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Panel on Health Services meeting on 13 June 2005

Background paper prepared by the Legislative Council Secretariat

**Provision of Chinese medicine outpatient clinics
in the public healthcare system**

Purpose

This paper gives an account of the past discussions by the Panel on Health Services (the Panel) on the provision of Chinese medicine outpatient clinics in the public healthcare system.

Background

2. Following the enactment of the Chinese Medicine Ordinance in 1999 to provide the statutory framework for the regulatory control and development of Chinese medicine in Hong Kong, the Administration first informed the Panel on 13 November 2000 of its intention to provide outpatient Chinese medicine services in the public sector.
3. At the briefing on the policy objectives and initiatives for health services on 12 November 2001, the Administration stated that it would introduce Chinese medicine in the public health sector, initially in the form of outpatient services, with a view to integrating Chinese medicine and western medicine in the public healthcare system in the long run. Over the next few years, the Administration would be setting up Chinese medicine outpatient clinics in the territory, with a view to setting up 18 clinics by 2005.
4. The actual progress of opening Chinese medicine clinics was slower than the target set by the Administration. The first public Chinese medicine outpatient clinic at Tung Wah Hospital was opened on 1 December 2003, followed by two more clinics at Yan Chai Hospital and Alice Ho Miu Ling Nethersole Hospital, which were opened in late December 2003. In his briefing on the policy initiatives of the Health, Welfare and Food Bureau (HWFB) on 20 January 2005, the Secretary for Health, Welfare and Food

(SHWF) informed members that taking into account operational experience of three Chinese medicine clinics operating in Hospital Authority (HA) hospitals, the Administration aimed to increase the number of Chinese medicine clinics to no fewer than six in 2005-06 by stages.

Deliberations of the Panel

Target of opening Chinese medicine clinics in the public healthcare system

5. On 13 November 2000, the Administration briefed members on the latest developments in the regulation of Chinese medicine, and the arrangements for the introduction of Chinese medicine in the public healthcare system. Members noted that the Administration was considering the modes of provision of outpatient Chinese medicine services in the public sector with a view to introducing pilot services in 2001-02. The Administration would report and consult members as soon as it had formulated detailed proposals.

6. Members welcomed the proposal and asked the Administration whether Chinese medicine would be extended to hospital services. Members were concerned that if the introduction of Chinese medicine in the public healthcare system was confined to outpatient service, the development of Chinese medicine in the public sector would be limited, and students of Chinese medicine graduating from local universities in 2003 would not be able to have their internship in local hospitals.

7. The Administration responded that it was its ultimate goal to provide Chinese medicine in the hospital services. As the introduction of Chinese medicine in the public healthcare system was a new policy, it was necessary to take the introduction forward in a cautious manner. To this end, the Administration planned to provide outpatient Chinese medicine services in the public sector as a start.

8. At the meeting of the Panel on 10 February 2003, the Administration consulted the Panel on the implementation plan for the introduction of Chinese medicine in the public sector. The proposed Chinese medicine outpatient clinics would be attached to selected public hospitals or health centres to provide Chinese medicine services in general practice. Each clinic would be staffed by four Chinese medicine practitioners and supporting staff including Chinese medicine dispensers.

9. The Administrated pointed out that apart from promoting the development of “evidence-based” Chinese medicine practice through clinical research, clinical services provided at the clinics would help to derive the experience and expertise to systematise the knowledge base of Chinese medicine and develop standards in Chinese medicine practice. The

participation of western medicine practitioners in the joint clinical teams would help develop models of interface between western and Chinese medicine. The clinics would also serve as training grounds for Chinese medicine practitioners, particularly those graduates of local universities.

10. The Administration confirmed that it was still its plan to set up 18 clinics. It would review the schedule for the establishment of the rest of the clinics in the light of operational experience of the first three clinics to be established in 2003 and the budgetary situation.

11. At the Panel meeting on 8 December 2003, the Administration briefed members on the latest development in the provision of Chinese medicine service in the public sector in Hong Kong. The Administration reported that the Chinese medicine clinic at Tung Wah Hospital, which was established by initiative of the Tung Wah Group of Hospitals and was already in operation, had joined HA as the first Chinese medicine clinic in the public sector. The Chinese medicine clinics at Yan Chai and Alice Ho Miu Ling Nethersole Hospital would commence operation in late December 2003. As to whether the 18 Chinese medicine clinics would be set up before 2005 as planned, the Administration said that it was unlikely that such a target could be met.

12. In its paper setting out the policy initiatives of HWFB for discussion at the Panel meeting on 20 January 2005, the Administration stated that taking into account experience of operating three Chinese medicine clinics in HA hospitals, it aimed to increase the number of Chinese medicine clinics to no fewer than six in 2005-06 by stages. The Administration aimed to consult the Panel and seek capital works funding support from the Finance Committee of the Legislative Council (LegCo) within the 2004-05 legislative session.

13. Members were concerned that the Administration's plan to set up no fewer than six Chinese medicine clinics in 2005-06 fell far short of the target of setting up 18 clinics by the end of 2005 as stated by the Administration in 2001. Expressing concern about the lack of opportunities for clinical practice in hospitals for local Chinese medicine graduates, two members asked the Administration to provide more information on its long-term plan for introducing Chinese medicine into the public healthcare system.

14. SHWF responded that the Administration's long-term goal was to establish a treatment mode in which Chinese medicine practitioners and western medical practitioners could work together in a complementary manner to treat inpatients of hospitals. In this connection, HA had planned to conduct pilot schemes in hospitals where treatments were primarily provided by western medical practitioners, to be supplemented by consultation of Chinese medicine practitioners for cases where appropriate. SHWF pointed out that as the regulatory regime of Chinese medicine had commenced only a few years ago, the long-term development of Chinese medicine had to be planned in the

light of its proven efficacy.

Consultation fee for Chinese medicine services

15. Members raised questions on the consultation fee at the meetings on 10 February and 8 December 2003. Patients attending the Chinese medicine outpatient clinics would be charged a fee of \$120 for each consultation (comprising \$80 consultation fee and \$40 for medication). The Administration explained that the fee was set having regard to the current level of charge and patients' affordability. CSSA-receiving senior citizens and those in financial difficulty would enjoy full or partial fee exemption in these clinics.

16. The Administration further explained that as there was already a private market providing generally comprehensive and affordable Chinese medicine services to the community, the Administration had no intention of offering a highly subsidised service to compete with service providers in the private sector. As to the level of subsidy to Chinese medicine outpatient service, it was 37% if the element of research was excluded. The level of subsidy would be 52% if the research element was included in the operating cost.

17. Some members expressed concern that the proposed consultation fee was too high to attract patients and might lead to an increase in fees charged by the private sector and the Chinese medicine clinics operated by NGOs. The Administration pointed out that the fee was comparable to the average fee charged by the private sector, and that the fee charged by some Chinese medicine clinics operated by NGOs was higher than \$120. As the public sector would only take up 5% to 6% of the Chinese medicine service market when all the 18 Chinese medicine outpatient clinics under HA were set up, the Administration considered it highly unlikely that the proposed fee would lead to increase of fees by other service providers. A review on the implementation of Chinese medicine outpatient service, including whether the fee was set at an appropriate level, would be conducted in the light of the three clinics to be set up in 2003.

18. A member suggested that only a certain number of the 18 planned clinics should provide research-based service and the remainder should only provide general Chinese medicine service. Patients who chose to attend the research-based Chinese medicine clinic would be charged a fee of \$120 per attendance, while those who chose to attend the general Chinese medicine clinics would be charged a lower fee, given the differences in the cost and level of subsidy to services with and without a research element.

19. The Administration responded that it was very difficult to delineate the service of Chinese medicine clinics in the public sector along the line suggested above. The cost per attendance and the level of subsidy, amongst others,

would be reviewed in the light of the operational experience of the first three Chinese medicine clinics set up in 2003. To help the public understand the difference between a general Chinese medicine clinic and a research-based Chinese medicine clinic, the Administration would educate the public on the background for introducing Chinese medicine clinics in the public sector and explain the reason for charging a fee of \$120 per attendance.

Recent development

20. As proposed by the Administration, the Panel will discuss the provision of Chinese medicine outpatient clinics in the public healthcare system and in districts at its next meeting on 13 June 2005.

Relevant papers

21. Members are invited to access the LegCo website (<http://www.legco.gov.hk>) to view the minutes of the meetings of the Panel held on 13 November 2000, 12 November 2001, 10 February 2003, 8 December 2003 and 20 January 2005, a relevant question asked by Hon Michael MAK at the Council meeting on 4 December 2002 and a relevant motion moved by Hon LI Kwok-ying at the Council meeting on 1 December 2004.

Council Business Division 2
Legislative Council Secretariat
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