

立法會
Legislative Council

LC Paper No. CB(2)188/17-18(02)

Ref : CB2/PL/HS

Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the special meeting on 6 November 2017**

Mode of operation of Chinese medicine hospital

Purpose

This paper gives a brief account and summarizes the concerns of members of the Panel on Health Services ("the Panel") and the Subcommittee on Issues Relating to the Development of Chinese Medicine ("the Subcommittee") appointed by the Panel in the Fifth Legislative Council ("LegCo") on issues relating to the mode of operation of the Chinese medicine hospital.

Background

2. It was announced in the 2014 Policy Address that the Government had, on the recommendations of the Chinese Medicine Development Committee ("the Committee")¹, reserved a site in Tseung Kwan O² for setting up a self-financing Chinese medicine hospital to be operated in an integrated Chinese-Western medicine ("ICWM") mode. It is expected that the hospital could provide inpatient services as well as facilities to support the teaching, clinical training and scientific research of the Chinese medicine programmes run by the three

¹ Chaired by the Secretary for Food and Health, the Committee was established in 2013 to give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicine in Hong Kong. Its areas of study include (a) development of Chinese medicine services; (b) personnel training and professional development; (c) research and development; and (d) development of the Chinese medicines industry (including Chinese medicines testing).

² The site was originally earmarked for private hospital development.

local universities³ and other local tertiary education institutions, and help strengthen and enhance the quality of the professional training and the scientific research of Chinese medicine in Hong Kong.

3. The Government also accepted the Committee's recommendation that before the establishment of the Chinese medicine hospital, some specific research projects, such as the introduction of inpatient services in public hospitals under an ICWM Pilot Programme, would be carried out to gather experience in the operation of ICWM and Chinese medicine inpatient services. To take forward the Pilot Programme, HA set up a dedicated task force to design relevant clinical and operational frameworks. Launched on 22 September 2014, Phase I of the ICWM Pilot Programme provided ICWM treatment for HA inpatients of three disease areas, namely stroke care, acute low pain care and cancer palliative care at Tung Wah Hospital ("TWH"), Pamela Youde Nethersole Eastern Hospital ("PYNEH") and Tuen Mun Hospital ("TMH") respectively. The ICWM treatment covered both specified inpatient services (including day hospital services) and follow-up outpatient services (including outpatient services provided by Western medical practitioners and those provided by the relevant Chinese Medicine Centres for Training and Research ("CMCTRs"))⁴. Phase I of the Pilot Programme, which ended on 20 December 2015, had recruited a total of 238 patients. Phase II of the ICWM Pilot Programme was commenced on 21 December 2015. Apart from the original three hospitals, the Pilot Programme was expanded to cover four other public hospitals, namely Prince of Wales Hospital ("PWH"), Shatin Hospital ("SH"), Kwong Wah Hospital ("KWH") and Princess Margaret Hospital ("PMH").⁵ As at

³ At present, six-year full-time undergraduate degree programmes for Chinese medicine accredited by the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong are offered by the Hong Kong Baptist University ("HKBU"), the Chinese University of Hong Kong and the University of Hong Kong. HKBU is offering a four-year full time undergraduate degree programme in pharmacy in Chinese medicines.

⁴ The Government has established 18 CMCTRs, one in each of the 18 districts, to promote the development of evidence-based Chinese medicine and provide training placements for graduates of local undergraduate programmes of Chinese medicine. CMCTRs operate in a tripartite collaboration model involving HA, non-governmental organizations ("NGOs") and local universities. NGOs are responsible for the day-to-day clinic operation.

⁵ The stroke care programme is implemented in TWH, SH and PWH. The low back pain care programme is implemented in PYNEH and KWH. The cancer palliative programme is implemented in TMH and PMH. Participating patients have to pay a daily service fee of \$200 (excluding fee and charges for HA hospital services) consecutively from the first day of receiving ICWM treatments until discharge or upon exiting the Pilot Programme. The daily service fee includes all consultation, decoction, acupuncture, etc. provided within the day. Participating patients who are discharged from the hospital have to pay the relevant CMCTRs \$120 for each outpatient Chinese medicine visit under the Pilot Programme, irrespective of the number and type of treatment provided in that outpatient visit.

28 February 2017, there were 737 enrolments and 8 665 inpatient bed-days incurred for the Pilot Programme.

Deliberations of the Panel and the Subcommittee

4. Members discussed issues relating to the development of the Chinese medicine hospital and the implementation of the ICWM Pilot Programme at a number of meetings between 2013 and 2017. The Panel received views of deputations on the development of Chinese medicine hospital and ICWM at a meeting held in May 2014. The deliberations and concerns of members are summarized in the following paragraphs.

Service scope of the Chinese medicine hospital

5. Members had long called for the establishment of a Chinese medicine hospital in Hong Kong. In their view, the establishment of a Chinese medicine hospital to provide inpatient services for members of the public and training grounds for local Chinese medicine graduates was crucial to foster the development of Chinese medicine in tertiary care in Hong Kong. While generally welcoming the proposal to set up a Chinese medicine hospital in Tseung Kwan O, members were concerned about the mode of operation and scope of services of the hospital.

6. The Administration advised that given the developments in medical services and the fact that the local healthcare system was based on Western medicine, it would not be feasible to set up a Chinese medicine hospital to provide only Chinese medicine services without resorting to western medical equipment and treatment for some acute cases and complex illnesses. A hospital providing ICWM services with Chinese medicine having the predominant role was considered the most feasible mode of operation of the Chinese medicine hospital under the existing legal and administrative frameworks. The Administration further advised that the implementation of the ICWM Pilot Programme would shed light on the formulation of the regulation for and the mode of operation of the Chinese medicine hospital.

7. Some members suggested that Chinese medicine practitioners ("CMPs") should be allowed to make use of x-ray examinations and diagnostic imaging services in their practice after receiving the necessary professional training and obtaining the qualifications. Consideration should be given to amending the relevant legislation to relax certain restrictions imposed on the practice of CMPs. Members were subsequently advised that the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong had taken

note of the views of members about strengthening training relating to Western medicine in the Chinese medicine programme and the need for review of the restriction imposed on the practice of CMPs.

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

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

Regulatory regime for the Chinese medicine hospital

10. Noting the proposal that the Chinese medicine hospital would not be run by HA but by an operating body on a self-financing basis, members were concerned about the regulatory regime for the hospital, including the level of charges so that its services would not become unaffordable to the less privileged. Members were particularly concerned that the high capital cost for the building and maintenance of the hospital building by the operating body would be levied upon patients who would have to pay high clinical fees for their visits while CMPs employed by the hospital would be given low pay. There was also a view that the support to be provided by the hospital in the areas of teaching, clinical internships and scientific research would be limited if the three local universities offering UGC-funded full-time degree programmes in Chinese medicine would have no involvement in the operation of the hospital.

11. According to the Administration, it would be more flexible for an NGO experienced in providing Chinese medicine services to operate the Chinese medicine hospital on self-financing basis at the initial stage of its operation. Same as other private hospitals, the Chinese medicine hospital had to comply with the regulatory regime for private healthcare facilities in force, including the prevailing requirements on price transparency.

12. On members' question about the timetable for the setting up of the Chinese medicine hospital, the Administration advised that it would take into account the recommendations of the Committee in taking forward the proposal. Subject to the completion of the works procedures, the construction of the hospital was expected to be completed in four to five years' time.

13. The Panel passed a motion at its meeting on 19 May 2014 urging the Administration to, among others, expeditiously establish the Chinese medicine hospital and incorporate the hospital into the public healthcare system with the provision of recurrent funding from the Government.

14. Members were subsequently advised that during January to May 2016, the Administration had invited non-profit-making organizations interested in developing and operating a Chinese medicine hospital at the reserved site at Tseung Kwan O on a self-financing basis to submit non-binding expression of interest. Responding organizations generally indicated that they could hardly afford the enormous cost of constructing a Chinese medicine hospital. As announced in the 2017 Policy Address in January 2017, the Government would finance the construction of the Chinese medicine hospital and invite HA to assist in identifying a suitable non-profit-making organization by tender to operate the hospital.

Implementation of the ICWM Pilot Programme

15. Question was raised on why stroke rehabilitation, low back pain and palliative care for cancer were selected as the disease areas of the ICWM Pilot Programme. There were views that the service scope of the ICWM Pilot Programme should be expanded, such as including other treatment modalities (e.g. Tui-na) in stroke care and low back pain care.

16. The Administration advised that the three disease areas were selected because the treatment of Chinese medicine or the synergy effect generated by treatment of ICWM for these areas was effective with the support of scientific proof. This apart, a certain number of patients were anticipated for these disease areas. The inclusion and exclusion criteria of the three disease areas

could also be clearly defined. Members were subsequently advised that having taken into account the feedbacks collected from various stakeholders during Phase I of the ICWM Pilot Programme, vacuum cupping, Tui-na and prescription of Chinese medicines had been added into the clinical protocol of acute low back pain care in Phase II of the Pilot Programme. As announced in the 2017 Policy Address in January 2017, the Government would provide funding for HA to continue to implement the Pilot Programme for five more years and expand the Pilot Programme to cover one more disease area in 2018-2019.

17. On the evaluation of the ICWM Pilot Programme, members were advised that HA had commissioned an external party to evaluate the effectiveness of the Pilot Programme at two difference stages. HA would brief the Committee and its Chinese Medicine Practice Sub-committee on the outcome of the Pilot Programme.

Recent developments

18. According to the Administration, HA has commissioned an international consultant to conduct a consultation exercise with local stakeholders and overseas experts since April 2017 in order to fully consider the views of stakeholders on the operational requirements of the Chinese medicine hospital. The consultation exercise is expected to complete by the end of 2017.

19. At the Council meeting of 12 July 2017, Hon Mrs Regina IP raised an oral question relating to the development of the Chinese medicine hospital. The question and the Administration's reply are in **Appendix I**.

20. As announced in the Chief Executive's 2017 Policy Address in October 2017, a unit dedicated to the development of Chinese medicine would be set up under the Food and Health Bureau. The dedicated unit would, among others, formulate the mode of operation of the Chinese medicine hospital. It was expected that the positioning and the framework of development in major areas of the Chinese medicine hospital would be announced in the first half of 2018.

Relevant papers

21. A list of the relevant papers on the LegCo website is in **Appendix II**.

Press Releases *12 July 2017*

LCQ5: Chinese medicine hospital

Following is a question by the Hon Mrs Regina Ip and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (July 12):

Question:

The Chief Executive of the last term announced in the 2014 Policy Address that a site in Tseung Kwan O had been reserved for the development of a Chinese medicine hospital, which will be operated on a self-financing basis under the integrated Chinese-Western medicine service model. He further stated in this year's Policy Address that the Government had decided to finance the construction of the hospital and invite the Hospital Authority (HA) to assist in identifying a suitable non-profit-making organisation by tender to take forward the project and operate the hospital. In this connection, will the Government inform this Council:

(1) whether it has formulated the details of the integrated Chinese-Western medicine service model to be adopted by the Chinese medicine hospital; if so, of the details (including the specific division of labour between the Chinese and Western medicine practitioners as well as their respective responsibilities and authority); if not, when the Government plans to announce such details;

(2) whether it knows the criteria to be adopted by HA for selecting a non-profit-making organisation to operate the Chinese medicine hospital; whether the Government and HA will, in future, provide assistance to the non-profit-making organisation which has successfully bid for the project in taking forward the project and operating the Chinese medicine hospital; if so, of the details; and

(3) in order to tie in with the long-term development of the Chinese medicine hospital, whether the Government will create a supernumerary directorate post dedicated to planning, coordinating, promoting and overseeing the development of the Chinese medicine hospital?

Reply:

President,

The Government has all along been committed to promoting the development of Chinese medicine in Hong Kong. To this end, the Government established the Chinese Medicine Development Committee (CMDC) in 2013 to explore the long-term development needs of the Chinese medicine sector so as to facilitate Chinese medicine to play a more active role in public health.

Among others, the Government announced in the 2014 Policy Address its decision to reserve a site in Tseung Kwan O, originally earmarked for private hospital development, to set up a Chinese medicine hospital. In the same year, the Government invited Hospital Authority (HA) to launch the Integrated Chinese-Western Medicine (ICWM) Pilot Programme to explore the feasible clinical framework and gain experience for the provision of Chinese medicine in-patient services and the development of the Chinese medicine hospital. All along, the Government has been working closely with the CMDC to study the mode of development for the Chinese medicine hospital which is suitable for Hong Kong.

As the first Chinese medicine hospital in Hong Kong, the Government considers that it is necessary to allow flexibility and room for its future development and therefore agrees with the CMDC's recommendations that the Chinese medicine hospital should be a non-public hospital and be operated by non-profit-making organisation(s) on a self-financing basis. The Chinese medicine hospital will provide ICWM in-patient services with Chinese medicine having the predominant role. The hospital will also support the teaching, clinical training and scientific research of higher education institutions in Hong Kong, including the Schools of Chinese Medicine of three universities.

During January to May in 2016, the Government invited non-binding expression of interest from non-profit-making organisations which are interested in developing and operating a Chinese medicine hospital. Responding non-profit-making organisations generally consider that they could hardly afford the enormous cost of constructing the Chinese medicine hospital without financial support from the Government. After thorough deliberation, the Government announced in the 2017 Policy Address that it has decided to finance the construction of a Chinese medicine hospital and invite the HA to assist in identifying a suitable non-profit-making

organisation by tender to take forward the project and operate the hospital.

As the provision of Chinese medicine hospital services is unprecedented, detailed and careful consideration of various factors, including the following challenges, is necessary when planning for the Chinese medicine hospital:

1. establishing a framework for and experience in the operation of a Chinese medicine hospital;
2. meeting the developmental needs of the Chinese medicine sector;
3. ensuring effective provision of ICWM in-patient services with Chinese medicine having the predominant role;
4. making sustainable financial arrangement;
5. ensuring effective management of the operation contract; and
6. facilitating the co-operation between the Chinese medicine hospital and the educational, training and research institutions.

Today, I would like to take this opportunity to provide an update on the latest development of the Chinese medicine hospital.

(1) As there is no relevant experience in Hong Kong in planning the development of a Chinese medicine hospital and the healthcare system of Hong Kong is different from those in the Mainland and overseas countries in terms of legal and regulatory regimes, there is no identical precedent to model on. Although the HA has gained experience in the provision of ICWM in-patient services, there are areas which still need to be examined when the ICWM model with Chinese medicine having the predominant role is put into clinical practice. These include collaboration between Chinese medicine practitioners and Western medicine doctors, design of clinical pathways, clinical accountability, review and monitoring systems, patients' safety and rights, and ways to handle the assessment, treatment and follow-up of patients in different treatment episodes under the ICWM approach. The above issues involve complicated legal and insurance matters which require thorough study and discussion. The adoption of evidence-based medicine will also be a major challenge to the whole project.

(2) To fully consider the views of stakeholders and provide appropriate operational conditions, the HA has commissioned an international consultant to conduct a

consultation exercise with local stakeholders and overseas experts since April 2017 and the exercise is expected to complete at the end of this year. Upon completion of the consultation and the analysis report, we will further map out the direction for developing the Chinese medicine hospital with the HA and relevant parties, and formulate a set of operational requirements which are practicable and in line with the operational considerations of the Chinese medicine sector before rolling out the open tender procedures.

(3) The Chief Executive has stated in her Manifesto that a unit dedicated to the development of Chinese medicine would be set up under the Food and Health Bureau, and the unit should maintain close liaison with the sector. The Bureau is now actively following up on the issue including the deployment of manpower in accordance with the established procedures. The proposed new dedicated unit will be responsible for the development of Chinese medicine sector in Hong Kong, including to decide on the position of Chinese medicine in our public healthcare system, and to plan the operational model of the first Chinese medicine hospital accordingly. The Government will take forward the work mentioned above step by step to match with the timing for the Chinese medicine hospital to commence operation, and report the progress of the development of the Chinese medicine hospital at an appropriate juncture.

Ends/Wednesday, July 12, 2017
Issued at HKT 15:28

NNNN

Appendix II

Relevant papers on the mode of operation of Chinese medicine hospital

Committee	Date of meeting	Paper
Panel on Health Services	21.1.2013 (Item IV)	Agenda Minutes
	18.3.2013 (Item IV)	Agenda Minutes
	20.1.2014 (Item III)	Agenda Minutes
	17.3.2014 (Item IV)	Agenda Minutes CB(2)1798/13-14(01)
	19.5.2014 (Item IV)	Agenda Minutes
	19.1.2015 (Item III)	Agenda Minutes
Subcommittee on Issues Relating to the Development of the Chinese Medicine	2.2.2016 *	Report
Panel on Health Services	26.1.2017 (Item 1)	Agenda Minutes
	16.10.2017 (Item IV)	Agenda

* Issue date