立法會
Legislative Council

LC Paper No. CB(2)1219/10-11
Ref : CB2/PL/HS (These minutes have been seen by the Administration)

Panel on Health Services

Minutes of meeting
held on Monday, 14 February 2011, at 8:30 am
in Conference Room A of the Legislative Council Building

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman) Hon Albert HO Chun-yan Ir Dr Hon Raymond HO Chung-tai, SBS, S.B.St.J., JP Hon Fred LI Wah-ming, SBS, JP Hon CHEUNG Man-kwong Hon Andrew CHENG Kar-foo Hon LI Fung-ying, SBS, JP Hon Audrey EU Yuet-mee, SC, JP Hon Cyd HO Sau-lan Hon CHAN Hak-kan Hon CHAN Kin-por, JP Hon CHEUNG Kwok-che Hon IP Kwok-him, GBS, JP Dr Hon PAN Pey-chyou Hon Alan LEONG Kah-kit, SC Hon Albert CHAN Wai-yip
Public Officers attending	:	Items V to VI Professor Gabriel M LEUNG, JP Under Secretary for Food and Health Item V only Ms Estrella CHEUNG Principal Assistant Secretary for Food and Health (Health)1

Dr Thomas TSANG, JP
Controller, Centre for Health Protection

Dr LIU Hing-wing
Director (Quality & Safety)
Hospital Authority

Dr Deacons YEUNG
Chief Manager (Cluster Performance)
Hospital Authority

Item VI only

Miss Gloria LO
Principal Assistant Secretary for Food and Health (Health) 2

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Miss Anna LEE
Chief Pharmacist
Hospital Authority

Clerk in attendance : Ms Elyssa WONG
Chief Council Secretary (2)5

Staff in attendance : Ms Clara TAM
Assistant Legal Adviser 9

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)979/10-11)

The minutes of the meeting held on 10 January 2011 were confirmed.

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

2. No information paper was issued since the last meeting.

III. Matters arising from the meeting on 17 January 2011
(LC Paper Nos. CB(2)1001/10-11(01) and CB(2)1055/10-11(01))

3. The Chairman said that in view of the dissatisfaction expressed by members on the non-attendance of the Secretary for Food and Health ("SFH") or his undersecretary at the special meeting on 17 January 2011, he had written to SFH on 2 February 2011 requesting his attendance at the special meeting of the Panel on 15 February 2011 at which the Panel would continue to receive views from deputations on the registration of proprietary Chinese medicines ("pCm"). He had received the Administration's reply on 11 February 2011, a copy of which was tabled at the meeting. In gist, the Administration considered that the Department of Health ("DH") was well-positioned to address the concerns raised by deputations at both special meetings.

4. The Chairman further said that at the special meeting on 17 January 2011, some members had proposed that the Panel should appoint a subcommittee to study issues relating to the registration of pCm. He invited members' views on the proposal. Members raised no objection.

5. The Chairman suggested that the proposed subcommittee should focus its work on issues relating to the processing of applications for registration of pCm including reviewing the registration criteria, as well as the implementation of the provisions in the Chinese Medicine Ordinance (Cap. 549) and the Chinese Medicines Regulations (Cap. 549F) relating to the mandatory registration of pCm.

6. Ms Audrey EU enquired whether the proposed subcommittee could commence work shortly. The Clerk drew members' attention to Rule 26 of the House Rules regarding activation of subcommittees on policy issues. Since more than eight subcommittees on policy issues were already in operation, the subcommittee to be appointed by the Panel would be put on the waiting list. After the Panel had agreed on the terms of reference and work plan of the subcommittee, approval of the House Committee would be sought to activate the subcommittee.

7. Mr CHEUNG Kwok-che suggested that pending the activation of the proposed subcommittee, the subject could be included as a standing item for discussion by the Panel at its regular meetings in order to receive

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update from the Administration and enable members to have a discussion with the Administration on the subject.

8. Mr CHEUNG Man-kwong said that whilst he did not object to the proposal to appoint a subcommittee under the Panel to discuss the subject, he noted that the power to activate a proposed subcommittee was conferred on the House Committee. In the light of this, he considered that one way to take forward the issues relating to the registration of pCm in the remainder of the current legislative term was to arrange discussion of the subject with the Administration periodically either at regular or special meetings of the Panel. Ms LI Fung-ying concurred with Mr CHEUNG's view.

9. After discussion, members supported the proposal for the Panel to appoint a subcommittee to study issues relating to the registration of pCm. The Panel would discuss the proposed terms of reference and work plan of the subcommittee at the next regular meeting scheduled for 14 March 2011, and then seek the agreement of the House Committee to activate the subcommittee. Members further agreed that the Panel would follow up on the subject pending the activation of the subcommittee.

10. The Chairman reminded members that the Panel would next meet on 15 February 2011 at 2:30 pm to continue to receive views from deputations on the commencement of the provisions related to pCm in the Chinese Medicine Ordinance.

IV. Items for discussion at the next meeting

(LC Paper Nos. CB(2)973/10-11(01) and (02))

11. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 14 March 2011 at 8:30 am -

(a) implementation of the Elderly Health Care Voucher Pilot Scheme; and

(b) mental health service plan for adults for 2010-2015 and the findings and recommendations of the Report of the Review Committee on Management and Follow-up of Mental Patients with Reference to the Mental Patient Incident in Kwai Shing East Estate.

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V. Prevention and control of influenza

(LC Paper Nos. CB(2)973/10-11(03) and (04))

12. Under Secretary for Food and Health ("USFH"), Controller, Centre for Health Protection ("Controller, CHP") and Chief Manager (Cluster Performance), Hospital Authority briefed members on the latest influenza situation in Hong Kong and the strategy and measures adopted by the Administration and the Hospital Authority ("HA") for the prevention and control of influenza, details of which were set out in the Administration's paper (LC Paper No. CB(2)973/10-11(03)).

Seasonal influenza vaccination

13. Mr Fred LI asked -

(a) whether receiving seasonal influenza vaccination then would still be effective for preventing influenza, as Hong Kong had already entered the winter influenza peak season in mid-January 2011; and

(b) the reason why there were still influenza-like illness outbreak occurrence at institutions, albeit visits had been made by medical officers of DH to residential care homes to provide vaccination services under the Government Vaccination Programme ("GVP").

14. USFH replied in the affirmative to Mr LI's first question. He pointed out that although Hong Kong had entered the winter influenza peak season, it was uncertain whether the influenza activity had reached its peak and would decline in the following months. In addition, there might be another seasonal peak in summer. In this regard, even if it took two to four weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection, getting vaccinated then could still provide protection against influenza and its complications for the remaining of the year.

15. As regards Mr LI's second question, USFH explained that while the vaccination rate among elderly people living in institutions was high, influenza vaccine could not guarantee total effectiveness in preventing illness from seasonal influenza in elderly people. The immune response to the vaccine also varied amongst people. It should however be noted that vaccination could reduce influenza-associated complications when people were infected with the disease.

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16. Mr CHEUNG Man-kwong noted that schools were advised to put in place preventive measures against influenza infection and report promptly to the Centre for Health Protection ("CHP") when there was a suspected outbreak of respiratory infection in school. Under special circumstances, a school with flu outbreak might be advised to temporarily suspend class for one week to mitigate its spread. He asked whether consideration could be given to extending the coverage of GVP to primary school students as a pro-active approach to prevent outbreaks in schools.

17. USFH explained that seasonal influenza vaccination was recommended for individual protection rather than prevention and control of cross infection of the disease in a particular setting. Each year, the Scientific Committee on Vaccine Preventable Diseases of CHP would take into account information provided by the World Health Organization ("WHO") on the circulating and emerging influenza strains around the globe as well as the balance between benefits of vaccination and potential risk of adverse vaccine effects when making recommendations to DH on the target groups to receive seasonal influenza vaccination. USFH added that at the present stage, the Scientific Committee had not recommended extending the coverage of GVP to primary school students.

18. Controller, CHP supplemented that children between the age of six months and less than six years were recommended to receive seasonal influenza vaccination as evidence showed that they had a higher rate of hospitalizations arising from influenza. As regards children aged six years or above, the rate of influenza-associated hospitalizations was on par with other groups of the population.

19. Noting that influenza activity in the current winter season appeared higher than the average, Ms Audrey EU asked whether this was due to ineffective protection conferred by the seasonal influenza vaccine or low take-up rate of the vaccine. Ms EU further asked whether neighbouring countries such as the Mainland, Taiwan and Singapore also recorded higher rates of influenza activity in this season.

20. USFH explained that the persistent cold weather this year had contributed to the spread of influenza virus and the emergence of a sharp winter peak. In addition, influenza vaccination uptake among target group members was low possibly due to the wide media coverage of adverse side effects after vaccination in the 2009-2010 season. USFH advised that the influenza activity of other countries also recorded a similar pattern. He further advised that the currently available seasonal vaccines conferred good protection against influenza.

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21. At the request of Ms EU, USFH agreed to provide after the meeting information on the take-up rate of the seasonal influenza vaccine for each of the nine specified target groups under the 2010-2011 GVP, the Childhood Influenza Vaccination Subsidy Scheme and the Elderly Vaccination Subsidy Scheme, as well as a comparison of the situation of severe influenza cases in Hong Kong with that of the other places in this winter season.

22. Mr Alan LEONG expressed concern that the number of target group members receiving vaccination in this season was one-third less than that over the same period of the 2009-2010 season. In the light of this, Mr LEONG asked whether consideration could be given to extending the vaccination programme to people outside the target groups, say, young people aged 19 years or below who recorded a high infection rate, to prevent the vaccines from going to waste as in the case of Human Swine Influenza ("HSI") vaccines purchased by the Government in the year before.

23. USFH advised that the seasonal influenza vaccination target groups were determined each year based on a range of scientific considerations including local disease burden and international experience. The target groups mainly covered persons with medical risk factors. While young people aged 19 years or below might be at higher risk for seasonal influenza infection, they were not at increased risk of complications from influenza.

24. Controller, CHP supplemented that the procurement of seasonal influenza vaccines was different from that of the HSI vaccines as the latter were only available to governments but not private medical practitioners. For the 2010-2011 seasonal influenza vaccination, the Government had placed orders for 300 000 doses. Around 210 000 doses had already been administered to target group members under GVP which commenced on 1 November 2010.

25. The Chairman said that to his understanding, some private medical practitioners could not secure sufficient number of seasonal influenza vaccines for this season. USFH agreed to look into the matter.

26. Mr Andrew CHENG noted from the Annex to the Administration's paper that only 42 629 children aged between six months and less than six years had received vaccination through private doctors under the Childhood Influenza Vaccination Subsidy Scheme. He asked whether consideration could be given to providing vaccination services to kindergarten students at campuses, both for their own sake and for

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minimizing the spread of influenza in the community, without their having to visit private doctors for vaccination.

27. USFH responded that all existing vaccination programmes and schemes were voluntary. In addition, consent from parents must first be obtained before administering any vaccines to children. Nonetheless, the Administration would not rule out the possibility of introducing other measures to encourage target group members to receive vaccination if their response to vaccination was far from satisfactory and when the Scientific Committees of CHP so advised.

28. Controller, CHP supplemented that parents should not have much difficulty in choosing a private doctor at their own choice for taking their children for vaccination, as information about doctors who enrolled in the Childhood Influenza Vaccination Subsidy Scheme and the fees they charged were posted at the CHP website. Studies showed that the main concerns of parents were the effectiveness of vaccination in protecting oneself against influenza and the possibility of adverse events. In the light of this, the Administration would step up its efforts in disseminating information on the benefits of seasonal influenza vaccination.

Risk communication

29. Pointing out the fact that HSI in Hong Kong had manifested itself in a relatively mild manner in 2009 might have caused members of the public to lower their guard against the seasonal influenza this year, Mr CHAN Hak-kan requested the Administration to step up its efforts in urging members of the public to take precautionary measures against influenza.

30. Ms Cyd HO raised similar concern. She urged the Administration to do more work to advise the public about the need to observe good personal and environmental hygiene to prevent seasonal influenza, in addition to conducting media briefings and arranging attendance at interviews by officers of CHP.

31. USFH responded that in the case of the HSI pandemic in 2009, WHO as well as the health authorities of all countries had stepped up their disease preventive effort on all fronts as HSI was a new strain of swine influenza first identified in human and there was high uncertainty as to whether the virus would become more virulent in future. At present, the virus had taken on the behaviour of a seasonal influenza virus and much knowledge had been gained about this new virus in the past two years. The degree of uncertainty about this new strain of influenza was therefore much lower. USFH further said that the Administration had already taken

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a multi-pronged approach, including commencement of GVP and various seasonal influenza vaccination subsidy schemes in November 2010 and stepping up surveillance and publicity, to prevent and control seasonal outbreaks. On risk communication, a new set of Announcements in the Public Interest and video documentary was produced and broadcast, targeting different groups including young children, elderly people, healthcare workers, and the community at large. Health information on influenza and seasonal influenza vaccination was also disseminated through various channels.

Measures in public hospitals

32. Holding the view that HA should be well prepared for the surge in hospital admission during influenza peak season, Mr Fred LI asked about the reason for the additional beds in public hospitals to accommodate the increase in admission.

33. USFH explained that the persistent cold weather this year had contributed to the emergence of the winter peak, and resulted in a consistently high occupancy rate at the medical wards. To cope with the demand, individual hospitals had, as appropriate, transferred patients to less busy wards and postponed some non-urgent procedures and surgeries.

34. Dr Joseph LEE expressed concern about the present nurse-to-patient ratio in some wards which stood at as high as 1:16. He asked whether consideration could be given to deploying community nurses to pressure wards to meet the rise in admission.

35. USFH responded that community nurses played a vital role in the prevention of influenza through the provision of nursing support to the elderly patients in the community setting, so as to reduce patients' reliance on hospital services as well as the chance of admission. Contingent measures including staff mobilization had been implemented in individual hospitals as appropriate to manage the surge demand.

36. In response to Dr Joseph LEE's further enquiry as to whether additional resources were allocated to duly recognize the excess work of the frontline medical staff of HA to support the winter flu surge in service demand, USFH advised that medical staff providing overtime and/or voluntary work in handling the surge in demand would be recognized financially under HA's Special Honorarium Scheme.

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Use of Tamiflu

37. Pointing out that the priority use for Tamiflu should be for treatment of severe influenza illness, Mr CHAN Hak-kan expressed concern that the present excessive use of Tamiflu for relatively mild influenza illness would result in a rise in cases of Tamiflu resistance to HSI virus.

38. USFH responded that whether a patient infected with influenza should be treated with Tamiflu was a clinical decision of the medical practitioner. Patients who were at high risk of serious complications from influenza, such as elderly persons and persons with known chronic diseases, would in most cases be prescribed with Tamiflu.

Suspension of classes

39. Dr PAN Pey-chyou noted from paragraph 7 of the Administration's paper that among children aged under five years, the hospital admission rate due to influenza increased from 0.08 (per 1 000 population) in the first week of January to 3.96 in the last week of January 2011. He asked about the reason of not requiring kindergartens and kindergartens-cum-child centres to temporarily suspend class after the Chinese New Year school holidays to prevent widespread of influenza among young children.

40. USFH responded that the Education Bureau had been working closely with DH and maintaining close communication with schools to implement preventive measures against influenza at schools. However, it might not be appropriate to, as a preventive measure, require kindergartens and kindergartens-cum-child centres to suspend class throughout every flu season taking into account the learning needs of children and views of parents. Dr PAN remarked that consideration could be given to shortening the Christmas school holidays and lengthening the duration of the Chinese New Year school holidays to match with the period of the winter flu season.

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41. At the request of Dr PAN and Mr CHAN Kin-por, USFH undertook to provide after the meeting information on the breakdown by age group of the number of influenza-associated deaths and admissions to Intensive Care Units. In response to Mr CHAN Kin-por's further enquiry about the breakdown by age group of the number of seasonal influenza infected cases, USFH advised that it would be difficult for the Administration to compile an accurate figure in this regard.

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Resources for prevention and control of seasonal influenza

42. Ms LI Fung-ying asked the Administration whether consideration could be given to providing financial resources for residential care homes and school bus operators to assist them in enhancing environmental hygiene, such as purchasing of additional cleansing materials and enhancing the disinfection of facilities, to minimize the transmission of influenza.

43. USFH responded that household bleach was an effective disinfectant and was widely available at a low cost. Efforts had been and would continue to be made by CHP to provide support and guidelines to schools and other institutions on the necessary precautionary measures.

44. Mr Albert CHAN held the view that the Administration should set up an inter-departmental committee under the Food and Health Bureau to coordinate the efforts to prevent the spread of influenza in the community. He asked whether additional resources, in terms of financial provision and manpower, had been allocated to prevent and control the influenza in this season. USFH advised that CHP had been provided with recurrent provision for implementing various measures in relation to the prevention and control of communicable diseases, amongst others.

Findings of a local disease modelling study

45. Referring to paragraph 10 of the Administration's paper, Mr CHAN Kin-por asked how the disease modelling study conducted by a local university reached the conclusion that around 1 000 deaths per year were attributable to influenza, if only 20 severe cases and 12 deaths were recorded every week during the peak flu seasons in 2009 and 2010 respectively.

46. USFH explained that the number of deaths recorded during the peak flu seasons only included those cases attributable to seasonal influenza, but not cases where the cause of death was relapse or recurrence of chronic disease conditions due to influenza infection. The findings the study referred to was the additional number of deaths when there was a peak flu season as measured by mathematical models.

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VI. Update on the Drug Formulary of the Hospital Authority
(LC Paper Nos. CB(2)362/10-11(01) & (02), CB(2)376/10-11(01), CB(2)973/10-11(05) to (07) and CB(2)1001/10-11(02) to (05))

47. USFH briefed members on the latest developments of the HA Drug Formulary ("the Formulary"), details of which were set out in the Administration's paper (LC Paper No. CB(2)973/10-11(05)).

Expenditure on drugs of HA

48. Pointing out that advancement in medical technology had led to a rise in medical costs in recent years, Ms Cyd HO asked whether the annual funding allocation to HA would take into account the factor of medical inflation so as to keep pace with international developments and keep up the quality of care.

49. USFH advised that experience of the Organisation for Economic Cooperation and Development as well as local trend indicated that adoption of new medical technology and increasing public expectation had caused public medical costs per capita to rise on an average of about one percentage point per year faster than per capita Gross Domestic Product ("GDP") growth. To improve the public healthcare services, the Government had continued to increase the health budget and the Chief Executive had pledged to increase government expenditure on healthcare from 15% to 17% of the recurrent government expenditure by 2011-2012. The proportion of expenditure on drugs in the operating expenditure of HA also rose from 7.3% in 2007-2008 to 8.1% in 2010-2011.

Introduction of new drugs and review of existing drugs in the Formulary

50. Mr Alan LEONG said that the Civic Party was concerned about the classification of Deferasirox, an oral iron chelating drug for thalassaemia, and Capecitabine, an oral chemotherapeutic drug for cancer, as Special Drug and Self-Financed Item ("SFI") in the Formulary respectively, as studies showed that these drugs could significantly enhance the quality of life for patients. He asked -

(a) whether the review on the cost-effectiveness of a drug in the Formulary had taken into account the relevant recommendation of WHO, i.e. an intervention was highly cost-effective if the cost per intervention was less than the GDP per capita; and cost-effective if the cost per intervention was one to three times the GDP per capita;

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(b) whether greater flexibility would be allowed for the attending doctors to prescribe drugs based on the clinical conditions and treatment needs of patients; and

(c) whether consideration could be given to inviting patient groups to join the HA Drug Advisory Committee ("DAC") to appraise new drugs.

51. USFH responded that the existing review process for the Formulary followed an evidence-based approach and adopted specific evaluation criteria. In reviewing individual drugs, the committees and expert panels would consider not only the principle of cost-effectiveness, but also the principles of efficacy and safety and take into account various factors, such as international recommendations and practices, as well as the views of professionals and patient groups. This was to ensure the rational use of finite resources and provision of effective treatment to patients. USFH further advised that HA had since 2009 established a formal consultation mechanism with patient groups, under which annual consultation meetings would be held to gather the views of patient groups on the introduction of new drugs by HA and review of existing drugs in the Formulary or covered by the Samaritan Fund. Patients were also invited to submit their views in writing to HA. Their views and suggestions would be presented to the relevant committees for consideration.

52. Mr CHAN Kin-por enquired about the composition of DAC and the Drug Utilisation Review Committee ("DURC") of HA and the criteria the Committees adopted in evaluating new or existing drugs in the Formulary. He further asked whether consideration could be given to appointing an independent consultant to review the drug items in the Formulary to ensure impartiality.

53. Director (Cluster Services), HA advised that DAC comprised specialists, pharmacists, clinical pharmacologists and academics to assist HA in appraising new drugs taking into account a number of considerations such as scientific evidence, safety, cost-effectiveness, international practices and comparison with available drugs in the Formulary. For new drugs meeting the assessment criteria, recommendations would be made by DAC for including the drug in the Formulary as General Drugs, Special Drugs or SFI as appropriate. As regards DURC which assisted HA in reviewing the prevailing drug classes in the Formulary and guidelines of drug treatment, its composition included the Chairmen of the drug committees of the seven hospital clusters and specialists. Nineteen specialty panels had been set up under these two committees to provide professional advice on related issues. In response to Mr CHAN's further enquiry as to whether private

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medical practitioners were included in the committees, Director (Cluster Services), HA replied in the negative.

54. The Chairman asked HA whether consideration could be given to making public the calculation of the cost-effectiveness of new drugs, including figures comparing the quality of life of patients under different medications. Citing the oral chemotherapeutic drug for cancer as an example, the Chairman enquired about the cost effectiveness of oral chemotherapeutic drugs as compared with intravenous (IV) chemotherapy in public hospitals.

55. Director (Cluster Services), HA advised that apart from the drug cost, HA would take into consideration the overall medical cost in determining the cost effectiveness of a drug. While HA could consider whether relevant figures could be made public when appropriate, it should be noted that the decision on whether or not to include a drug in the Formulary was based on a host of factors, including the safety, efficacy and cost-effectiveness of the drugs. Director (Cluster Services), HA further said that active consideration was being given to including oral chemotherapeutic drug for colorectal cancer in the Formulary.

56. Ms LI Fung-ying held the view that the indirect cost borne by the patients, such as the time they stayed in the hospital for administration of intravenous (IV) chemotherapy, should be taken into account when determining the cost effectiveness of a drug.

57. Dr PAN Pey-chyou criticized the low transparency of HA in providing explanations and the supporting figures to the public as well as frontline HA doctors in relation to its decisions on the introduction of new drugs and review of existing drugs in the Formulary.

58. Ms LI Fung-ying expressed dissatisfaction at HA's reply given in paragraph 55 above and urged HA to enhance transparency on its regular review of the Formulary. Ms Audrey EU suggested that meeting papers of DAC and DURC, or a summary of the decisions of the committees and the reasons for the decisions, should be posted on HA's dedicated website on the Formulary with a view to enhancing transparency.

59. Director (Cluster Services), HA responded that HA would take heed of members' views and suggestions to enhance transparency of the review mechanism for the Formulary. As a first step, consideration would be given to enhancing the internal communication. HA would also step up its efforts in informing the public of the latest developments of the Formulary.

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Safety net for SFI

60. Dr PAN Pey-chyou noted with grave concern that the Samaritan Fund currently covered only 14 SFI and many life-saving drugs which had been proven to be of benefit to patients but were of significantly high cost were not covered by the Fund. He further expressed concern about the burden imposed on middle-class families who did not meet the eligibility criteria for the Fund and were required to purchase costly SFI at their own expense.

61. Mr CHEUNG Man-kwong considered that there were rooms to strengthen the healthcare safety net to benefit patients from the middle-class who needed costly SFI for treatment. He asked whether consideration could be given to putting a cap on the expenses borne by each patient for purchasing SFI. Ms Audrey EU suggested making patient's expenditure on SFI tax deductible.

62. USFH advised that it was the Administration's long-standing policy that no patients would be denied adequate medical treatment due to lack of means. USFH further said that the Medical Subcommittee under the Community Care Fund was actively considering measures to provide assistance to people facing financial difficulties, in particular those who fell outside the safety net.

63. Ms LI Fung-ying considered that drugs which were proven to be of significant benefits should be covered by the standard fees and charges in public hospitals and clinics, rather than being classified as SFI with safety net.

64. USFH explained that due to the rapid advancement in medical technologies, more advanced drugs were available for treating patients. As a publicly funded organization, HA had to ensure effective use of public resources and maximize health benefits to more patients. Drugs which were proven to be of significant benefits but too expensive for HA to provide as part of its standard services were not covered by the standard fees and charges of HA. Nevertheless, for these drugs, partial or full subsidy could be provided through the safety net of Samaritan Fund to needy patients to cover their expenses on these drugs. To meet the rising demand for assistance, the Government had injected $1 billion to the Samaritan Fund in 2008-2009.

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Procurement of drugs for public hospitals

65. Dr PAN Pey-chyou held the view that frequent change of the suppliers of drugs for public hospitals should be avoided in order to minimize dispensing errors. He further pointed out that not all drugs in the Formulary were available in individual clusters, as clusters could flexibly decide the drugs to be purchased having regard to actual service demands. Hence, there were cases where patients were no longer supplied with certain drugs after being transferred from in-patient to out-patient services, or from specialist out-patient clinic to general out-patient clinic, for treatment.

66. Director (Cluster Services), HA advised that HA's mechanism on the procurement of drugs followed the requirements of the World Trade Organization. While patent drugs would be procured through single tender, off-patent generic drugs would be procured through open tender. Due regard would be given to the quality and price of the drugs when assessing the submissions of an open tender and there would be cases of changes in the suppliers of the generic drugs.

Supply of SFI drugs

67. Mr CHEUNG Kwok-che asked whether HA could render assistance to the community pharmacies operated by non-governmental organizations which sold SFI to HA patients at a lower cost.

68. Director (Cluster Services), HA responded that HA was bound by its contract with the suppliers not to distribute the drugs purchased to other parties. HA had however maintained communication with the relevant pharmaceutical manufacturers, encouraging them to render necessary assistance to facilitate these organizations' continuous supply of drugs to patients in need.

Way forward

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69. The Chairman requested the Administration to provide a written response to the views and suggestions raised by members at the meeting, preferably within two months.

70. Dr PAN Pey-chyou proposed to invite deputations to give views on the subject. Members agreed to hold a special meeting for the purpose after receiving the Administration's written response.

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VII. Promotion of organ donation and proposed "Garden of Life"
(LC Paper Nos. CB(2)973/10-11(08) and (09))

71. Due to time constraint, members agreed that the item would not be discussed at the meeting. The Chairman sought the view of the Administration on whether the discussion of the item should be deferred to the next regular meeting on 14 March 2011. USFH agreed to revert to the Secretariat after the meeting.

(*Post-meeting note*: At the request of the Administration and with the concurrence of the Chairman, the item will be discussed at the next regular meeting of the Panel on 14 March 2011.)

72. There being no other business, the meeting ended at 10:45 am.

Council Business Division 2
Legislative Council Secretariat
11 March 2011