

立法會
Legislative Council

LC Paper No. CB(2)1009/19-20

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Friday, 8 November 2019, at 10:45 am
in Conference Room 3 of the Legislative Council Complex

- Members present** :
- Dr Hon CHIANG Lai-wan, SBS, JP (Chairman)
 - Hon CHAN Hoi-yan (Deputy Chairman)
 - Prof Hon Joseph LEE Kok-long, SBS, JP
 - Hon WONG Ting-kwong, GBS, JP
 - Hon Starry LEE Wai-king, SBS, JP
 - Hon CHAN Kin-por, GBS, JP
 - Hon Steven HO Chun-yin, BBS
 - Hon YIU Si-wing, BBS
 - Hon CHAN Chi-chuen
 - Hon CHAN Han-pan, BBS, JP
 - Hon Alice MAK Mei-kuen, BBS, JP
 - Dr Hon KWOK Ka-ki
 - Dr Hon Fernando CHEUNG Chiu-hung
 - Dr Hon Helena WONG Pik-wan
 - Hon Elizabeth QUAT, BBS, JP
 - Hon POON Siu-ping, BBS, MH
 - Hon CHU Hoi-dick
 - Hon SHIU Ka-fai, JP
 - Hon SHIU Ka-chun
 - Hon Wilson OR Chong-shing, MH
 - Hon YUNG Hoi-yan, JP
 - Dr Hon Pierre CHAN
- Members attending** :
- Hon LEUNG Che-cheung, SBS, MH, JP
 - Hon IP Kin-yuen
 - Hon Vincent CHENG Wing-shun, MH, JP

**Members
absent** : Hon Tommy CHEUNG Yu-yan, GBS, JP
Hon WONG Kwok-kin, SBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon Junius HO Kwan-yiu, JP
Hon Kenneth LAU Ip-keung, BBS, MH, JP
Hon KWONG Chun-yu

Public Officers : Item III
attending

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Miss Amy YUEN Wai-yin, JP
Deputy Secretary for Food and Health (Health) 2
Food and Health Bureau

Dr SIN Ngai-chuen
Chief Manager (Patient Safety & Risk Management)
Hospital Authority

Item IV

Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Miss Trista LIM
Principal Assistant Secretary for Food and Health (Health) 2
Food and Health Bureau

Dr WONG Ka-hing
Controller
Centre for Health Protection
Department of Health

Dr Ada LIN
Principal Medical & Health Officer (Emergency Response
and Programme Management)2
Department of Health

Dr Deacons YEUNG
Director (Cluster Services)
Hospital Authority

Dr Ian CHEUNG
Chief Manager (Cluster Performance)
Hospital Authority

Item V

Prof Sophia CHAN Siu-chee, JP
Secretary for Food and Health

Ms Leonie LEE Hoi-lun
Principal Assistant Secretary for Food and Health (Health)1
Food and Health Bureau

Ms Angel FAN On-ki
Head, Research Office
Food and Health Bureau

Dr Rita HO Ka-wai
Head, Non-Communicable Disease Branch
Department of Health

Dr Deacons YEUNG
Director (Cluster Services)
Hospital Authority

Dr WONG Kam-hung
Director, Hong Kong Cancer Registry

Dr Eric ZIEA
Senior Manager (Integrated Care Programs)
Hospital Authority

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

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

Mr Ronald LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

Mr Kent CHAN
Clerical Assistant (2) 5

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I. Information paper(s) issued since the last meeting

[LC Paper Nos. CB(2)148/19-20(01) and (02)]

Members noted that the following papers had been issued since the last meeting:

- (a) Administration's response to issues concerning the provision of professional healthcare services by healthcare personnel in public hospitals as raised at the special meeting and the policy briefing of the Panel on 21 October 2019; and
- (b) Administration's response to the letter dated 21 October 2019 from Dr KWOK Ka-ki concerning the health effects of chemicals deployed by the Police in dispersal operations.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)115/19-20(01) and (02)]

2. Members agreed to discuss the subjects "Healthcare manpower planning 2020" and "Enhancement of the public health facilities of the Department of Health ("DH")" at the next regular meeting of the Panel scheduled for 13 December 2019.

(Post-meeting note: Further to the discussion under agenda item III at the later part of this meeting and on the instruction of the Chairman after the meeting, a new discussion item has been added to the agenda for the next regular meeting of the Panel to receive views from deputations on the legislative proposals on advance directives and dying in place.)

3. The Chairman informed members that the list of outstanding items for discussion by the Panel (LC Paper No. CB(2)115/19-20(01)) had been updated following the holding of the work plan meeting between the Panel Chairman and Deputy Chairman and the Administration. The list had included items respectively proposed by members and the Administration for discussion in the current legislative session, as well as suggestions from the Administration on how certain items should be taken forward.

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The Chairman invited members who had further views on the list to inform the Clerk after the meeting.

(Post-meeting note: Members were invited to give their further views, if any, on the list of outstanding items for discussion by the Panel vide LC Paper No. CB(2)189/19-20 on 12 November 2019.)

III. End-of-life care: Legislative proposals on advance directives and dying in place

[LC Paper Nos. CB(2)115/19-20(03) and (04)]

4. At the invitation of the Chairman, Under Secretary for Food and Health ("USFH") briefed members on the public consultation exercise being conducted from 6 September 2019 to 16 December 2019 on the end-of-life care legislative amendment proposals concerning advance directives and dying in place ("the consultation proposals"), details of which were set out in the Administration's paper (LC Paper No. CB(2)115/19-20(03)).

5. Members noted the background brief prepared by the Legislative Council ("LegCo") Secretariat on the subject under discussion (LC Paper No. CB(2)115/19-20(04)).

6. When the Chairman proceeded with the discussion on this item, Dr Fernando CHEUNG sought the Chairman's permission to use part of his speaking time for members to observe a minute of silence in mourning for Mr CHOW Tsz-lok, a student of The Hong Kong University of Science and Technology who passed away on the day of this meeting. The Chairman invited views from members in this regard. No members raised objection. A minute of silence was then observed.

Timetable for the legislative exercise

7. Expressing support for the consultation proposals, Dr Pierre CHAN asked about the timetable for the legislative exercise. Mr POON Siu-ping raised a similar question. USFH and Deputy Secretary for Food and Health (Health)2 ("DS(H)2") advised that depending on the views gauged in the public consultation exercise, the plan of the Administration was to introduce the relevant legislative proposals into LegCo in the next legislative term. Dr Pierre CHAN requested the Administration to revert to the Panel on the views collected in the public consultation exercise.

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Advance directives

8. While expressing support for the consultation proposals on advance directives, Ms CHAN Hoi-yan was concerned about the proposed safeguard that the original copy of the advance directive should be presented under normal circumstances, as the patients concerned, who might be unconscious, or their family members might not always have the document readily available at the scene of resuscitation, in particular if it was outside the hospital setting. The Chairman remarked that apart from the presentation of the original copy of the advance directive, the person making the call for emergency ambulance service could mention that an advance directive had been made in order to facilitate the emergency rescue personnel to be aware of the wish of the patient concerned in this regard.

9. USFH advised that for patients of the Hospital Authority ("HA"), the current practice of HA was to file a hard copy of an advance directive in the medical record of the patient concerned for cross-checking when the original copy was presented to the HA clinical team. For non-hospitalized patients, HA had developed a Do-Not-Attempt Cardiopulmonary Resuscitation ("DNACPR") form for attaching to the advance directive of the patients concerned to certify the validity of the advance directive, or for carrying by minors and incompetent adults without an advance directive and suffering from advanced irreversible illnesses, so that emergency rescue personnel could avoid performing cardiopulmonary resuscitation in case emergency rescue was performed outside the hospital setting. Ms CHAN Hoi-yan called on the Administration to embed the advance directive and/or DNACPR information into the smart identity card and leverage on the Electronic Health Record Sharing System to facilitate easy access to such information by emergency rescue personnel and designated healthcare professionals.

10. Mr CHAN Chi-chuen asked whether the future legislative proposal in respect of advance directives would include a definition of "family member" and, if so, whether a same-sex partner would be regarded as a family member. DS(H)2 explained that the only proposed requirements concerning the two witnesses of an advance directive were that one witness had to be a medical practitioner, and both persons had no interest in the estate of the maker of advance directive. The witness did not need to be a family member.

11. Ms Alice MAK expressed concern about the handling of possible conflict between the wish of a person who had made an advance directive to refuse life-sustaining treatment and that of the person's family members. Referring to the proposed arrangement that both witnesses for making an

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advance directive should not have an interest in the estate of the person making the advance directive, Ms CHAN Hoi-yan was concerned that those immediate family members of a patient who had interest in the estate of the patient might hence not be aware of the advance directive of the patient. This might cause disputes among family members over the patient's wish.

Admin/
HA

12. USFH advised that for patients of HA, advance directives were usually made via advance care planning which involved communication among the patient concerned, his or her care providers, family members or caregivers concerning the kind of care that would be considered appropriate when the patient could no longer make a decision. The Chairman sought information about a breakdown of the 1 557 HA's patients who had signed advance directives (with a refusal to cardiopulmonary resuscitation) in 2018 by the types of diseases suffered by these patients. Chief Manager (Patient Safety & Risk Management), HA undertook to provide the information in writing.

13. Dr Fernando CHEUNG was concerned that it was unclear under the existing legislation as to who had the authority to determine whether a mentally incapacitated person was incapable of giving consent to or refusing the carrying out of a treatment. The Chairman and Dr Fernando CHEUNG were of a view that in formulating the future legislative proposals in relation to advance directives, the Administration should take into consideration the need of mentally incapacitated person in this regard. Taking note of the concern, USFH advised that under the consultation proposals, a valid advance directive had to be made by a mentally competent person who was aged 18 or above.

Dying in place

Dying at residential care homes for the elderly ("RCHEs")

14. Expressing support for the principles of the consultation proposals which the Law Reform Commission had called for some ten years ago, Dr Fernando CHEUNG said that he had reservation on the proposal to amend the Coroners Ordinance (Cap. 504) which sought to exempt the requirement of reporting to the Coroner if an RCHE resident (regardless of whether he or she was diagnosed as having a terminal illness) had been attended to by a registered medical practitioner within 14 days prior to death and a medical practitioner made a final diagnosis and determined the cause of death ("the exemption proposal"). Expressing concern about the legal safeguard if the death was caused by negligence on the part of RCHEs, he considered it necessary for the Administration to provide information on

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the annual numbers of reportable deaths in RCHEs and cases that required the Police to investigate and the Coroner to inquire into the causes and circumstances of deaths.

15. Mr POON Siu-ping asked about the reason why a 14-day requirement was proposed. USFH advised that the proposed 14-day requirement was in line with the existing arrangement under the Coroners Ordinance that it was not a reportable death if the person who died at home due to natural cause had been diagnosed as having terminal illness before his or her death, or he or she had been attended to by a registered medical practitioner during his or her last illness within 14 days prior to his or her death. Ms Alice MAK said that she agreed with the proposed legislative direction. Pointing out that it took time for the Coroner to hold an inquest for reportable deaths, she considered that the exemption proposal could enable family members of the deceased to settle the post-death arrangement at an earlier time.

16. Pointing out that hospice care rooms were currently only available in a limited number of contract RCHEs, Mr SHIU Ka-chun asked whether consideration would be given to making it a mandatory requirement under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) that RCHEs had to set up hospice care facilities, which he and Dr Fernando CHEUNG had long been calling for, to facilitate the implementation of the proposal of dying at RCHEs. USFH undertook to relay the view to the relevant Government bureaux for consideration.

17. Mr POON Siu-ping asked whether the Administration would consider according priority in the allocation of subsidized RCHE places on the grounds that the waitlistee had, after the passage of the relevant legislative proposal in respect of dying in place, registered his or her wish to spend the final days at an RCHE so as to ensure that the wish would be followed. USFH advised that the issue could be looked into at a later stage.

Dying at home

18. Mr SHIU Ka-chun remarked that the number of palliative care beds in HA, which stood at 350-odd, was far from adequate to meet the need of an ageing population. In his view, a smooth implementation of the dying at home proposal, however, hinged on the adequacy of palliative home care services to provide outreach symptom management and monitoring and patient care. He sought information about the plan and timetable of the Administration and HA to enhance HA's palliative care services, in particular the provision of palliative care beds in public hospitals, and the capacity of and manpower for palliative home care services. USFH agreed to provide the requisite information in writing.

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19. Dr Pierre CHAN pointed out that a flat where a person died became inauspicious in Chinese society, which resulted in a depreciation of the value of the flat concerned and even flats in the immediate vicinity. He asked about how the Administration would address the issue in order to take forward the legislative proposal in relation to dying in place. USFH advised that the intent of its proposal was to provide more options in the place of care for persons who would want to spend their last days in a familiar environment. The Administration acknowledged that there were other concerns in society that needed to be addressed to facilitate the implementation of dying in place.

20. Mr CHAN Chi-chuen asked whether arrangement would be made to allow a person being detained by the Police to spend the last days at home if the person had made a valid advance directive and indicated the wish to die at home when he or she was mentally competent and was currently suffering from the proposed pre-specified conditions for the application of an advance directive (i.e. was terminally ill, or at persistent vegetative state or a state of irreversible coma, or in other end-stage irreversible life-limiting condition). USFH advised that validly made advance directives would be legally binding.

21. Dr Pierre CHAN suggested that the Panel should receive views from deputations on the consultation proposals. Dr Helena WONG, Dr Fernando CHEUNG and Mr SHIU Ka-chun indicated support to the suggestion and no members raised objection. The Chairman said that she would work with the Administration and the Clerk on the meeting arrangement.

(Post-meeting note: Subsequent to the meeting, the Chairman has directed that the Panel would receive views from deputations on the subject at its next regular meeting on 13 December 2019.)

IV. Preparation for winter surge

[LC Paper Nos. CB(2)115/19-20(05) and (06)]

22. At the invitation of the Chairman, USFH briefed members on the preparatory work carried out by the Administration and HA to tackle winter surge, details of which were set out in the Administration's paper (LC Paper No. CB(2)115/19-20(05)).

23. Members noted the updated background brief prepared by the LegCo Secretariat on the subject under discussion (LC Paper No. CB(2)115/19-20(06)).

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HA's response measures

24. Mr POON Siu-ping sought information about HA's preparation for the coming winter surge in terms of financial and manpower resources. He was concerned about whether the work of enhancing discharge support was to be taken up by existing or newly recruited supporting staff of HA. Ms Alice MAK expressed concern about the manpower of supporting staff in HA. She sought clarification as to whether the estimated increase of 190 doctors, 845 nurses and 330 allied health professionals in HA in 2019-2020 as compared with the manpower in 2018-2019 was a time-limited measure for tackling the winter surge. Raising a similar question, Ms CHAN Hoi-yan was concerned about whether the estimation was a net increase having taken into account manpower wastage.

25. Director (Cluster Services), HA ("D(CS), HA") advised that with the additional allocation from the Government, HA would continue to, among others, increase its manpower of healthcare professionals and supporting staff. Measures to be put in place in this regard included recruiting full-time, part-time, locum and temporary healthcare staff, utilizing agency nurses and supporting staff, and enhancing the Special Honorarium Scheme arrangement to encourage more staff members in different disciplines to work extra service session. At present, more than 400 part-time healthcare professionals had been recruited by the Locum Office. The manpower of supporting staff would be increased by 1 600-odd in 2019-2020 as compared with the manpower in 2018-2019.

26. Ms Alice MAK expressed grave concern that the utilization of agency supporting staff was ineffective in alleviating the heavy workload of hospital wards. She urged HA to consider making use of the financial resources in this regard to encourage existing supporting staff to augment the manpower during the winter surge. Pointing out that agency nurses could only perform basic nursing duties but not those specific duties that required guidance and supervision, Dr KWOK Ka-ki suggested that HA could make reference to the arrangement of National Health Service of the United Kingdom to allow its individual hospitals to recruit extra manpower as and when necessary. USFH advised that apart from centralized recruitment, mechanism was in place in HA for individual hospitals to recruit additional manpower to address short-term operation or ad-hoc manpower needs.

27. Dr KWOK Ka-ki expressed concern that in the past winter surge periods, there were elective surgeries being rescheduled by HA due to the resource deployment for tackling winter surge. He remarked that HA could consider further increasing the rate of the Special Honorarium Scheme

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allowance to encourage more healthcare staff to work extra service sessions to meet the service demand in this regard. USFH stressed that efforts had been and would continue to be made by HA to reprioritize core activities to cope with service demand during winter surge.

28. Ms CHAN Hoi-yan considered that the Administration and HA should explore new initiatives, such as provision of mobile healthcare services in the vicinity of public hospitals at affordable prices and introducing seasonal influenza healthcare vouchers to encourage members of the public to seek medical consultation in the private sector, to alleviate the heavy workload of public hospitals, in particular the Accident and Emergency Departments, during the winter surge period. D(CS), HA advised that HA would, among others, strengthen the service of General Outpatient Clinic Public-Private Partnership Programme to provide additional subsidized service quotas and prescription of antiviral drug, so as to help manage service demand in public healthcare sector by tapping on the capacity and capability available in the private sector. The Chairman suggested that the introduction of online medical consultation and prescription delivery service could be explored.

29. Dr Pierre CHAN said that he had repeatedly called on HA to reduce the number of meetings and postpone non-urgent meetings during winter surge period so that frontline healthcare staff could focus more on clinical work. He requested HA to advise in writing the number of meetings held in the premises of HA Building during January to March 2019. D(CS), HA undertook to provide the requisite information after the meeting.

Admin/
HA

30. Noting that the vaccination rates of healthcare personnel in England and some Asian countries was about 60% to 70%, the Chairman asked about the local figure. USFH advised that the vaccination rate of HA's healthcare staff was over 40%. The Administration and HA would continue to step up promotion and enhance the logistical arrangement to encourage vaccination.

Vaccination

31. Noting the regularization of the School Outreach Vaccination Pilot Programme from the 2019-2020 winter season onwards, Mr POON Siu-ping asked about the target vaccination rate under the programme. Controller, Centre for Health Protection of DH ("Controller, CHP") advised that with the expansion of the programme to cover kindergartens and child care centres ("KGs/CCCs") on a pilot basis, it was expected that there would be an increase in the vaccination rate of children aged 12 or below in the 2019-2020 season.

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32. Mr IP Kin-yuen sought information on the number of vaccination places offered under the programme. He said that according to the views he collected from a kindergarten and some parents, about 80% of the parents of the students of the kindergarten concerned had consented to having their children to receive vaccinations at the school, which was a more familiar environment to their children and was more convenient for the parents. However, there were kindergartens which encountered difficulty in engaging a doctor or medical organization from the list provided by DH to be the vaccination team. He called on the Administration to regularize the outreach seasonal influenza vaccination service for KGs/CCCs. To increase herd immunity, Ms CHAN Hoi-yan suggested that in the longer term, free seasonal influenza vaccination service should be provided for all school children. Parents and foreign domestic helpers taking care of the kindergarten students should also be provided with seasonal influenza vaccination at the school setting if they wished to do so. Dr Helena WONG asked about the Administration's target vaccination rate of schoolchildren.

33. USFH advised that so far, about 430 primary schools and 710 KGs/CCCs had respectively enrolled in the seasonal influenza vaccination outreach programme for primary schools and KGs/CCCs. The Administration would make reference to the experience gained when considering the arrangement for the next season. Controller, CHP added that no limit was set on the number of KGs/CCCs that could participate in the programme. Participating schools could opt for vaccination teams from a private healthcare provider listed or matched by DH.

34. In response to Mr IP Kin-yuen and Dr Helena WONG's enquiries about the effectiveness and the use of live attenuated influenza vaccine (i.e. nasal vaccine) under the school outreach programmes, USFH advised that the Scientific Committee on Vaccine Preventable Diseases would keep in view the scientific evidence and experience of overseas health authorities in relation to nasal vaccine and make recommendations in this regard. The Administration would decide the way forward with reference to the recommendations and the experience gained from the 21 schools which had used nasal vaccine in the outreach vaccination programme. In response to Dr Helena WONG's follow-up enquiries, Controller, CHP advised that some 2 000 doses of nasal vaccine would be used for the programme. The cost per dose of nasal vaccine was about three times of that of inactivated influenza vaccine. Making reference to the practice of the United Kingdom where nasal vaccine was routinely being offered to all children aged two and three as well as all children in primary school, Dr KWOK Ka-ki supported the use of nasal vaccine for young children.

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35. In view of the growing number of parents casting doubt on the effectiveness of vaccination, Ms Alice MAK asked whether DH would target education at parents to raise their awareness on the effectiveness of vaccination in preventing their children from receiving seasonal influenza and its complications. Referring to the submission from Society for Community Organization (LC Paper No. CB(2)183/19-20(01)) which was tabled at the meeting, she asked whether the Administration would consider providing (a) free seasonal influenza vaccination to all community-living Hong Kong residents aged 50 to under 65 under the Government Vaccination Programme; and (b) free or subsidized seasonal influenza vaccination to holders of valid visa/entry permit who worked in Hong Kong in order to help alleviate the heavy workload of the public healthcare system.

Admin/
HA

36. USFH advised that under the Vaccination Subsidy Scheme, all persons aged 50 or above could receive subsidized seasonal influenza vaccination from enrolled private doctors in their clinics. About 30% of these doctors imposed no service fees for the vaccination. In response to Dr Helena WONG's question regarding the Administration's target vaccination rate for elders under the Government Vaccination Programme, Controller, CHP advised that the latest vaccination rate among residents of RCHEs was about 70% to 80%. In view of the time constraint, the Chairman requested the Administration and HA to provide a written response to Ms Alice MAK's questions set out in paragraphs 24, 26 and 36 above.

37. Expressing concern that many stockpiles of antiviral drugs had been disposed of due to expiry of the shelf-life, Dr KWOK Ka-ki called on the Administration to review the stockpile arrangement and consider better allocating the resources concerned to provide outreach seasonal influenza vaccination services for elderly persons and underprivileged groups in 18 districts. Controller, CHP advised that stockpiling of antiviral drugs was a precautionary measure for possible influenza pandemic. DH would keep in view the expert advice in this regard.

Personal hygiene

38. Referring to the Prohibition on Face Covering Regulation (Cap. 241K) which sought to, among others, prohibit the use in certain circumstances of any facial covering that was likely to prevent identification, Mr CHAN Chi-chuen asked whether the Administration would consider suspending the enforcement of the prohibition during the winter surge period and advising members of the public to wear surgical

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masks while in crowded places as one of the measures to prevent seasonal influenza. USFH advised that receiving seasonal influenza vaccination, performing hand hygiene frequently and wearing surgical mask properly were all measures to prevent oneself from getting seasonal influenza.

V. Hong Kong Cancer Strategy

[LC Paper Nos. CB(2)115/19-20(07), CB(2)1838/18-19(01), and CB(2)144/19-20(01)]

39. At the invitation of the Chairman, Secretary for Food and Health ("SFH") briefed members on the cancer situation in Hong Kong and the Hong Kong Cancer Strategy ("the Cancer Strategy") promulgated in July 2019, details of which were set out in the Administration's paper (LC Paper No. CB(2)115/19-20(07)) and Hong Kong Cancer Strategy 2019: Summary Report (LC Paper No. CB(2)1838/18-19(01)).

40. Members noted the information note on cancer strategies in selected places (IN10/18-19) prepared by the Research Office of the Information Services Division of the LegCo Secretariat in March 2019 for the Subcommittee on Issues Relating to the Support for Cancer Patient; and a submission from Factasia on the subject under discussion (LC Paper No. CB(2)144/19-20(01)).

[At 12:33 pm, the Chairman informed members of her decision to extend the meeting for 15 minutes beyond its appointed ending time to allow more time for discussion.]

Cancer screening

41. Dr KWOK Ka-ki said that it was not uncommon in other places to implement cancer screening programmes to enhance early diagnosis and survival rate of cancer patients. He urged the Administration to provide cancer screening to high-risk groups, such as chronic carriers of hepatitis B virus and smokers to facilitate early diagnosis of various types of cancer.

42. Director, Hong Kong Cancer Registry ("D, HKCR") advised that the Cancer Expert Working Group on Cancer Prevention and Screening ("the Cancer Expert Working Group") set up under the Cancer Coordinating Committee would continue to review overseas and local scientific evidence and make recommendations on, among others, cancer screening that was applicable to local situations. He assured members that at present, suspected cancer patients with urgent clinical conditions would be diagnosed and treated with priority under HA's triage mechanism.

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Dr Pierre CHAN urged the Administration to step up public education on the factors that supported or not supported the implementation of a population screening for different types of cancer. SFH took note of the suggestion.

43. Referring to the successful experience of Taiwan in enhancing timely treatment and reducing mortality rate of breast cancer through the provision of a population screening programme, Ms CHAN Hoi-yan asked why the Administration was reluctant to implement a population-based breast cancer screening programme for the local population. Ms Elizabeth QUAT said that she had long been calling for the introduction a breast cancer screening programme. To improve the existing breast cancer screening service of public hospitals, she urged HA to procure more 3D mammography machines.

44. SFH advised that the view of the Cancer Expert Working Group was that there was currently insufficient scientific evidence to recommend for or against a population-based breast cancer screening. The Administration had commissioned The University of Hong Kong to conduct a study to identify risk factors associated with breast cancer for local women, which was expected to be completed in the latter half of 2019 for reference of the Cancer Expert Working Group in making recommendations on the future strategies for breast cancer screening in Hong Kong.

45. Noting from media reports that the coverage for the Colorectal Cancer Screening Programme was about 5% of the target population in end-2018, Mr SHIU Ka-chun asked about the measures to be put in place by the Administration to achieve the expected outcome of having a 30% relative increase in coverage for colorectal cancer screening by 2025. In his view, a high participation rate of private doctors in the Programme was of utmost importance to promote members of the public to join the Programme.

46. Head, Non-Communicable Disease Branch of DH advised that at present, heavy subsidies were provided to asymptomatic Hong Kong residents aged 56 to 75 to undergo screening tests under the Colorectal Cancer Screening Programme which would be implemented in three phases. To date, more than 700 primary care doctors had enrolled in the Programme covering more than 1 000 service points. Prior to the regularization of the Programme in August 2018, the coverage rate was about 28%. With a 30% relative increase in coverage for colorectal cancer screening by 2025 from the present level of 28%, it was expected that about 36% of the local population would have undergone screening tests by that

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time. This was on par with the coverage rate of other places in this regard which stood at about 40%.

[At 12:54 pm, the Chairman suggested and members agreed that the meeting be further extended for 10 minutes.]

Vaccination

47. Ms Elizabeth QUAT requested the Administration to strengthen the monitoring of the supply of human papillomavirus ("HPV") vaccines to curb the emergence of counterfeit products in the market. Referring to the provision of free HPV vaccinations to school girls of particular age groups starting from the 2019-2020 school year for the prevention of cervical cancer, she called on the Administration to take heed of her suggestion to launch a catch-up programme to enable all secondary and tertiary female students to receive the vaccination. SFH assured members that the Cancer Expert Working Group would continue to examine various measures relating to the prevention of cervical cancer.

Treatment and support for cancer patients

48. Dr KWOK Ka-ki considered that the Administration should make reference to the practice of other places to introduce a cancer drug subsidy programme with a low threshold or even without means test to relieve the financial pressure of the cancer patients and their family. Sharing with members the financial hardship faced by a grassroot family when the breadwinner suffered from cancer, Mr Wilson OR said that the Cancer Strategy, however, lacked measures to expedite the processing of drug subsidy applications under the safety net.

49. SFH stressed that it was the Government's policy that no one should be denied of adequate medical treatment due to lack of means. HA had incorporated new cancer drugs and extended the therapeutic applications of various cancer drugs in recent years. To expedite the introduction of new drugs into the safety net coverage, HA had increased the frequency of the review exercise from once to twice a year. As of September 2019, 18 out of the 37 self-financed drugs covered by the Samaritan Fund were cancer drugs. Ms CHAN Hoi-yan and Mr Wilson OR called on the Administration to subsidize cancer patients in need of medical consumables to cover part of their expenses in this regard. SFH took note of the suggestion.

50. Mr Wilson OR criticized that the Cancer Strategy lacked details of how to further engage community organizations or concern groups to create

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a synergy to enhance the support for cancer patients. SFH advised that a strategy set out in the Cancer Strategy was the setting up of a platform namely "Cancer Network of Partners" involving community organizations to pool together all key resource available and align community efforts to strengthen all-rounded support to cancer patients, cancer survivors and carers.

Chemicals deployed by the Police to disperse crowds

51. Regarding the social events staged in different districts in the past few months, Mr SHIU Ka-chun was concerned about whether there was any composition of the chemicals deployed by Police to disperse crowds was carcinogenic. Dr Helena WONG was worried that the combustion of tear gas rounds would produce, among others, cyanide and dioxins, and as a result caused negative impact on the environment and public health. SFH advised that health information on tear gas had been uploaded to the Centre for Health Protection's website for general public's reference. Ms Elizabeth QUAT remarked that it was the illegal acts of the radical protestors that warranted the use of minimum necessary force by the Police to effect dispersal.

VI. Any other business

52. The Chairman reminded member that the Panel would conduct a duty visit to Kwai Tsing District Health Centre on 25 November 2019 and hold its next regular meeting on 13 December 2019.

53. There being no other business, the meeting ended at 1:03pm.

Council Business Division 2
Legislative Council Secretariat
18 May 2020