立法會
Legislative Council

LC Paper No. CB(2)1755/09-10

Ref : CB2/PL/HS (These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Tuesday, 11 May 2010, at 4:30 pm
in Conference Room A of the Legislative Council Building

Members present	:	Dr Hon Joseph LEE Kok-long, SBS, JP (Chairman) Dr Hon LEUNG Ka-lau (Deputy Chairman) Hon Albert HO Chun-yan Hon Fred LI Wah-ming, SBS, JP Hon CHEUNG Man-kwong Hon Andrew CHENG Kar-foo Hon Audrey EU Yuet-mee, SC, JP Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon CHAN Kin-por, JP Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou
Members attending	:	Hon LEUNG Yiu-chung Hon WONG Kwok-hing, MH
Member absent	:	Hon CHEUNG Kwok-che
Public Officers attending	:	Items IV, V and VIII Professor Gabriel M LEUNG, JP Under Secretary for Food and Health Items IV and V Miss Gloria LO Principal Assistant Secretary for Food and Health (Health) 2 Dr W L CHEUNG Director (Cluster Services) Hospital Authority

Item IV only

Mr Stephen SUI
Commissioner for Rehabilitation, Labour and Welfare Bureau

Ms Margaret TAY
Chief Manager (Integrated Care Programs)
Hospital Authority

Mrs Cecilia YUEN
Assistant Director of Social Welfare
(Rehabilitation and Medical Social Services)

Item V only

Ms Anna LEE
Chief Pharmacist
Hospital Authority

Dr C K HO
Chief of Service (Ophthalmology)
Tuen Mun Hospital
Hospital Authority

Item VIII only

Dr Thomas TSANG, JP
Controller, Centre for Health Protection

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2) 5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2) 6

Ms Sandy HAU
Legislative Assistant (2) 5

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I. Confirmation of minutes
(LC Paper No. CB(2)1446/09-10)

The minutes of the meeting held on 12 April 2010 were confirmed.

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

2. There was no information paper issued since the last meeting.

III. Discussion items for the next meeting
(LC Paper Nos. CB(2)1467/09-10(01) to (03))

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 14 June 2010 at 8:30 am -

(a) Cataract Surgeries Programme; and

(b) Replacement of central air-conditioning system for the Prince Philip Dental Hospital.

4. Members further agreed to discuss issues related to health services under the Framework Agreement on Hong Kong/Guangdong Co-operation proposed by Mr Andrew CHENG at the regular meeting in July 2010.

IV. New mental health service programmes in the Hospital Authority
(LC Paper Nos. CB(2)1467/09-10(04) and (05))

5. Under Secretary for Food and Health ("USFH") and Director (Cluster Services), Hospital Authority ("Director (Cluster Services), HA") expressed their deepest condolences to the victims of the incident occurred on 8 May 2010 in Kwai Shing East Estate involving a mentally ill patient ("the incident"). USFH and Director (Cluster Services), HA then briefed members on the new mental health service programmes launched by HA in 2010-2011 to enhance the support for persons with mental health problems, details of which were set out in the Administration's paper (LC Paper No. CB(2)1467/09-10(04)).

6. Mr WONG Kwok-hing expressed his deepest sympathy to victims of the incident. Mr WONG then asked -

(a) whether the patient involved in the incident was covered by the Case Management Programme ("CMP") for persons with severe mental illness which was launched by HA as pilots in Kwai Tsing, Kwun Tong and Yuen Long districts in 2010-2011;

(b) when would HA complete recruitment of around 80 to 100 additional psychiatric nurses and allied health professionals with experience in mental health services to serve as case managers for the Programme; and

(c) whether, and if so, what additional measure would be implemented by the Administration/HA to enable better detection of sign of relapse of mental illness in discharged mentally ill persons who resided in the community

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to prevent the incident from recurring. As reported by the media, the mental patient involved in the incident twice refused visit by community psychiatric nurse.

7. Director (Cluster Services), HA responded as follows -

(a) the patient involved in the incident was a target patient of the pilot CMP in Kwai Tsing district;

(b) 25 case managers for the CMP had been filled thus far, with the whole recruitment exercise expected to complete in about four months' time. Two rounds of structured training on case management through intensive classroom teaching, structured workshops and practicum with supervision would be provided to these new recruits in July and end 2010; and

(c) apart from healthcare professionals who would be required to step up the monitoring of progress of recovery of the discharged mentally ill patients, efforts would be stepped up to encourage persons who had close/regular contact with the patients, such as families/carers, neighbours and social workers, to report to the case managers when the patients showed signs of relapse so that prompt assessment and treatment could be made, including compulsory admission to hospitals if necessary.

8. Mr CHAN Hak-kan expressed his condolences to victims of the incident. Whilst welcoming HA's plan to recruit around 100 psychiatric nurses and allied health professionals with experience in mental health services to serve as case managers for CMP, Mr CHAN queried whether there was adequate supply of such manpower in Hong Kong. Mr CHAN further expressed concern that patients' privacy would be violated if the report made by a member of the general public to the case manager that a certain discharged mental patient showed relapse of mental illness turned out to be unfounded.

9. USFH responded as follows -

(a) HA would make necessary arrangements to recruit the required number of psychiatric nurses and allied health professionals with experience in mental health services to serve as case managers for CMP in the coming four months. The Administration would continue to assess regularly the manpower requirements for mental health services and work closely with the relevant institutions to provide training of psychiatrists, psychiatric nurses and allied health professionals;

(b) in respect of HA, it had employed more psychiatric staff in recent years to strengthen the support for various mental health services. For instance, the number of psychiatrists and psychiatric nurses had increased from 212 to 310 and from 1 791 to 1 904 (including 136

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community psychiatric nurses) respectively from 2000-2001 to 2009-2010. The projection of manpower supply in the market indicated that from 2010-2011 to 2012-2013, there would be additional supply of some 14-16 psychiatrists, 30 clinical psychologists and 40 occupational therapists. With an increase in enrolled nurses training places in the two local universities, there would be supply of around 60-70 and 160 additional psychiatric nurses from 2010-2011 to 2011-2012 and in 2012-2013 respectively; and

(c) implementation details of CMP were being worked out having regard to the needs of patients and the principle of safeguarding patients' privacy.

10. Mr Albert HO urged the Administration to roll out CMP to other districts, so as to allow more patients to receive intensive, continuous and personalised care in the community. USFH responded that subject to the evaluation of the pilot programme, HA would roll it out to other districts within three years.

11. Mr LEUNG Yiu-chung said that the crux of the problem was the lack of sufficient psychiatrists in coping with service needs. At present, the consultation time for patients attending follow-up consultation at the psychiatric specialist outpatient clinics ("SOPCs") of HA was about five minutes, which was inadequate to ensure detailed assessment of the clinical conditions and treatment needs of the patients. Mr Albert HO expressed similar concern, and pointed out that the average consultation time at private psychiatric clinics was around 30 to 60 minutes.

12. USFH responded that the consultation time at the psychiatric SOPCs of HA could not be directly compared with that at private psychiatric clinics. Unlike the private sector where treatment was mainly provided by the psychiatrists, the delivery of mental health services in the public sector adopted an integrated and multi-disciplinary team approach involving not only the psychiatrists, but also the clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers.

13. Dr LEUNG Ka-lau said that consideration should be given to introducing public-private-partnership in the delivery of mental health services to allow mentally ill patients currently receiving follow-up treatment at psychiatric SOPCs under HA to choose to receive care from private psychiatrists.

14. Mr Andrew CHENG criticised that despite the repeated requests of members, there was still a lack of comprehensive policy on mental health, including the establishment of a mental health bureau to coordinate the planning and delivery of the mental health services which straddled the policy areas of health services and welfare services.

15. USFH responded that at present, the Food and Health Bureau oversaw the policy and services on mental health and coordinated the work of the Labour and Welfare Bureau ("LWB"), the Social Welfare Department ("SWD"), the Department

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of Health, HA and other relevant parties in this regard. In addition, the Working Group on Mental Health Services ("the Working Group"), which was chaired by the Secretary for Food and Health and comprised relevant professionals and service providers, academics, representatives of LWB, HA and SWD, assisted the Government in reviewing the mental health services on an ongoing basis. The Working Group had set up a Subgroup to study in-depth the demand for mental health services and the relevant policy measures. The Subgroup was supported by three expert groups comprising professionals with relevant expertise to study the service needs of three different age groups (children and adolescents, adults, and elders). The deliberation of the Working Group and its Subgroup/expert groups had contributed to the formulation of CMP and the new service initiative for patients with common mental disorders.

16. In response to Dr LEUNG Ka-lau's enquiry about the meeting schedule of the Working Group, USFH said that the Working Group would meet within coming months to discuss the possible measures to further strengthen mental health services.

17. Mr LEUNG Yiu-chung considered that the Administration should improve the communication among different departments to enable timely intervention for patients having signs of relapse of mental illness, so as to minimise the risk posed by mentally ill patients residing in the community to persons living in close proximity to them. He said that there were cases whereby the Police and the Housing Department took no follow-up actions when receiving reports of persons behaved in an unusual way or having symptoms of mental health problems.

18. Assistant Director of Social Welfare (Rehabilitation and Medical Social Services) ("AD/SW(RMSS)") advised that with an additional recurrent funding of $70 million in 2010-2011, SWD would expand the service model of the Integrated Community Centres for Mental Wellness across the territory and strengthen the manpower of these centres to provide one-stop services to discharged mental patients, persons with suspected mental health problems, their families/carers and residents in the district. These centres would also work in close collaboration with the case managers under CMP of HA to provide effective support for persons with severe mental illness. AD/SW(RMSS) further said that to facilitate the implementation of the new service initiative, a district-based platform, co-chaired by the District Social Welfare Officer and the Chief of Service of Psychiatry of the hospital cluster concerned and comprised representatives of non-governmental organisations and other relevant parties, e.g. the Housing Department and the Police, would be set up to enhance cross-sectoral cooperation and collaboration to support the discharged mentally ill patients at district level.

19. Mr Albert HO said that the Democratic Party had suggested some two years ago that a community treatment order similar to that of Canada and the United Kingdom should be introduced in Hong Kong to require the discharged mentally ill patients to accept medication and therapy, counselling, treatment and supervision while living in the community. He asked the Administration whether consideration could be given to introducing the order.

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20. Mr CHEUNG Man-kwong shared Mr HO's view on the need to introduce a community treatment order, as the incident revealed that mentally ill patients in stabilised conditions could still pose significant threat to public safety if their conditions were not closely monitored.

21. USFH responded that there were different views in different countries on the introduction of community treatment order. The Administration would further consider the issue as necessary having regard to the circumstances and any consensus in the community. USFH further said that under the Mental Health Ordinance (Cap. 136), the court might by an order authorise the admission of a person to a hospital on the ground that the nature or degree of the mental disorder of the patient warranted his detention in a hospital for observation for certain period and the detention was in the interests of his own health or safety or necessary for the protection of other persons.

22. Mr Andrew CHENG considered that the resources allocated for mental health services were far from adequate to meet the service needs. For instance, while around 40 000 persons receiving treatment and support at HA were diagnosed with severe mental health problems, the target of CMP was to serve only 5 000 patients within the year. As regards the initiative to further enhance the support for persons with common mental disorders by providing them with assessment and services at the Common Mental Disorder Clinics ("CMDCs") set up at the psychiatric SOPCs, it was estimated that the seven CMDCs would altogether provide only 23 000 consultations and 8 400 allied health service attendances a year, albeit that around 70 000 mentally ill patients of HA were diagnosed with common mental disorders. Mr CHENG further said that an assessment of the adequacy of the resources earmarked for mental health could hardly be made without first understanding the service demand. Dr LEUNG Ka-lau expressed a similar view.

23. USFH responded that the funding allocation by the Government on mental health services had been increasing in recent years, with an annual expenditure over $3 billion. The revised estimate of the expenditure in 2009-2010 amounted to $3.77 billion. In 2010-2011, the Government had allocated additional recurrent funding of about $109 million to HA to launch the two new programmes for patients with severe mental illness and common mental disorders.

24. Mr Albert HO urged HA to increase the use of psychiatric drugs that had fewer side effects on mentally ill patients.

25. USFH responded that with additional funding from the Government in 2010-2011, HA would further expand the provision of new psychiatric drugs with proven effectiveness to 2 000 additional patients under suitable clinical conditions in order to optimise their treatment outcome. HA would continue to review the use of psychiatric drugs under its established mechanism.

26. Mr CHAN Kin-por asked whether any comparison had been made with other overseas countries on the proportion of people having mental health problems. He

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urged the Administration to step up its efforts in promoting mental health and preventing mental illness.

27. USFH responded that it was difficult to compare the proportion of people with mental disorders in different countries, given the variations in the definition of mental illness used for data collection purpose. USFH further assured members that efforts would continue to be made to promote mental health.

Motion

28. Dr PAN Pey-chyou moved a motion, seconded by Mr CHAN hak-kan, as follows -

> "本會促請政府當局就本月 8 日葵盛東邨發生斬人事件，釀成兩死三重傷慘劇，成立獨立委員會，調查事件成因，找出問題根源，以改善精神治療及康復服務，防止同類事件發生。"
>
> (Translation)
>
> "That this Panel urges the Administration to set up an independent committee to investigate the causes of the tragedy occurred on 8 May in Kwai Shing East Estate involving a chopping attack by a man which left two dead and three seriously injured, so as to find out the root of the problem with a view to improving the treatment and rehabilitation services for mental illness and preventing the recurrence of similar incidents."

The Chairman put Dr PAN's motion to vote. All members present at the meeting voted in favour of the motion. The Chairman declared that Dr PAN's motion was carried.

29. Ms Audrey EU requested the Administration to provide a written response to the motion before the next regular meeting of the Panel on 14 June 2010. She opined that in the event that the Administration decided not to appoint an independent committee to look into the causes of the incident, the Panel should invite frontline health and social workers to give views on the matter or seek the agreement of the House Committee to appoint a subcommittee to follow up the matter. Members did not raise any queries.

V. Treatment for Wet Aged-related Macular Degeneration patients

(LC Paper Nos. CB(2)1467/09-10(06) to (08) and CB(2)1533/09-10(01) and (02))

30. USFH and Director (Cluster Services), HA briefed members on the treatment for wet age-related macular degeneration ("AMD") patients, details of which were set out in the Administration's paper (LC Paper No. CB(2)1467/09-10(06)).

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31. Members noted the Administration's reply to Mr Albert HO's letter dated 3 May 2010 regarding treatment for wet AMD patients (LC Paper No. CB(2)1533/09-10(01)) and the submission from the Hong Kong Association of the Pharmaceutical Industry (LC Paper No. CB(2)1533/09-10(02)) tabled at the meeting.

32. Mr CHAN Hak-kan opined that -

(a) HA's plan to launch the special programme for wet AMD patients under suitable conditions to receive subsidies to use Ranibizumab (Lucentis) and Bevacizumab (Avastin) for treatment on a trial basis through scientific research or other means ("the special programme") was making wet AMD patients the guinea pigs, having regard to the fact that Bevacizumab (Avastin) was licensed in Hong Kong for the treatment of colorectal cancer and not wet AMD. The special programme was also unethical in that wet AMD patients who could not afford the high injection cost of Ranibizumab (Lucentis), which was a self-financed drug on HA Drug Formulary ("the Formulary"), might be forced to enrol in the special programme; and

(b) there was no need for HA to launch the special programme when large-scale randomised controlled studies to ascertain the safety and efficacy of Ranibizumab (Lucentis) and Bevacizumab (Avastin) in treating wet AMD were being conducted in six overseas countries, including the United Kingdom, the United States and Germany.

Ms Audrey EU expressed similar views.

33. USFH and Director (Cluster Services), HA responded as follows -

(a) international clinical studies conducted by far showed that both drugs were safe and efficacious in treating wet AMD. Serious ocular adverse events were uncommon in the use of both drugs. There was also no significant difference between them regarding the incidence of noted adverse events such as uveitis and endophthalmitis;

(b) similar to various overseas countries, prescription of Bevacizumab (Avastin) beyond its licensed indication (or "off-label use") for treating wet AMD was a common practice in the private medical sector in Hong Kong. Although Bevacizumab (Avastin) was licensed in Hong Kong for treatment of colorectal cancer in 2005, Ranibizumab (Lucentis) which was licensed in Hong Kong for treatment of wet AMD in 2007 was in fact derived from the same monoclonal antibody of Bevacizumab (Avastin);

(c) while there was evidence that Ranibizumab (Lucentis) and Bevacizumab (Avastin) were both effective in treating wet AMD, the treatment regimen of the drugs were still under deliberation by ophthalmic experts.

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The long-term safety, efficacy and cost-effectiveness of the drugs in treating wet AMD required the accumulation of more established clinical data to prove. To compare the use of Ranibizumab (Lucentis) and Bevacizumab (Avastin) in treating wet AMD and having regard to patients' requests for including these drugs as standard treatment in the Formulary, HA proposed to launch a special programme to accumulate more local experience in the use of the drugs, thereby facilitating a more informed assessment of the safety, efficacy and cost-effectiveness of the drugs. This would also provide additional reference indicators to HA in considering whether to include the drugs concerned into the standard drug category of the Formulary;

(d) the special programme would not duplicate the randomised controlled studies to further ascertain the safety and efficacy of Ranibizumab (Lucentis) and Bevacizumab (Avastin) in treating wet AMD being conducted overseas, as the special programme was targeted at Asians whereas the overseas studies were targeted at westerners; and

(e) like the studies being conducted overseas, Ranibizumab (Lucentis) and Bevacizumab (Avastin) would be randomly assigned to wet AMD patients participating in the special programme.

34. Dr LEUNG Ka-lau said that patients should not have to participate in the special programme in order to receive drug treatment for wet AMD. As international clinical studies showed by far that Bevacizumab (Avastin) was safe and eefficacious in treating wet AMD and prescribing Bevacizumab (Avastin) for treatment of wet AMD was commonly practised in the private medical sector both locally and overseas, HA should immediately include Bevacizumab (Avastin) in the Formulary. Dr LEUNG pointed out that the fact that Bevacizumab (Avastin) was not licensed for the treatment of wet AMD should not be an excuse for not including the drug in the Formulary, as off-label use of drugs was a common practice in HA.

35. USFH responded that although international clinical studies showed by far that Bevacizumab (Avastin) was safe and eefficacious in treating wet AMD, it was necessary to further ascertain the safety and efficacy of the drug through the special programme. Director (Cluster Services), HA supplemented that the optimum regimen of Bevacizumab (Avastin) as well as Ranibizumab (Lucentis) was still evolving, while the long-term safety, efficacy and cost-effectiveness of the drugs required further study. HA would closely observe the developments in scientific evidence in the field, particularly the findings of the large-scale randomised controlled studies on various vascular endothelial growth factor inhibitors being conducted overseas which were expected to become available by end 2010/early 2011, in considering whether individual drugs should be included into the standard drug category of the Formulary based on the above-mentioned principles.

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36. Ms Audrey EU asked -

(a) what type of treatment would wet AMD patients of HA receive if they did not participate in the special programme;

(b) what measures would be put in place to ensure that HA's assessment of the use of Ranibizumab (Lucentis) and Bevacizumab (Avastin) for treating wet AMD would not be affected by the fact that the cost of each injection of Ranibizumab (Lucentis) was significantly higher than that of Bevacizumab (Avastin), i.e. around $8,300 versus below $500; and

(c) how would HA ensure that each injection of Bevacizumab (Avastin) was bacteria-free, having regard to the fact that each dose of the drug could be divided into multiple doses.

37. Responding to Ms EU's first question, USFH said that wet AMD patients could purchase Ranibizumab (Lucentis), which was a self-financed drug on the Formulary. In 2009-2010, more than 400 HA patients had purchased the drug. Alternatively, these patients could opt to receive conventional treatment, such as laser therapy, where appropriate. For patients who chose not to receive any aforementioned treatment, doctors would closely monitor their conditions.

38. Regarding Ms EU's second question, Director (Cluster Services), HA said that Ranibizumab (Lucentis) and Bevacizumab (Avastin) would be randomly assigned to participating patients without the involvement of attending doctors, the clinical outcomes of which would be independently assessed against pre-determined performance indicators by two local universities.

39. As to Ms EU's third question, Chief Pharmacist, HA said that dividing each injection of Bevacizumab (Avastin) into multiple doses for the treatment of wet AMD would be carried out, if required, in the cleanrooms at major acute hospitals to guard against contamination.

40. Mr Albert HO asked -

(a) whether the special programme would be subject to the approval of HA's Clinical Research Ethics Committee before implementation to ensure that patients' interests and rights would not be compromised; and

(b) whether manufacturer of Bevacizumab (Avastin) would be held responsible for any adverse effects on patients prescribed with off-label use of the drug.

41. Director (Cluster Services), HA responded that the special programme was being considered by HA's Clinical Research Ethics Committee. As regards Mr HO's second question, Director (Cluster Services), HA said that HA would in general be held responsible for any adverse effects on patients arising from the off-label use of

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drugs in the special programme, unless these were caused by the quality of drugs supplied to HA.

42. Dr PAN Pey-chyou noted from the submission of the Hong Kong Association of the Pharmaceutical Industry that the pharmaceutical industry was against off-label use of drugs in treating patients. Dr PAN asked how prevalent was the use of off-label drugs in treating patients in the local medical sector.

43. USFH responded that off-label use of drugs was most common with older, generic drugs that had found new uses but had not had the formal (and often costly) applications and studies required by the authority concerned for approval for new indications. However, there was usually extensive medical literature to support the off-label use. As in most other jurisdictions, off-label use of drugs was not against the law in Hong Kong. As general principles, doctors should ensure that the drugs prescribed were clinically safe and appropriate for the patient, who should be properly consulted on the treatment.

VI. Mechanism for handling medical incidents in public and private hospitals

(LC Paper Nos. CB(2)1467/09-10(09) and (10))

44. Owing to insufficient time, the Chairman suggested and members agreed to defer the discussion of the above item to the next regular meeting to be held on 14 June 2010.

VII. Proposal to undertake an overseas duty visit to study healthcare financing in Japan

(LC Paper No. CB(2)1467/09-10(11))

45. Members agreed to undertake an overseas duty visit to study healthcare financing in Japan in early September 2010. The Secretariat would proceed with the preparatory work and consult the Panel on further progress as appropriate.

VIII. Any other business

46. USFH briefed members on the Administration's decision to step down the influenza response level from "Emergency" to "Alert" Response Level with effect from 24 May 2010, barring any unforeseen factors arising from the meeting of the World Health Organization to be held in the week of 17 May 2010. The decision was made having regard to the persistent declining activity of Human Swine Influenza in Hong Kong and the fact that its clinical severity had remained unchanged, details of which were set out in the Administration's paper (LC Paper No. CB(2)1533/09-10(03)) tabled at the meeting. Members did not raise any queries on the matter.

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47. There being no other business, the meeting ended at 7:00 pm.

Council Business Division 2
Legislative Council Secretariat
11 June 2010