patients with episodic illnesses were unable to make an appointment for the next 24 hours through the GOPC telephone appointment system, she suggested that HA should extend the available appointment timeslots from

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within the next 24 hours to the next 48 hours. SM(PHC), HA advised that to avoid patients delayed their medical consultation, those patients who could not make an appointment could try again through the GOPC telephone appointment system or seek timely intervention elsewhere if indicated including the private sector which currently provided over 70% of outpatient consultations.

Public dental care services

27. Dr CHIANG Lai-wan urged the Administration to pilot the provision of comprehensive dental care services for members of the public in a general hospital of each hospital cluster, with a view to facilitating the planning of further service enhancement in this regard. Mr KWONG Chun-yu expressed concern that while the free emergency dental services at 11 government dental clinics were far from adequate to meet the needs of the elders, the high service charges of the private dentists had deterred the elders from using EHVs to seek dental care in the private sector. He urged the Administration to take concrete measures to better address the dental care needs of elders when it planned the development of primary healthcare.

28. USFH advised that in addition to the provision of free emergency dental services at 11 government dental clinics, specialist and emergency dental services were currently provided for patients with urgent or special oral healthcare needs in some public hospitals. The Administration had launched a number of initiatives in recent years to enhance the dental care support for persons with special needs. A case in point was the Community Care Fund Elderly Dental Assistance Programme.

Prevention and treatment of seasonal influenza

29. Mr POON Siu-ping enquired about the role of primary healthcare in public health during seasonal influenza seasons. USFH advised that efforts had been and would continuously be made by DH to take various response measures for seasonal influenza, such as implementation of seasonal influenza vaccination programmes for eligible groups and promotion of personal and environmental hygiene. Efforts would be made to increase seasonal influenza vaccination uptake amongst primary school children to prepare for the next winter surge. In response to the Chairman's enquiry as to whether the Administration would consider enhancing the provision of polymerase chain reaction ("PCR") testing for rapid diagnosis of influenza infections in the primary healthcare setting, USFH advised that HA had increased the capacity of the PCR tests from 30 000 to 100 000 in the 2017-2018 winter surge to facilitate timely diagnosis and appropriate treatment for the patients concerned.

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Way forward

30. While supporting the broad direction of the Pilot Project, Mrs Regina IP considered that there was a need for the Administration to revert to the Panel on the details and the implementation plan for the Pilot Project, including among others, the land, manpower and financial requirements. In closing, the Chairman concluded that the Administration should update the Panel in this regard at a future meeting.

[At 3:59 pm, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.]

V. General Outpatient Clinic Public-Private Partnership Programme

[LC Paper Nos. CB(2)827/17-18(05) and (06)]

31. Members noted the paper provided by the Administration and the background brief on the same subject prepared by the LegCo Secretariat on the subject under discussion (LC Paper Nos. CB(2)827/17-18(05) and (06)).

Effectiveness of PPP Programme

32. Dr Fernando CHEUNG opined that the General Outpatient Clinic Public-Private Partnership Programme ("the GOPC PPP Programme") was worthy of expansion to other types of diseases, such as mental illness and orthopaedic diseases, as it could help not only alleviate the heavy outpatient service burden of HA, but also reduce the number of non-urgent cases seeking treatment of episodic illnesses at the Accident and Emergency Departments of public hospitals. In his view, the service delivery model of the Programme could also avoid the pitfalls of supply side moral hazard as was the case under the EHV Scheme. Expressing support for the GOPC PPP Programme which could help build a robust primary healthcare system, Dr Helena WONG asked whether the Administration and HA had any initial thoughts on the additional types of chronic disease that could be covered under the Programme.

33. USFH responded that the Administration and HA would keep in view the implementation of the Programme and examine how its scope could be expanded where appropriate. Chief Manager (Service Transformation), HA ("CM(ST), HA") supplemented that the suitability of referring patients to receive treatment in the private sector and the available capacity and capability of the private sector in managing the relevant diseases were

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among the many factors that needed to be considered in pursuing PPP in healthcare. Dr Helena WONG suggested that in addition to referring suitable and stable HA patients to the private sector for continual medical follow-up, the future PPP initiatives could cover private health assessment services to facilitate early detection of health risks and timely intervention.

34. Referring to an aim of the GOPC PPP Programme which was to provide relief to HA's general outpatient services, Ms Alice MAK sought information about the GOPC capacity so freed up to facilitate patients with episodic illnesses to make appointment through HA's GOPC telephone appointment system. CM(ST), HA advised that the number of patients participated in the GOPC PPP Programme, which stood at 16 442 as at end-August 2017, only accounted for a small portion of the patients being taken care of by HA's GOPCs.

35. Citing the Vaccination Subsidy Scheme whereby there was a lack of coordination by the Administration in the supply of vaccine for the private sector as an example, Dr Pierre CHAN expressed concern over the drug arrangement under the GOPC PPP Programme. CM(ST), HA advised that under the GOPC PPP Programme, there was a list of specified drugs targeted at certain clinical indications from which the participating service providers might choose to purchase from designated drug supplies at the Programme rate. Participating patients would receive drugs immediately at the clinics of the participating service providers after each consultation.

36. Mr YIU Si-wing expressed support for the GOPC PPP Programme. Noting that each participating service provider would receive a maximum total payment of $3,155 per patient per year (including the fee of $50 paid by patients for each consultation) covering a maximum of 10 consultations and the indicated Programme medications needed by individual patients, he asked whether the level of subsidy was sufficient to cover the costs and whether there were any negative feedbacks concerning the service quality of the participating service providers. Replying in the negative to the second question, CM(ST), HA added that participating service providers were required to observe the Terms and Conditions of the Programme. Where necessary, participating patients could select another participating service provider at any time.

Enhancement measures

37. Ms Alice MAK noted that one of the patient-centred enhancements of the GOPC PPP Programme was to allow participating patients to choose to receive treatment from the participating service providers of all districts in addition to those from their own residential districts. She was concerned

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that this might result in an uneven distribution of participating patients among the service providers. CM(ST), HA advised that the enhancement was implemented having taken into account the feedback received during consultation with the District Councils and patient groups with a view to expanding the pool of service providers for participating patients to choose.

38. Mr POON Siu-ping noted that while each patient participated in the GOPC PPP Programme could receive up to 10 subsidized consultations, covering both chronic and episodic illnesses, from the selected participating service provider in a year, each patient had on average around six attendances annually. He asked whether consideration could be given to allowing the unutilized consultation quotas be carried forward to the following year. CM(ST), HA responded that the existing number of consultation quotas was considered adequate to meet the health needs of the participating patients. As an enhancement measure, participating patients would receive system-generated notifications via Short Message Service, email or postal mail since 2017 when the quota was used for consultation, updated or upon annual reset.

Participation of patients and service providers

39. Mr POON Siu-ping asked about a breakdown of the 16 442 patients participating in the GOPC PPP Programme as at end-August 2017 by districts. CM(ST), HA explained that it was not meaningful to draw such comparison as the Programme was rolled out in the 16 districts in phases and participating patients were now allowed to choose participating service providers from all districts.

40. Ms Alice MAK sought information on the number of patients who did not accept HA's invitation to join the GOPC PPP Programme and the reason why, according to a patient survey conducted by HA in August 2017, 808 participating patients had chosen to withdraw from the Programme after having paid the first visit to their selected participating service providers. CM(ST), HA advised that the enrolment rate of the GOPC PPP Programme was about 10%. The major reason why patients did not join the Programme was that they preferred HA service, whereas the major reasons for participating patients' withdrawal included changes in their clinical conditions, family or personal concerns and not accustomed to seeking healthcare in the private sector. In response to Mr YIU Si-wing's question on the withdrawal mechanism under the GOPC PPP Programme, CM(ST), HA advised that participation of both the service providers and patients in the Programme was on a voluntary basis. Any participants could withdraw from the Programme upon giving reasonable notice and the patients concerned could return to HA at any time.

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41. Mr POON Siu-ping asked about how the estimation that around 35 000 patients could participate in the GOPC PPP Programme upon its full roll-out to all 18 districts in 2018-2019 was worked out, and whether there was a targeted number of participating service providers to meet the service demand. Dr Helena WONG called on the Administration to step up promotion to encourage more eligible patients and service providers to join the Programme.

42. CM(ST), HA advised that based on the past enrolment rate for the GOPC PPP Programme and the level of investment income generated from the $10 billion PPP Endowment Fund for supporting HA's PPP initiatives, it was estimated that around 35 000 patients could participate in the Programme upon its full roll-out to all 18 districts. On the assumption that each participating service provider would take care of 100 participating patients, the existing 304 participating service providers in the 16 districts could already cater for the service needs of about 30 000 participating patients. It was expected that the number of participating service providers would increase when the Programme was expanded to the remaining two districts (i.e. Yau Tsim Mong and North District) in 2018-2019.

[At 4:44 pm, the Chairman suggested and members agreed that the meeting be further extended for 15 minutes.]

VI. Update on Chinese medicine development in Hong Kong

[LC Paper Nos. CB(2)827/17-18(07) and CB(2)835/17-18(01)]

43. USFH briefed members on the latest work of the Administration regarding the development of Chinese medicine in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(2)827/17-18(07)).

44. Members noted a letter dated 6 February 2018 from Mrs Regina IP requesting the Panel to hold a meeting to receive views from members of the public on issues relating to the Chinese Medicine Centres for Training and Research ("CMCTRs") (LC Paper No. CB(2)835/17-18(01)). The Chairman suggested and members agreed that the Panel should hold a special meeting to receive views from members of the public on the role and operation of CMCTRs.

(*Post-meeting note*: The special meeting for the above purpose has been scheduled for 30 April 2018 at 9:30 am.)

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Chinese Medicine Unit

45. Referring to the Administration's proposal to set up a Chinese Medicine Unit under FHB to oversee the development of Chinese medicine in Hong Kong, Mr POON Siu-ping sought elaboration about the plan of the Administration to map out the way forward on the positioning of Chinese medicine in the public healthcare system and enhancement of CMCTRs. Mrs Regina IP remarked that the career prospect of graduates of local Chinese medicine degree programmes could only be improved if the services provided by CMCTRs were included as part of HA's standard services.

46. USFH advised that subject to the deliberations of the relevant staffing proposal by the Establishment Subcommittee and the Finance Committee, the Chinese Medicine Unit would be set up within 2018 to, among others, formulate and implement policies on development of Chinese medicine in Hong Kong and provision of Chinese medicine service in the public healthcare sector, and oversee the policy matters and operation of CMCTRs. Chief (Chinese Medicine Department), HA added that HA had commissioned an independent consultant to conduct a review of the development of CMCTRs. Based on the outcome of the review, it was proposed that CMCTR's establishment, on-the-job training arrangement for CMPs, and collaboration with the local universities should be enhanced.

Priority areas for the provision of funding support

47. Dr Helena WONG criticized the lack of details in the Administration's paper on the funding support measures to support the development of Chinese medicine in Hong Kong to facilitate meaningful discussion. Mrs Regina IP raised a similar concern. USFH explained that the proposed measures were broad directions derived on the basis of discussion with the Chinese medicine industry in the past year. The Administration planned to finalize the proposed details after consulting the industry and the Panel. Assistant Director (Traditional Chinese Medicine), DH ("AD(TCM), DH") supplemented that the Administration would consult the Chinese Medicine Development Committee in mapping out the details of the proposals.

48. Mr SHIU Ka-fai welcomed the Administration's proposal to provide funding support to promote and drive the development of Chinese medicine. He sought elaboration about the options under consideration by the Administration in respect of the financial assistance to be provided for local manufacturers of proprietary Chinese medicines ("pCms") to facilitate their compliance with the Good Manufacturing Practice ("GMP"). Mrs Regina IP called on the Administration to address the concern of local pCm manufacturers that there was a lack of local expertise in GMP.

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49. AD(TCM), DH advised that the Administration had maintained close communication with the Chinese medicine industry on the implementation of GMP. At present, a total of 17 licensed pCm manufacturers had been certified as GMP-compliant. To address the key concerns of the trade on the implementation of GMP in pCm manufacture, the Administration planned to offer financial assistance to prospective GMP manufacturers in the areas of professional training and hardware enhancement. Dr Helena WONG requested the Administration to provide in writing more details on the options under consideration by the Administration.

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50. Expressing concern over the difficulties faced by the industry in meeting the formal registration requirements for pCm, Mr SHIU Ka-fai sought elaboration about the Administration's plan to subsidize the industry in procuring consultancy services that assisted registration applicants with the necessary preparation work for applying for a Certificate of Registration of pCm ("HKC"). AD(TCM), DH advised that there were currently about 7 100 pCms issued with the Notice of Confirmation of Transitional Registration of pCm ("HKP") which needed to migrate to HKC. Given that many applicants for formal registration were unable to provide documents on quality specifications required for registration, a pilot programme had been implemented at an earlier time to provide consultancy services to facilitate the formal registration applications of 10 pCms for HKC. The Administration would map out the way forward in this regard having regard to the experience gained from the pilot programme.

51. Mr YIU Si-wing asked about the division of work between DH and the Customs and Excise Department to combat the sale of unregistered or counterfeit pCms, and the number of successful prosecutions instigated by DH as well as the penalties handed down by the court in each of the past five years against the illegal sale and possession of unregistered pCms. AD(TCM), DH advised that DH would carry out active inspections of traders of pCm and instigate prosecutions on illegal sale and/or possession of unregistered pCm under the Chinese Medicine Ordinance (Cap. 549), whereas the Customs and Excise Department was the enforcement agency of the Trade Descriptions Ordinance (Cap. 362) which regulated activities involving counterfeit goods and false representations. He undertook to provide the statistics requested by Mr YIU Si-wing in writing.

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52. Dr Helena WONG expressed concern about how the Administration could ensure that the licensed wholesalers of Chinese herbal medicines had purchased herbal medicines only from reputable suppliers, such as those meeting the requirements of GMP and Good Agricultural Practice, as the case might be, as required of under the relevant practising guidelines, as

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well as the measures being put in place to monitor the quality and safety of Chinese herbal medicines sold in the market.

53. AD(TCM), DH advised that the majority of the Chinese herbal medicines currently available in the market were Chinese medicine decoction pieces imported from the Mainland. The production of Chinese medicine decoction pieces in the Mainland had to meet the requirements of GMP. In addition, licensed wholesalers of Chinese herbal medicines were currently required to keep the relevant purchase records and transaction documents for a period of not less than two years from the date of transaction to enable the tracing of the source of herbal medicines purchased where necessary. DH would conduct inspections on the premises of licensed wholesalers and retailers of Chinese herbal medicines on a regular basis to ensure their compliance with the requirements of the practising guidelines. Any non-compliant cases would be referred to the Chinese Medicine Board under the Chinese Medicine Council of Hong Kong for disciplinary action. This apart, prosecution would be instigated if there was sufficient evidence of indicating a breach of the law. In addition, samples of Chinese herbal medicines would be collected every month from the market for testing under DH's market surveillance system. AD(TCM), DH added that given that the records of many wholesalers and retailers of Chinese herbal medicines were still in paper form, enhancement of warehouse management and logistics was one of the proposed areas where the Administration would provide funding support so as to facilitate tracing and recall of products from the market as and when necessary.

54. Dr Helena WONG expressed support for the proposed provision of funding support to enhance the warehouse management and logistics in wholesalers and retailers of Chinese herbal medicines. Mr SHIU Ka-fai opined that in addition to the issuance of guidelines for reference of the trade, the support to be provided by the Administration should include both financial and technical support. AD(TCM), DH said that the Administration was open minded to any suggestions from the industry in this regard.

VII. Any other business

55. The Chairman reminded members that the Panel would hold a special meeting on 2 March 2018 at 9:30 am to receive views from members of the public on the subject "Cancer strategy". The next regular meeting of the Panel would be held on 19 March 2018 at 4:30 pm.

Action

56. There being no other business, the meeting ended at 5:14 pm.

Council Business Division 2
Legislative Council Secretariat
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