

**Legislative Council Panel on Health Services**  
**2018 Policy Address**  
**Policy Initiatives of the Food and Health Bureau**

Hong Kong has a dual track healthcare system comprising both public and private sector. The public healthcare system is the cornerstone of Hong Kong's healthcare system and the safety net for all. The Government will ensure that no one would be denied healthcare services because of lack of means. As an integral part of our dual track system, the private healthcare sector provides personalised and more accessible services for those who are willing and can afford to use private healthcare services.

2. Due to our ageing population and the rising demand for healthcare services, our public healthcare system faces obvious pressures and challenges. To ensure the long-term sustainable development of our healthcare system and safeguard the health of our citizens, this term of Government will work in a focused manner and allocate resources to actively promote primary healthcare, improve the healthcare system and services, optimise public health regulation and promote advancements in medical technology. The Government will also actively support the development of Chinese medicine.

**(a) Primary Healthcare**

New Initiatives

3. We will set up a steering committee on primary healthcare development to comprehensively review the existing planning of primary healthcare services and draw up a development blueprint. The committee, comprising healthcare professionals, academics, non-governmental organisations (NGOs) and community partners, is tasked to advise on the Government's strategy on the development of primary healthcare services. Its work will include drawing up the model of district-based medical-social collaboration, using big data to identify the areas of medical care services

requiring further study, establishing a framework to implement in a more systematic manner measures on disease prevention (e.g. vaccination), screening and identification (especially chronic diseases such as stroke) and strengthening evidence-based service provision and policy-led developments.

4. To further give play to the effectiveness of medical-social collaboration and step up efforts to promote individual and community involvement, we will set up the first district health centre with a brand new operation mode in Kwai Tsing District within two years. The Government will provide funding for the centre according to the needs and characteristics of the district, with a view to enhancing the public's awareness on disease prevention and their ability in self-management of health through public-private partnership, providing support for the chronically ill as well as relieving the pressure on specialist and hospital services. The planned district health centre will make use of the local network to procure services from organisations and healthcare personnel serving the district (e.g. nursing service, physiotherapy, occupational therapy and counselling service on the use of medication), so that the public can receive the necessary care in the community. With the experience from the pilot scheme, we will set up district health centres in other districts progressively.

#### On-going Initiatives

5. We are planning and implementing initiatives to promote the development of primary care, formulating reference frameworks for specific population groups and chronic diseases, promoting the Primary Care Directory, and co-ordinating and planning the works projects for the establishment of community health centres in various districts.

6. We will enhance public healthcare services through public-private partnership to increase service volume, reduce waiting time, offer additional choices to patients and enhance cost-effectiveness. The Hospital Authority ("HA") is implementing the following projects:

- (a) procuring additional places for haemodialysis services from the private sector to provide treatment for eligible patients with end-stage renal disease;

- (b) providing outsourced radiological investigation services for selected groups of cancer patients;
- (c) subsidising patients to receive cataract operation in the private sector; and
- (d) enhancing the choices of infirmary care services for applicants on the Central Infirmary Waiting List managed by HA through collaboration between the HA and NGOs. An Infirmary Service Public-Private Partnership Programme has been implemented on a pilot basis with an NGO to provide infirmary services at the Wong Chuk Hang Hospital.

7. We will continue to extend the coverage of the General Out-patient Clinic Public-Private Partnership Programme to more areas, with a view to covering all 18 districts of the territory by 2018.

## **(b) Improving Healthcare System and Services**

### New Initiatives

#### Public Healthcare Services

8. The Government will deploy sufficient resources and enhance supporting infrastructure to keep improving the healthcare services and facilities provided by the public sector. We will introduce a new arrangement by undertaking to increase the recurrent funding for HA progressively on a triennium basis, having regard to population growth rates and demographic changes. This will enable HA to address in a more effective and sustained manner the staffing and service demands arising from the growing and ageing population.

#### Healthcare Manpower Planning and Professional Development

9. The Government published the report of the Strategic Review of Healthcare Manpower Planning and Professional Development in June 2017. We will take forward the recommendations of the Strategic Review with a view to planning ahead for the long-term manpower demand and making adjustment to manpower supply as well as fostering professional development.

10. On healthcare manpower training, the Government has substantially increased the number of University Grants Committee (UGC)-funded degree places healthcare disciplines by about 60% over the past decade. The Government will consider further increasing the number of UGC-funded healthcare training places for those disciplines (including doctors, dentists, nurses and relevant allied health professionals) which will still be facing manpower shortage in the medium to long term in the 2019/20 – 2021/22 triennium. We will count on the self-financing sector to provide training to help meet part of the increasing demand for healthcare professionals.

11. Healthcare professionals in the public sector are of utmost importance. HA will recruit all qualified locally trained medical graduates and provide them with relevant specialist training. There will be over 2 000 medical graduates<sup>1</sup> becoming registered doctors in the coming five years. HA will put in place a structured mechanism to ensure that there is sufficient training relief, protected time and minimum training hours available for our healthcare professionals, in particular frontline healthcare professionals. As regards planning for specialist training, HA will take into account factors including operational service needs, specialty development, long-term service development and manpower situation.

12. HA will spare no efforts in retaining existing healthcare professionals, rehiring retired doctors and engaging private doctors to serve in public hospitals in order to meet imminent service needs. Without affecting the employment and career prospects of locally trained doctors, HA will proactively recruit non-locally trained doctors under limited registration.

13. Multi-disciplinary healthcare professional teams can be utilized more effectively in our public healthcare system. HA will set up more nurse clinics and enhance the services of existing ones in particular in urology and rheumatology, and expand perioperative nurse clinics so as to facilitate patients' early access to treatment and continuity of care. HA will also recruit more pharmacists to improve its clinical pharmacy services for patients (including oncology and paediatric services) and help reduce the workload of doctors. In addition, the Government will study how to make better use of resources to improve pharmacy services for the elderly living in elderly homes.

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<sup>1</sup> For 2018-2022, there will be about 420 medical graduates becoming doctors with full registration annually. From 2023, there will be about 470 medical graduates becoming doctors with full registration annually.

## Mental Health Policy

14. Following its completion of the Review on Mental Health and promulgation of the Mental Health Review Report (“the Review Report”) in April this year, the Government will set up a standing advisory committee to follow up on the implementation of recommendations in the Review Report and monitor the development of mental health services having regard to the changing needs of the community. The advisory committee will be set up in Q4 2017.

15. In 2018-19, the Government will continue to allocate additional resources to recruit additional psychiatric doctors, nurses and allied health professionals to strengthen mental health services in the following five areas –

- (a) launching an on-going mental health educational and destigmatisation campaign;
- (b) regularising the Dementia Community Support Scheme and expanding it to all 41 district elderly community centres;
- (c) considering ways to provide appropriate support services for students with mental health needs with reference to the evaluation results of the Student Mental Health Support Pilot Scheme;
- (d) expanding the enhanced model of providing multi-disciplinary services in common mental disorder clinics<sup>2</sup> to the New Territories West Cluster; and
- (e) enhancing the case manager to patient ratio in the Case Management Programme for psychiatric patients.

## Support for Uncommon Diseases

16. In August 2017, the Government and the HA rolled out a new Community Care Fund (“CCF”) medical assistance programme – “Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)” to subsidise eligible patients in need. To

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<sup>2</sup> Currently provided in the Kowloon West Cluster, Kowloon East Cluster and the New Territories West Cluster.

provide more assistance for patients with uncommon disorders and having regard to the evidence-based requirements and principles adopted by the HA when considering the listing of drugs in the HA Drug Formulary (“HADF”), the Government and the HA have agreed to implement the following improvement measures to enhance the CCF assistance programme –

- (a) extending the scope of assistance programme to provide patients with subsidies for specific drug treatments according to individual patient’s special clinical needs. Eligible patients will be subsidised to participate in compassionate programmes of individual pharmaceutical companies; and
- (b) the HA will expedite the review of the patient’s co-payment mechanism under the CCF assistance programme with a view to alleviating the financial burden on patients requiring long-term ultra-expensive drug treatment. The HA will complete the review in the first half of 2018 and propose improvement measures.

17. With the advancement of medical technologies, new drugs including those for treating uncommon disorders gradually appear in the market. The Drug Management Committee under the HA and the relevant committees will monitor more closely the research developments and accumulation of medical scientific evidence of new drugs, and include new drugs and indications in the HADF when appropriate, with the aim of providing early treatment for financially-needy patients who require the use of ultra-expensive drugs, including patients with uncommon disorders.

### Palliative Care

18. HA has formulated a strategic service framework for palliative care which sets out specific guidelines on its service model and system infrastructure. Measures will be introduced to provide end-of-life care services for more terminally ill patients within hospital settings and in the community. The Government meanwhile will consider amending the relevant legislation so that patients can have the choice of “dying in place”.

## Disease Prevention and Control

19. To formulate strategies to effectively prevent and control viral hepatitis, we will set up a steering committee to review local and international trends and developments in the prevention and control of viral hepatitis; advise the Government on policies and cost-effective targeted strategies for prevention and control of viral hepatitis; and conduct and co-ordinate the surveillance and evaluation of viral hepatitis control and recommend appropriate response.

20. We will increase the manpower of the Social Hygiene Service of the Department of Health (“DH”) so as to enhance clinical services for patients with severe dermatological conditions and psoriasis patients.

## Enhancing Elderly Services for the Elderly

21. To support the Government’s “ageing in place” policy and to address the challenges brought about by a rapidly ageing population, there is a need for the Elderly Health Service (“EHS”) of DH to strengthen its role in promoting active and healthy ageing. In this regard, we will increase the manpower of the EHS of the DH to enhance the capacity of and the services provided by its Elderly Health Centres (“EHCs”) and Visiting Health Teams, which include strengthening the provision of health promotion activities, providing priority to the needy elders to use the services of the EHCs, and allocating more first-time health assessment quotas to new members.

## Facilitating the Development of Private Healthcare Services

22. We will enhance the regulation of private healthcare facilities by establishing a new licensing system through legislation, so as to protect patients' safety and consumer rights as well as to facilitate the sustainable development of the healthcare system. The Private Healthcare Facilities Bill was introduced into the LegCo for scrutiny in June 2017.

23. We are preparing to take forward the implementation of the Voluntary Health Insurance Scheme (“VHIS”). Specifically, we have commissioned an independent consultant to advise on the technical details of the VHIS. We are discussing the relevant arrangements with the insurance industry and stakeholders, and working out the arrangements for tax deduction under the

VHIS. We plan to implement the VHIS in 2018, and will offer tax incentives for members of the public procuring those health insurance products.

### On-going Initiatives

#### Healthcare Service Development and Infrastructure

24. We have been working hard to improve our healthcare infrastructure. The construction of the Hong Kong Children's Hospital at Kai Tak will be completed this year. We will expedite delivery of the Ten-year Hospital Development Plan, for which a provision of \$200 billion has been set aside. In addition to the redevelopment of Kwong Wah Hospital, Queen Mary Hospital, Kwai Chung Hospital and Prince of Wales Hospital, the expansion of United Christian Hospital, the Operating Theatre Block of Tuen Mun Hospital and Haven of Hope Hospital, and the construction of a new acute hospital at Kai Tak Development Area, which have already commenced, other projects including the redevelopment of Grantham Hospital and Our Lady of Maryknoll Hospital will also start. The Government and the HA will kick-start the next round of public hospital development planning in the coming five years.

25. Regarding private healthcare services, the construction of the Chinese University of Hong Kong Medical Centre (CUHKMC) has started. We will discuss with the CUHK on the future development needs of the CUHKMC.

26. We will continue with the minor works projects to improve facilities in public hospitals and clinics by utilising the one-off grant of \$13 billion allocated to the HA in 2014. We will also continue to implement the recommendations of the Steering Committee on Review of Hospital Authority through measures like refining the delineation of cluster boundary, shortening waiting time and adopting a refined population-based resource allocation model to enable the HA to better meet the challenges of an ageing population, increasing prevalence of chronic diseases and rising healthcare cost due to advance in medical technology.

27. We will continue to increase the number of public hospital beds and operating theatre sessions, and enhance the endoscopic and diagnostic radiological services, so as to enhance the service capacity for addressing the ever rising healthcare needs. We will also increase the quota for general



out-patient and the attendances in specialist out-patient clinics, enhance the Accident & Emergency services and shorten the waiting time for out-patient and emergency services.

28. We will strengthen the services for chronic diseases through, for example, enhancing the capacity of cancer and cardiac services and increasing the service quota of haemodialysis for renal service.

29. On mental health services, we will continue to strengthen the manpower of the psychiatric healthcare team with a view to improving the waiting time. We will also improve the case manager to patient ratio in HA's Case Management Programme for patients with severe mental illness.

30. The HA will progressively enhance management and treatment of life-threatening diseases, including its stroke care and cardiac services, with a view to strengthening service quality and capacity. The 24-hour intravenous thrombolytic therapy for stroke patients will be made available in individual hospital clusters in phases. The HA will enhance its 24-hour intravenous thrombolytic therapy services for stroke patients as well as its cardiac catheterisation laboratory and cardiac care unit services. HA will also gradually strengthen its emergency percutaneous coronary intervention service.

#### Disease Prevention and Control

31. We would keep up our effort in disease prevention and control. We have implemented the Prevention and Control of Disease Ordinance and improved our infectious disease surveillance, control and notification system in order to minimise the spread of communicable diseases in the local community. The Centre for Health Protection under the DH will continue to maintain close liaison and cooperation with neighbouring regions and conduct exercises on public health emergencies from time to time. As regards other novel infectious diseases, we announced the "Preparedness and Response Plan for Zika Virus Infection", "Preparedness Plan for the Middle East Respiratory Syndrome" and the "Preparedness and Response Plan for Ebola Virus Disease", and activated the "Alert" response levels under the respective plans on the day of announcement after risk assessment. We will continue to closely monitor the situation of novel infectious diseases and review the relevant policies as appropriate.

32. We are implementing a multi-pronged strategy under the “Preparedness Plan for Influenza Pandemic” to minimise the risk of and enhance Hong Kong’s preparedness for influenza pandemic. Besides, we will continue to implement and improve the Government Vaccination Programme and Vaccination Subsidy Scheme to enhance primary care and disease prevention. We will step up effort to promote the need and effectiveness of vaccination to members of the public, particularly the high-risk groups.

33. We will continue to adopt a comprehensive preventive and surveillance programme to reduce the risk of avian influenza outbreaks and human infections in Hong Kong. We will keep the situation under review and update the relevant policies in a timely manner.

34. We launched the Pilot Study of Newborn Screening for Inborn Errors of Metabolism (“Pilot Study”) in October 2015. The Pilot Study was implemented in two HA birthing hospitals (i.e. Queen Elizabeth Hospital and Queen Mary Hospital) for a period of 18 months in two phases. As the Pilot Study has proven effective in reducing and preventing the severe problems caused by inborn errors of metabolism in newborn babies, the DH and the HA have regularised the screening service in the two public hospitals from 1 April 2017 and will extend the screening service to all public hospitals with maternity wards in phases from the second half of 2017-18. In this regard, Prince of Wales Hospital will provide the Inborn Errors of Metabolism screening service in late 2017.

35. Antimicrobial resistance (“AMR”) is a global public health threat. To coordinate concerted efforts from different stakeholders to tackle the problem of AMR, we set up in June 2016 a High-level Steering Committee on AMR (“HLSC”) chaired by the Secretary for Food and Health and comprises representatives from relevant government departments, public and private hospitals, healthcare organisations, academia and relevant professional bodies to formulate and implement strategies and action plans with a multi-sectoral and whole-of-society approach by adopting the “One-Health” framework. The Government has accepted the recommendations put forward by the High-level Steering Committee and launched in July 2017 the Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2017-2022), which outlines key areas,

objectives and actions to contain the growing threat of antimicrobial resistance in Hong Kong.

36. In Hong Kong, cervical cancer is the eighth most common cancer among females in 2014 and the eighth leading cause of female cancer death in 2015. To reduce cervical cancer incidence and mortality, the CCF launched a three-year pilot scheme in October 2016 to provide free cervical cancer vaccination for teenage girls from eligible low-income families. Moreover, the CCF will implement another three-year pilot scheme to provide subsidised cervical cancer screening and preventive education for eligible low-income women aged 25 to 64 in order to reduce the risk of developing cervical cancer.

37. The Colorectal Cancer Screening Pilot Programme launched in September 2016 enables timely detection of persons more likely to develop colorectal cancer so as to initiate early treatment to prevent progression into cancer and improve the chance of cure, thus reducing the impact of the disease on the healthcare system.

38. Breastfeeding confers much health benefit to babies and mothers, with benefits proportional to its exclusivity and duration. The Government has all along endeavoured to protect, promote and support breastfeeding. The Committee on Promotion of Breastfeeding (“the Committee”) set up by the Food and Health Bureau has been adopting multi-pronged strategies to promote breastfeeding which include strengthening support to breastfeeding in healthcare institutions and the community, encouraging adoption of breastfeeding friendly workplaces, promoting breastfeeding friendly premises, and promoting the implementation of “breastfeeding friendly hospital” in public hospitals with maternity wards under the HA and the Maternal and Child Health Centres of DH in phases. We have also implemented “Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children” to protect breastfeeding from being undermined by inappropriate marketing practices of formula milk and related products. In addition, to enhance provision of baby care rooms and lactation rooms in the community, the Government will:

- (a) impose a mandatory requirement for the provision of babycare rooms and lactation rooms in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places, etc.; and
- (b) mandate the provision of babycare rooms and lactation rooms in certain new government premises.

39. With ageing population and socioeconomic changes, the burden of non-communicable diseases (“NCD”) is expected to rise in the decades ahead. We will continue implementing the Strategic Framework for Prevention and Control of Non-communicable Diseases to promote cross-sectoral co-operation in the prevention and control of NCD. The overall goal of the Strategy Framework is to improve the health and quality of life of people in Hong Kong, which will in turn increase Hong Kong’s productivity and competitiveness.

#### Health Promotion

40. We will strengthen collaboration with relevant organisations to promote organ donation and encourage the public to register their wish at the Centralised Organ Donation Register. We will also legislate for the paired organ donation scheme to be launched by the HA.

#### Elderly Healthcare Services

41. HA will continue to enhance healthcare services for the elderly to meet the growing service demand. These include strengthening support for elderly patients with fragility fractures by increasing the HA’s operating theatre sessions in designated hospitals; enhancing physiotherapy service for elderly patients; and enhancing the services provided by the HA’s Community Geriatric Assessment Teams for terminally ill patients living in residential care homes for the elderly.

42. Meanwhile, medical-social collaboration through the joint efforts of the HA and the Social Welfare Department will also continue to be strengthened with a view to providing a full range of transitional care service and the required assistance for those elderly persons discharged from public hospitals, enabling them to age at home after the transitional period.

43. We will continue to implement the Outreach Dental Care Programme for the Elderly to provide dental care and treatment for elderly people in residential care homes and similar facilities.

44. The CCF further expanded the Elderly Dental Assistance Programme in July 2017 to cover elders who are Old Age Living Allowance recipients aged 70 or above.

45. We will continue to promote the Elderly Health Care Voucher Scheme, which subsidises elderly persons aged 65 or above to use private primary care services. At the same time, the Government is reviewing the effectiveness of the scheme with a view to ensuring that the scheme will enhance the provision of primary care services for the elderly, including preventive care.

46. Besides, the DH is also preparing for the setting up of an additional Child Assessment Centre (“CAC”) to handle the increasing caseloads. It is expected that, with the establishment and full functioning of the new CAC, Child Assessment Service will be able to complete assessments for at least 90% of the newly referred cases within six months, as compared to the current 62%. As an interim measure, the DH will set up a temporary CAC in its existing facilities to help improve the waiting time problem.

47. We will continue to allocate resources to provide dental services for persons with intellectual disabilities in need of such services.

### **(c) Optimising Public Health Regulation and Promoting Medical Scientific Development**

#### New Initiatives

#### Improving the Operation of MCHK

48. To address public concerns, the Government introduced the Medical Registration (Amendment) Bill 2017 into the Legislative Council (LegCo) in June 2017 with a view to increasing lay participation in the Medical Council of Hong Kong (MCHK), improving the complaint investigation and disciplinary inquiry mechanism of MCHK, and extending the validity period and renewal

period of limited registration from not exceeding one year to not exceeding three years.

49. The Food and Health Bureau has been engaging stakeholders including the medical profession, patient organizations and LegCo Members over the past months and, having balanced the concerns and considerations of all parties, reached a consensus amongst the key stakeholders on the composition of MCHK.

50. The latest proposal is to reduce the seats of the Department of Health and HA by one, and increase two seats for fellows of the Hong Kong Academy of Medicine (HKAM) who are nominated and elected by fellows of HKAM. We understand that HKAM will consult its fellows before deciding on the election arrangement to ensure that the election will be held in a just and transparent manner. We expect that these two additional HKAM members together with the existing two HKAM members will contribute to MCHK by providing advice on specialist training and professional standards. The existing two HKAM seats remain appointed.

51. The Government will submit a revised proposal on the composition of MCHK soon and strive to facilitate the scrutiny of LegCo in order to secure an early passage of the Bill.

#### Accredited Registers Scheme for Healthcare Professions

52. The Government has introduced the Accredited Registers Scheme for Healthcare Professions in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions. The Government is forging ahead with the Scheme and aims to complete the accreditation process by 2018 for speech therapists, clinical psychologists, educational psychologists, audiologists and dietitians to pave the way for setting up a statutory registration regime for these professions.

#### Promoting Medical Scientific Development

53. To harness the potential of new technology for better public health policies and clinical outcomes, we will set up a steering committee to lead the

study on strategies for developing genomic medicine in Hong Kong. The steering committee will look into key areas which include enhancing clinical, laboratory and public health genetic services, strengthening academic research and professional training, as well as examining ethics and regulatory issues.

54. HA will establish a Big Data Analytics Platform to explore useful information for formulating healthcare policy, facilitating biotechnological research and improving clinical and healthcare services, with a view to promoting innovation in healthcare services. DH will embark on the development of a comprehensive Clinical Information Management System and other related systems and strengthen the development of public health data, with a view to enhancing its capability in meeting various public health challenges and delivering higher quality services to the public.

55. In Stage 2 Development of the Electronic Health Record Sharing System (eHRSS), we will consider to develop a Patient Portal to enable the general public to access some of the information on the eHRSS so as to help them better manage their health, further facilitate the implementation of public-private partnership and medical-social collaboration, and promote health education more effectively.

#### Tobacco Control

56. We will launch a pilot public-private partnership programme in the fourth quarter of 2017 to test a new mode of smoking cessation service supported by family physicians, formulate the regulation of electronic cigarettes, and study the extension of statutory no-smoking areas at public transport facilities to step up our efforts on tobacco control.

#### On-going Initiatives

##### Regulation of Medical Devices

57. We briefed the Panel on Health Services (“the Panel”) in June 2014 on the Business Impact Assessment findings of the proposed regulatory framework for medical devices and, having considered the findings and recommendations of the study and views of stakeholders, the revised regulatory proposal. On the use control of selected medical devices, the DH commissioned an external

consultant to conduct a detailed study from September 2015 to September 2016. We then briefed the Panel in January 2017 on the results of the study as well as the latest legislative proposal. Subsequently, we received views and concerns from different stakeholders in the past few months. In this regard, we are now studying ways to enhance the related regulatory proposals (which include relaxing the application requirements for registration, introducing a listing mechanism and abolishing the proposal on use control) in order to finalise and implement as soon as possible the regulatory measures regarding “pre-market control” and “post-market control” for medical devices.

**(d) Chinese Medicine**

58. With the increasing public demand for Chinese medicine services in recent years, the training for Chinese medicine practitioners has been enhanced. The Government will strive to facilitate the development of Chinese medicine in Hong Kong so that it can assume a more prominent role in promoting public health.

59. As a first step, the Government will set up a dedicated unit under the Food and Health Bureau for developing Chinese medicine. The dedicated unit will be responsible for maintaining close liaison with the Chinese medicine sector, as well as coordinating and implementing the strategies and measures for promoting the development of Chinese medicine in Hong Kong. The dedicated unit will decide the positioning of Chinese medicine in the public healthcare system, which will serve as the basis for formulating the mode of operation of the first Chinese medicine hospital, enhancing the current tripartite collaboration model adopted by the Chinese Medicine Centres for Training and Research in the 18 districts and fostering the professional development of Chinese medicine practitioners. It will also promote the development of Chinese medicine in Hong Kong, and open up markets on the Mainland and nearby countries for Chinese medicine by fully leveraging Hong Kong’s advantages on various fronts.

60. As for the development of Chinese medicine hospital, the Government is actively planning for a Chinese medicine hospital at a site in Tseung Kwan O which include financing the construction of the Chinese medicine hospital. Moreover, the Government will draw reference from the analysis report prepared by the international consultant based on the consultation with local



stakeholders and overseas experts and further plan for the governance structure, business model, operation model, financial model and contract management model of the Chinese medicine hospital. We expect that the positioning and the framework of development in major areas of the Chinese medicine hospital will be announced in the first half of 2018.

61. To foster the professional development of Chinese medicine practitioners as well as to provide the healthcare professionals required by the Chinese medicine hospital for the provision of integrated Chinese-Western medicine with Chinese medicine playing a predominant role, the Government will organise various training courses, such as diploma courses on Chinese medicine specialty for registered Chinese medicine practitioners and basic Western pharmacy training for Chinese medicine pharmacists. The Government will also provide relevant Chinese medicine training courses for medical practitioners, nurses and healthcare professionals. To attract more talent to join the Chinese medicine sector, the Government will review the remuneration package and promotion opportunities of staff at all levels in the Chinese Medicine Centre for Training and Research in the 18 districts to enhance their career prospects.

62. To cater for the development of Chinese medicine, we will include Chinese medicine information in the sharable scope in Stage 2 Development of the eHRSS, continue to standardise clinical and medical terminologies of Chinese medicine and develop the Chinese Medicine Information System On-ramp so as to facilitate the access and sharing of patients' information by Chinese medicine practitioners who choose to use the eHRSS in the future.

63. The temporary Government Chinese Medicines Testing Institute set up at the Hong Kong Science Park has commenced operation in phases since March 2017. To develop Hong Kong into an international hub for scientific research on Chinese medicines testing and quality control, we will speed up the establishment of the permanent Government Chinese Medicines Testing Institute. Through development of a set of internationally-recognised reference standards for Chinese medicines and related products and also transfer of technology, it will help empower the industry to strengthen quality control of their products.

## On-going Initiatives

64. On the development of Chinese medicines, the Government will continue the Hong Kong Chinese Materia Medica Standards (“HKCMMS”) Project to study and formulate reference standards for more Chinese herbal medicines; and the consideration of including study on the reference standard for Chinese medicines decoction pieces under the HKCMMS Project, so that HKCMMS can be more widely adopted. Thus far, the HKCMMS Project has completed the compilation of HKCMMS for some 275 Chinese materia medica commonly used in Hong Kong. Our target is to set reference standards for around 28 Chinese materia medica each year. A pilot study has also been launched on the reference standard for Chinese medicines decoction pieces under the HKCMMS Project.

65. The HA has been Implementing the Integrated Chinese-Western Medicine Pilot Project since September 2014 to gather experience in the operation of integrated Chinese-Western medicine and Chinese medicine in-patient services, which will serve as the basis for formulating the mode of operation of the Chinese medicine hospital. The pilot project provides treatment with integrated Chinese-Western medicine for three diseases, namely stroke, low back pain and cancer, in seven hospitals of the HA.

## **Conclusion**

66. The Food and Health Bureau’s policy objectives are to safeguard public health and ensure our medical and healthcare system maintains its high quality services and a sustainable development. To this end, we work strenuously to implement various measures outlined in the paper to meet the challenges of our ageing population.

**Food and Health Bureau**  
**October 2017**