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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 14 May 2007

Development of Chinese medicine clinics in the public sector

Purpose

This paper gives an account of the main views/concerns raised by members of the Panel on Health Services (the Panel) on the development of Chinese medicine clinics (CMCs) in the public sector.

Background

2. The Chief Executive (CE) announced in his 2001-2002 Policy Address to introduce Chinese medicine in the public health sector, initially in the form of outpatient service, with a view to achieving the following objectives in the long run -

(a) to promote the development of "evidence-based" Chinese medicine practice through clinical research;

(b) to systemise the knowledge base of Chinese medicine;

(c) to develop standards in Chinese medicine practice;

(d) to develop models of interface between western and Chinese medicine;

(e) to provide training in "evidenced-based" Chinese medicine; and

(f) to integrate Chinese medicine into the whole public health care system.

A total of 18 Chinese medicine clinics (CMCs) were targetted for establishment by 2005.

3. In 2003-2004, the Hospital Authority (HA) established three CMCs on a trial basis using a tripartite model in which HA collaborates with a non-governmental organisation (NGO) and a local university in each of the clinics. Under the collaboration model, HA co-ordinates the Chinese medicine dispensary services for the clinics to ensure standardisation and safety in the use of Chinese medicine products. It also maintains a common electronic clinical management system for sharing and collating clinical information to facilitate overall management, audit and research. The NGOs with good network in the district and/or proven track record in providing medical or community services are responsible for the day to day operations of the clinics. The universities with established expertise in training and research manage the training and research programmes of the clinics.

4. Following a review of the services of the three clinics after a year of operation, the Administration decided to continue to operate CMCs on a tripartite model with some adjustments -

(a) the NGO running the service in partnership with HA should be required to offer training to a number of local Chinese medicine graduates;

(b) each CMC should be self-financed. Government would only cover capital works required for the setting up of the clinic, capital and maintenance cost of the information system serving the clinic, salary of the Chinese medicine graduates being trained, honorarium for the Chinese medicine practitioners for supervising the graduates and salary of Senior Pharmacist on share basis; and

(c) the clinics need not be attached to a hospital, so that they can be more conveniently located for the benefit of patients.

5. In his Policy Address in January 2005, CE committed to increase the number of CMCs to no fewer than six in 2005-2006. Six new clinic sites were subsequently identified for their proximity to densely populated areas, good accessibility and timing of availability of the sites for conversion. Apart from the first three clinics which are attached to the Tung Wah Hospital in Central and Western, the Yan Chai Hospital in Tsuen Wan and the Alice Ho Miu Ling Nethersole Hospital in Tai Po, the six new clinics will be located in Wan Chai, Tseung Kwan O of Sai Kung, Yuen Long, Kwai Tsing, Tuen Mun and Kwun Tong.

6. CMCs serve members of the public through a daily quota system. Patients attending the clinics will be charged a fee of $120 for each consultation, including two doses of Chinese medicine. However, 20% of the quota are allocated to recipients of Comprehensive Social Security Allowance and their fees and charges will be waived.

Past discussions

7. The issue of the development of Chinese medicine in the public sector was discussed by the Panel on 13 November 2000, 12 November 2001, 10 February and 8 December 2003, and 13 June and 14 November 2005. Major views/concerns expressed by members and the Administration's responses are summarised in the ensuing paragraphs.

Pace of setting up CMCs

8. Members expressed disappointment that the Administration had only achieved 50% of its target to set up 18 CMCs by 2005, and asked whether the adoption of a tripartite model for CMCs was the reason for the delay.

9. The Administration explained that as the operation of CMCs was new to the public sector, in order to develop the mode of operation and collaboration arrangements of the clinics, it was decided that three clinics should first be established with the timing for setting up the remaining clinics to be reviewed in the light of clinical and operational experience. For instance, from operational experience, the sites of the first three clinics were found to be too small to provide a full range of Chinese medicine services. To rectify such, the size of new CMC sites would range from 416 m^2 to 700 m^2, as opposed to from 270 m^2 to 386 m^2.

10. Responding to members' enquiry on when the remaining nine CMCs would be set up, the Administration advised that the timetable would be determined having regard to operational experience, availability of suitable sites and budgetary situation. Members were also advised that the Administration had explored the idea of renting retail premises in public housing estates to set up CMCs, and concluded that the rental charged at prevailing market rate would inevitably make the CMC not cost-effective.

11. To expedite the pace of setting up CMCs, Hon Andrew CHENG suggested that funding submission to the Public Works Subcommittee (PWSC)/Finance Committee (FC) of the Legislative Council for the six new clinics should include the works for the other nine clinics for which the Administration had not yet identified sites so that work could commence once suitable sites became available.

12. The Administration did not consider the funding submission to PWSC/FC a time-critical step in the setting up of CMCs, having regard to the experience gained in setting up the first three CMCs and the remaining preparatory work required. The Administration would continue to follow the established procedures to seek upgrading of only the items with better-defined scope of works and more accurate cost estimates.

Location of CMCs

13. Hon CHAN Yuen-han expressed the view that CMCs should be provided at areas with a high concentration of elders. Hon WONG Kwok-hing was also of the view that a CMC should be set up in Tung Chung.

14. The Administration advised that it planned to set up CMCs in districts with a high concentration of elders, such as the North District, Sha Tin and Wong Tai Sin, subject to the availability of suitable sites. Although the Administration did not consider Tung Chung should be given priority in the setting up of a CMC because of its relatively small and young population who were less inclined to use Chinese medicine service, it nevertheless agreed to re-consider the setting up of a CMC in Tung Chung having regard to the views expressed that a CMC set up thereat would not only serve people living in that area, but also people living on Lantau Island and labourers working for the airport in Chek Lap Kok who would often need such Chinese medicine service as bone-setting.

Fees and charges of Chinese medicine outpatient services

15. Some members were of the view that charging a fee of $120 per visit at the CMC was too high, and might give rise to fee increase by service providers in the private sector.

16. The Administration advised that in working out the charges, account had been taken of the policy to promote Chinese medicine through the provision of "evidence-based" Chinese medicine services, the development of standards in Chinese medicine practice and models of interface between western and Chinese medicine on the one hand, and the current level of charge in the market and patients' affordability on the other. The Administration pointed out that the level of subsidy for outpatient CMC service was around 50%, or 37% if the element of research was excluded. As the private market already provided generally comprehensive and affordable Chinese medicine services to the community, the Administration had no intention to offer a highly subsidised service to compete with service providers in the private sector. It was also highly unlikely that the charging of a fee of $120 by CMC would give rise to fee increase in the private sector, as the public sector would take up only 5% to 6% of the Chinese medicine service market when all the 18 CMCs under HA were set up.

Latest development

17. A total of nine CMCs have since been set up, with six having commenced operation in 2006-2007. The Administration is currently examining the feasibility of setting up two to five more CMCs. Depending on the outcome of the feasibility studies, the Administration plans to seek funding approval from FC in mid 2007.

Relevant papers

18. Members are invited to access LegCo's website (http://www.legco.gov.hk) for details of the relevant papers and minutes of the meetings of the Panel held on 13 November 2000, 12 November 2001, 10 February and 8 December 2003, and 13 June and 14 November 2005.

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