

立法會
Legislative Council

LC Paper No. CB(2)556/18-19

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

**Minutes of special meeting
held on Friday, 2 March 2018, at 9:30 am
in Conference Room 1 of the Legislative Council Complex**

- Members present** :
- Dr Hon Pierre CHAN (Deputy Chairman)
 - Hon WONG Ting-kwong, GBS, JP
 - Hon CHAN Kin-por, GBS, JP
 - Hon Mrs Regina IP LAU Suk-ye, GBS, JP
 - Hon YIU Si-wing, BBS
 - Hon Charles Peter MOK, JP
 - Hon CHAN Chi-chuen
 - Hon Alice MAK Mei-kuen, BBS, JP
 - 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
 - Dr Hon Junius HO Kwan-yiu, JP
 - Hon SHIU Ka-fai
 - Hon SHIU Ka-chun
 - Hon KWONG Chun-yu
- Members absent** :
- Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)
 - Hon Tommy CHEUNG Yu-yan, GBS, JP
 - Hon Starry LEE Wai-king, SBS, JP
 - Hon Paul TSE Wai-chun, JP
 - Hon CHAN Han-pan, JP

- Public Officers :** Dr CHUI Tak-yi, JP
attending Under Secretary for Food and Health
- Miss Grace KWOK Wing-see
Principal Assistant Secretary for Food and Health (Health) 1
Food and Health Bureau
- Miss Linda LEUNG Ka-ying
Principal Assistant Secretary for Food and Health (Health) 2
Food and Health Bureau
- Dr Edmond MA Siu-keung
Consultant (Research Office)
Food and Health Bureau
- Dr Regina CHING Cheuk-tuen, JP
Head, Surveillance and Epidemiology Branch
Centre for Health Protection
Department of Health
- Dr Tony KO
Deputising Director (Cluster Services)
Hospital Authority
- Dr Linda YU
Chief Manager (Integrated Care Programs)
Hospital Authority
- Dr Ashley CHENG
Cluster Clinical Coordinator (Health Informatics),
Princess Margaret Hospital and Kowloon West Cluster
/ Cluster Chief of Service (Oncology), Kowloon West
Cluster
Hospital Authority
- Attendance :** Pau Kwong Wun Charitable Foundation
by invitation
- Mr PAU Kit-kwan
Chairman
- Hong Kong Patients' Voices
- Mr Alex LAM
Chairman

The Civic Party

Mr LEE Ka-ho
District Developer of the New Territories West

Miss TSUI Ho-yee

Mr CHOW Nok-hang

Liberal Party

Mr YOUNG Chit-on
Member

Cancer Strategy Concern Group

Mr Samuel MAK Ka-yan
Representative

Democratic Alliance for the Betterment and Progress of
Hong Kong

Miss CHEUNG Ip-mei
Community Officer

Liberal Party Youth Committee

Mr CHAN Kin-yip
Vice Chairperson

Health In Action

Miss Karen LAU
Advocacy and Research Coordinator

Miss Amna Akhtar Malik

Labour Party

Mr KWOK Wing-kin
Chairperson

Hong Kong Breast Cancer Foundation

Dr Polly CHEUNG Suk-ye
Founder

Cancer Patient Alliance

Mr CHAN Wai-kit
Chairman

The Hong Kong Association of the Pharmaceutical
Industry

Miss Sabrina CHAN
Senior Executive Director

Karen Leung Foundation

Miss Judy LI
Healthcare Program Manager

Dr Alexander CHIU

Hong Kong Adult Blood Cancer Group Limited

Mr Kenneth CHOY
Vice Chairman (External Affairs)

Mr WOO Chau-wai

Young Democrats

Mr LAI Chun-wing
Committee Member

Dr SZE Wing-kin

Mr Henry YIM Chun

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. Cancer strategy
[LC Paper No. CB(2)924/17-18(01) and IN06/17-18]

Dr Pierre CHAN, Deputy Chairman of the Panel, took up the chairmanship of the meeting in the absence of the Chairman who was held up by other commitment.

Presentation of views by deputations

2. Under Secretary for Food and Health ("USFH") briefed members on the current situation of cancer in Hong Kong and the cancer strategy implemented by the Administration, details of which were set out in the Administration's paper (LC Paper No. CB(2)924/17-18(01)).

3. Members noted the information note on cancer strategies in selected places prepared by the Research Office of the Information Services Division of the Legislative Council Secretariat (IN06/17-18).

4. The Deputy 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 Deputy Chairman, a total of 22 organizations and individuals presented their views on cancer strategy. A summary of their views is in the **Appendix**. Members also noted a written submission from an organization not attending the meeting.

[At 10:58 am, the Chairman ruled that the motion proposed by Dr Fernando CHEUNG was related to the agenda item under discussion. He said that members would be invited to consider whether the motion should be proceeded with at the meeting towards the end of discussion of this agenda item.]

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Discussion

The Administration's response to deputations' views

5. Responding to the views expressed by the deputations, USFH, Head, Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health ("H/SEB, CHP, DH"), and Deputising Director (Cluster Services), Hospital Authority ("DD(CS), HA") gave a briefing on the Administration's primary cancer prevention strategies, details of which were set out in paragraphs 7 and 8 of the Administration's paper, and added that:

- (a) a steering committee on prevention and control of non-communicable diseases ("NCD"), with the Secretary for Food and Health being the Chairman, had been set up since 2008. The work to formulate a new strategy and action plan that called on government-wide and stakeholders' efforts to prevent and control NCD (including cancers) for achieving nine local health targets by 2025 was underway;
- (b) the coverage of the Drug Formulary of the Hospital Authority ("HA") was driven by clinical service needs to ensure equitable access by patients to cost effective drugs of proven safety and efficacy through standardization of drug policy and utilization in all public hospitals and clinics. A mechanism was in place to allow clinicians of HA to prescribe, where necessary, drugs to patients outside the Drug Formulary. In addition, HA had been in close liaison with pharmaceutical companies to set up risk sharing programmes for specific drugs, under which the drug costs would be contributed by HA, patients and pharmaceutical companies in specific proportions within a defined period, or the drug costs to be borne by patients would be capped; and
- (c) HA had commissioned a consultancy study to review the means test of the Samaritan Fund ("SF") and the Community Care Fund ("CCF") Medical Assistance Programmes ("the means test review") with a view to alleviating the financial burden on patients arising from drug expenditure. The consultant team would collate views from the stakeholders in this regard. This apart, HA planned to increase the frequency of the prioritization exercise for including self-financed drugs in SF and CCF Medical Assistance Programmes so as to shorten the lead time for introducing suitable new drugs to the safety net.

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Cancer strategy

6. Mr POON Siu-ping asked about the development progress of the Strategic Service Framework for Cancer Service over the next five to 10 years by HA. Dr Fernando CHEUNG was concerned that the current provision of cancer services covering prevention, diagnosis, treatment, rehabilitation, community care support and palliative care, etc. was far from adequate. He urged HA to collate the views of stakeholders in mapping out the Framework. DD(CS), HA advised that it was expected that the development of the Framework would be completed in the 2018-2019 financial year to enhance the existing cancer service quality, say, through better co-ordination among different departments and improved patient care, and to guide the relevant service developments in HA. The Deputy Chairman remarked that representatives of CCF should attend the relevant meeting of the Panel when the subject was further discussed in the future.

7. Ms Alice MAK was of the view that the Administration should comprehensively review the wide spectrum of services and support required by cancer patients with a view to formulating a cancer strategy with concrete policy directions for drug treatment, community care, palliative care and carer support and providing adequate provision to support its implementation. USFH advised that the Cancer Coordinating Committee chaired by the Secretary for Food and Health would formulate strategies on cancer prevention and control and steer the direction of work in cancer data and priorities; cancer prevention and screening; cancer services and treatment standards; and cancer research and development.

8. Mr SHIU Ka-chun opined that a cancer strategy should address the long waiting time for the first cancer treatment after diagnosis in public healthcare system as well as the lead time for introducing cancer drugs into the HA Drug Formulary and the safety net. He asked whether the Administration would make reference to overseas practice to set a target to improve the local cancer survival rates. H/SEB, CHP, DH advised that a local target to be developed under the strategy and action plan for the prevention and control of NCD would be to achieve a 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancers, diabetes or chronic respiratory diseases by 2025.

9. Referring to the updated recommendations on screening of seven major cancers in Hong Kong put forth by the Cancer Expert Working Group on Cancer Prevention and Screening under the Cancer Coordinating Committee in 2016 as set out in Annex B of the Administration's paper, Dr KWOK Ka-ki asked about the timetable for the Administration to launch population-based screening of these cancers, in particular liver

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cancer. H/SEB, CHP, DH advised that the cervical screening programme and pilot colorectal cancer screening programme had been launched. DH would continue to follow up the Expert Working Group's recommendations as appropriate.

HA Drug Formulary

10. Dr KWOK Ka-ki opined that with the implementation of the HA Drug Formulary, drug costs became a major factor in determining whether patients in public hospitals would be able to access a new drug. In his view, the introduction of new drugs in HA should be based solely on professional views and clinical needs of patients. The Deputy Chairman remarked that to his understanding, there were different views on the merits of making such decisions based solely on clinical judgements of doctors without going through a committee review process. He was concerned that given the finite public resources allocated for healthcare, cost-effectiveness was a principal consideration in evaluating applications for listing new drugs on the HA Drug Formulary. Mr SHIU Ka-fai was concerned about the long time required for new drugs to register in Hong Kong, being approved for listing on the HA Drug Formulary, and for listing on the drug formularies of individual hospital clusters or hospitals. Expressing a similar concern, Dr Elizabeth QUAT urged HA to explore the use of big data analytics to expedite the process for assessing whether a drug should be listed on the drug formularies at corporate, cluster and hospital levels, or included under the coverage of the safety net. Mr KWONG Chun-yu urged HA to streamline the cumbersome procedures for introducing new drugs into the HA Drug Formulary. Mr SHIU Ka-chun expressed a similar view.

11. DD(CS), HA stressed that the major concern for using new drugs for clinical intervention was efficacy. The Drug Advisory Committee ("DAC") followed an evidence-based approach in evaluating new drug applications for listing on the HA Drug Formulary, having regard to the three principle considerations of safety, efficacy and cost-effectiveness. Amidst the rapid development in treatment technology with more new drugs coming into the market, HA would, where necessary, review the operational process of listing new drugs in its Drug Formulary and including appropriate self-financed drugs under the coverage of the safety net to ensure that patients would benefit from appropriate drug treatment as soon as possible. Cluster Clinical Coordinator (Health Informatics), Princess Margaret Hospital and Kowloon West Cluster/Cluster Chief of Service (Oncology), Kowloon West Cluster, HA supplemented that a reason for rejecting an application for new drug listing on the HA Drug Formulary was that the drugs only had preliminary clinical evidence and marginal benefits.

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12. Dr Elizabeth QUAT opined that a fast-track cancer drug appraisal mechanism should be devised under the HA Drug Formulary to enable patients to access to new cancer drugs as soon as possible. Dr KWOK Ka-ki made a similar suggestion. USFH agreed to look into the suggestion. In response to Mrs Regina IP's enquiry as to whether the processing time for application from locally developed new drugs with local clinical evidence would be shorter, USFH advised that DAC would take into consideration a basket of factors in new drug evaluation.

13. Making reference to the practice in the Mainland, the United Kingdom and Taiwan, the Deputy Chairman urged HA to enhance the transparency of the evaluation process by making public the evaluation criteria and outcomes, as well as the membership of the various Expert Panels which provided specialist advice to DAC on selection of drugs in related speciality areas. For the latter, he considered that the concern that such a disclosure might result in unwarranted pressure on panel members and affect the impartiality of expert opinions in the discussion process could be addressed through expanding the pool of experts, say, to 200 to 300 experts.

14. DD(CS), HA stressed that various measures had been put in place by HA to enhance the transparency and engage the stakeholders, in particular patient groups, in the introduction of new drugs in the HA Drug Formulary. For instance, HA had uploaded to the designated website of the HA Drug Formulary the agenda for meetings of DAC (which listed out the drugs to be evaluated), the meeting outcomes and list of references that had been taken into account in the evaluation process. HA would examine how to further enhance the transparency of the established mechanism and revert to the Panel as and when appropriate.

15. Dr Elizabeth QUAT suggested that the Administration should fully subsidize the drug treatments of cancer patients in the long run. Dr KWOK Ka-ki expressed dissatisfaction that while the Administration would forgo an estimated tax revenue of about \$800 million to incentivize people to purchase private health insurance products that were compliant with the Voluntary Health Insurance Scheme, it did not make use part of its strong fiscal reserve to subsidize the drug costs of cancer patients, in particular those who were at the later stage and had to bare a high cost for purchasing self-financed drugs. They requested the Administration and HA to advise the annual expenditure involved if all the 44 cancer drugs, irrespective of their current categorization under the HA Drug Formulary, were to be provided by HA as part of its subsidized services.

Admin/
HA

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16. Mrs Regina IP asked whether it was a common practice in places outside Hong Kong for the government to subsidize eligible patients to use ultra-expensive drugs. Pointing out that pharmaceutical companies might need to recruit Asians to conduct clinical trials for their newly developed drugs before introducing the drugs into the Asian market, the Administration should encourage these companies to have the clinical trials be conducted in Hong Kong. This could enable needy patients to have early access to new drugs which had yet been introduced in Hong Kong. She was particularly concerned about the outcomes of the clinical trial for Nusinersen (or Spinraza) for treatment of spinal muscular atrophy conducted in Hong Kong, if any. The Deputy Chairman remarked that the thresholds for some clinical trials was high.

17. USFH advised that pharmaceutical companies would take into consideration a basket of factors, such as local demand, in determining the places where the clinical trials of a drug would be conducted. DD(CS), HA supplemented that a number of clinical trials were conducted in public hospitals. In addition, two phase 1 clinical trial centres had been set up in the two teaching hospitals for the conduction of early phase and clinical pharmacology trials. However, disclosure of the study information was subject to confidentiality obligations under the relevant agreements. Separately, it was not uncommon for individual pharmaceutical companies to offer risk sharing programmes for specific drugs, under which patients and the pharmaceutical companies concerned would contribute to the drug costs in specific proportions within a defined period, or the drug treatment costs to be borne by patients would be capped.

18. Mrs Regina IP sought details of the Expanded Access Programme, under which a pharmaceutical company had recently agreed to provide Nusinersen free of charge to suitable spinal muscular atrophy patients before the registration procedure of the drug in Hong Kong had been completed. Mr POON Siu-ping expressed appreciation for the efforts made by the Administration and HA in this regard for the benefit of patients. DD(CS), HA advised that under the Programme, the pharmaceutical companies concerned would provide drugs for trial use by individual patients meeting the clinical criteria for a specified period. In some cases, the drugs would continuously be provided to the patients concerned upon expiry of the specified period until the drugs had registered in Hong Kong.

19. In response to the Deputy Chairman's question about whether the Administration would regulate the price setting of ultra-expensive drugs by pharmaceutical companies, USFH advised that efforts had been and would continuously be made by HA to liaise with pharmaceutical companies in the pricing of the drugs used by HA to ensure prudent use of public money.

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A case in point was the use of Nusinersen under the Expanded Access Programme. Mrs Regina IP sought elaboration about the factors to be taken into account by the pharmaceutical companies in this regard. The Deputy Chairman remarked that the Administration would have a better bargaining power when a pharmaceutical company sought to register a new drug in Hong Kong. DD(CS), HA advised that discussions between HA and different pharmaceutical companies took place throughout the year. The decisions of pharmaceutical companies would be a matter of commercial decision.

Means test review

20. Noting that some expensive cancer drugs were categorized as self-financed items under the HA Drug Formulary, Mr SHIU Ka-fai was worried that some cancer patients of HA might be denied adequate medical treatment due to lack of means. Mr KWONG Chun-yu pointed out that many families of patients requiring long-term drug treatments, including cancer patients, had to deplete all their financial resources to purchase the self-financed drugs concerned at their own expenses before becoming eligible for drug subsidy under the means-tested safety net. He considered that patients living with their family members should be allowed to choose to apply for the financial assistance on an individual basis. Expressing a similar concern, Dr KWOK Ka-ki suggested that the annual expense borne by each patient for purchasing self-financed drugs should be capped, say, at \$10,000 to \$20,000. Any amount exceeding the cap should be covered by non-means-tested drug subsidies.

21. USFH assured members that it was expected that the interim findings of the means test review would be available in the first half of 2018. One of the foci of the review was to examine whether and, if so, how the definition of "household" in the calculation of annual disposable financial resources should be refined to relieve financial burdens of patients and their families due to expenditure on drug treatments. The Administration would make a final decision in this regard after taken into account the findings of the means test review. At the request of Dr Elizabeth QUAT, USFH agreed to update the Panel, in the context of briefing the Panel on the preliminary outcomes of the means test review in mid 2018, on how the process for inclusion of drugs in the HA Drug Formulary and the safety net coverage would be expedited after review.

Public healthcare services for cancer patients

22. Mr SHIU Ka-fai, Dr Fernando CHEUNG, Mr SHIU Ka-chun and Mr KWONG Chun-yu expressed concern about the long waiting time for

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HA's cancer patients to receive their first treatment after diagnosis, which could be more than two months in some cases. Mr KWONG Chun-yu urged HA to formulate a service pledge in this regard to ensure that cancer patients could receive timely treatment. DD(CS), HA advised that HA would strive for achieving the key performance indicator in respect of the waiting time for the first treatment. It was expected that the waiting time would be shortened with the planned enhancement of service capacities of HA in the coming years.

23. In response to Mr POON Siu-ping's question about the details of the plan of HA to enhance its cancer service capacity in order to meet the growing demand, DD(CS), HA advised that HA currently operated six cluster-based oncology centres. An additional oncology centre would be commissioned in the United Christian Hospital upon completion of its redevelopment which was scheduled to complete in 2023. In addition, HA would increase the operation theatre sessions and augment the service capacities for radiotherapy and chemotherapy.

24. Dr Fernando CHEUNG and Ms Alice MAK were concerned about the inadequate provision of palliative care by HA. USFH advised that HA had recently developed the Strategic Service Framework for Palliative Care to improve the quality of palliative services provided to cancer and non-cancer patients of HA.

Motion

25. The Deputy Chairman invited members to consider whether the motion proposed by Dr Fernando CHEUNG, the wording of which had been tabled at the meeting, should be proceeded with. Members raised no objection. The Deputy Chairman ordered that the voting bell be rung for five minutes to notify Panel members of the voting.

26. Dr Fernando CHEUNG moved the following motion:

"癌症疾病是香港的頭號殺手，造成三成以上的死亡。可是，癌症的識別及首次治療、用藥、綜合康復等，皆要輪候很久，先進及昂貴的藥物往往要自費，引入藥物機制不透明及需時太長，藥物安全網條件苛刻，缺乏綜合康復服務，導致病人有藥無錢醫，因輪候太久而失救。

本委員會促請政府召開癌症策略高峰會，就癌症預防、評估、治療、復康、支援、人手培訓及融資等展開討論，讓民間及各持份者參與，制訂全港癌症策略。"

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(Translation)

"Cancer, which accounts for over 30% of all deaths, is the top leading cause of death in Hong Kong. Nevertheless, the waiting time for, among others, detection, first treatment, medication and integrated rehabilitation in relation to cancer is very long; advanced and expensive drugs are often self-financed; the mechanism for the introduction of drugs is non-transparent and time-consuming; the requirements with respect to the safety net on drugs are harsh; and there is a lack of integrated rehabilitation services. As a result, patients are deprived of medical treatment due to lack of means, and eventually die because they have been waiting for too long.

This Panel urges the Government to convene a summit on cancer strategy, so as to discuss, among others, issues relating to cancer prevention, evaluation, treatment, rehabilitation, support, manpower training and financing, as well as engage the community and various stakeholders in formulating a cancer strategy for Hong Kong."

27. The Deputy Chairman put the motion to vote. The results were: 14 members voted in favour of the motion, and no members voted against the motion or abstained from voting. The Deputy Chairman declared that the motion was carried.

II. Any other business

28. The Deputy Chairman reminded members that the Panel would hold the next regular meeting on 19 March 2018 from 4:30 pm to 7:00 pm.

29. There being no other business, the meeting ended at 12:32 pm.

Panel on Health Services

**Special meeting on Friday, 2 March 2018, at 9:30 am
in Conference Room 1 of the Legislative Council Complex**

**Summary of views and concerns expressed by organizations/individuals on
cancer strategy**

No.	Name of deputation/individual	Submission / Major views and concerns
1.	Dr Alexander CHIU	<ul style="list-style-type: none"> • The launch of the Community Care Fund Programme "Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)" was encouraging. • The lead time required for registering a new drug in Hong Kong, and inclusion in the Drug Formulary of the Hospital Authority ("HA") and the local drug formularies of individual public hospitals was unduly long. • The Administration should promote public-private partnership and make better use of community resources to enhance the provision of cancer services for the convenience of cancer patients and to alleviate the heavy workload of the public healthcare system.
2.	Pau Kwong Wun Charitable Foundation	<ul style="list-style-type: none"> • LC Paper No. CB(2)990/17-18(01)
3.	The Civic Party	<ul style="list-style-type: none"> • LC Paper No. CB(2)963/17-18(01)
4.	Miss TSUI Ho-ye	<ul style="list-style-type: none"> • The Administration should allocate more resources for the drug subsidy programmes such that a lower threshold could be set to benefit more needy cancer patients, and improve the quality of public healthcare services by shortening the waiting time for public specialist outpatient services and lengthening the duration of consultation for each cancer patient.
5.	Mr CHOW Nok-hang	<ul style="list-style-type: none"> • LC Paper No. CB(2)990/17-18(02)
6.	Liberal Party	<ul style="list-style-type: none"> • LC Paper No. CB(2)990/17-18(03)
7.	Cancer Strategy Concern Group	<ul style="list-style-type: none"> • LC Paper No. CB(2)953/17-18(01)
8.	Democratic Alliance for the Betterment and Progress of Hong Kong	<ul style="list-style-type: none"> • The Administration should expedite the inclusion of ultra-expensive new cancer drugs into the HA Drug Formulary; enhance the safety net by lowering the application thresholds and reducing the patients' maximum contribution ratio on drug costs from 20% to 10% of their household annual disposable financial resources and allowing persons to apply on an individual basis; strengthen the collaboration with pharmaceutical companies to better control the public expenses on drugs; address the long waiting time for public specialist outpatient services; and engage more non-governmental organizations to provide community care, support and counselling services for cancer patients and their family members.

No.	Name of deputation/individual	Submission / Major views and concerns
9.	Liberal Party Youth Committee	<ul style="list-style-type: none"> LC Paper No. CB(2)990/17-18(03)
10.	Health In Action	<ul style="list-style-type: none"> LC Paper No. CB(2)937/17-18(01)
11.	Miss Amna Akhtar Malik	<ul style="list-style-type: none"> The Administration should set up two committees to respectively regulate the prices of cancer-related medical interventions and that of non-cancer-related medical interventions to facilitate HA's budget planning and negotiation with pharmaceutical companies on drug prices; set up guidelines on drug price setting by pharmaceutical companies to maintain the cost of cancer-related medical interventions at a reasonable level; and perform a comparative analysis on drug price setting to ensure cost effectiveness.
12.	Labour Party	<ul style="list-style-type: none"> With a strong fiscal reserve, the Administration should make use of its surplus to enhance the provision cancer drugs to benefit more patients, instead of introducing tax reduction or measures solely for returning wealth to people.
13.	Hong Kong Breast Cancer Foundation	<ul style="list-style-type: none"> LC Paper No. CB(2)937/17-18(02)
14.	Cancer Patient Alliance	<ul style="list-style-type: none"> LC Paper No. CB(2)924/17-18(02)
15.	The Hong Kong Association of the Pharmaceutical Industry	<ul style="list-style-type: none"> LC Paper No. CB(2)1379/17-18(01)
16.	Karen Leung Foundation	<ul style="list-style-type: none"> LC Paper No. CB(2)953/17-18(02)
17.	Hong Kong Adult Blood Cancer Group Limited	<ul style="list-style-type: none"> The Administration should set up a cancer fund; enhance the transparency of and stakeholders' participation in the management of HA's Drug Formulary and safety net; and consult patients and other stakeholders on the use of the additional provision earmarked for healthcare in the 2018-2019 Budget.
18.	Mr WOO Chau-wai	<ul style="list-style-type: none"> LC Paper No. CB(2)1078/17-18(01)
19.	Young Democrats	<ul style="list-style-type: none"> Expressed concerns over the cumbersome procedures on listing new cancer drugs on HA's Drug Formulary and the long waiting time for the first treatment at oncology specialist outpatient clinics after diagnosis. The Administration and HA should allow patients to make applications for the Samaritan Fund on an individual basis and refining the definition of "household" adopted in the financial assessments of drug subsidy programmes to include only the patient and his or her spouse, if applicable.
20.	Dr SZE Wing-kin	<ul style="list-style-type: none"> The Administration should collaborate with pharmaceutical companies and insurance companies to enhance the provision of cancer drug treatments for needy patients, and provide drug subsidies for cancer patients directly so that they could choose to receive cancer treatment in the private healthcare sector if they wished to do so.

No.	Name of deputation/individual	Submission / Major views and concerns
21.	Mr Henry YIM Chun	<ul style="list-style-type: none">LC Paper No. CB(2)963/17-18(02)
22.	Hong Kong Patients' Voices	<ul style="list-style-type: none">With an increase in the government expenditure on public healthcare services in the 2018-2019 financial year, HA should evaluate afresh through the Drug Advisory Committee those rejected new drug applications for listing on the HA's Drug Formulary in the past three years; relax the assessment criterion in respect of cost-effectiveness to facilitate the inclusion of more new cancer drugs in the Formulary, and enhance the participation of patient groups in the Drug Advisory Committee.

Council Business Division 2
Legislative Council Secretariat
8 January 2019