立法會
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Panel on Health Services

Minutes of meeting
held on Monday, 17 March 2014, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Deputy Chairman) Hon Albert HO Chun-yan Hon Vincent FANG Kang, SBS, JP Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Dr Hon Priscilla LEUNG Mei-fun, SBS, JP Hon CHEUNG Kwok-che Hon Mrs Regina IP LAU Suk-yee, GBS, JP Hon Albert CHAN Wai-yip Hon Alice MAK Mei-kuen, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Dr Hon Elizabeth QUAT, JP Hon POON Siu-ping, BBS, MH Dr Hon CHIANG Lai-wan, JP
Members absent	:	Hon Charles Peter MOK Hon CHAN Han-pan
Public Officers attending	:	Items III and IV Professor Sophia CHAN Siu-chee, JP Under Secretary for Food and Health

Dr CHEUNG Wai-lun
Director (Cluster Services)
Hospital Authority

Item III

Ms Angela LEE
Principal Assistant Secretary for Food and Health (Health) 2

Ms Anna LEE
Chief Pharmacist
Hospital Authority

Ms Ivis CHUNG
Chief Manager (Allied Health)
Hospital Authority

Item IV

Miss Janice TSE, JP
Deputy Secretary for Food and Health (Health) 1

Dr Ronald LAM
Assistant Director of Health (Traditional Chinese Medicine)
Department of Health

Dr Eric ZIEA
Chief (Chinese Medicine Department)
Hospital Authority

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

Staff in attendance : Ms Mina CHAN
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

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

Members noted that no information paper had been issued since the last meeting.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1020/13-14(01) and (02)]

2. Members agreed to re-schedule the next regular meeting for 28 April 2014 at 4:30 pm to discuss the following -

(a) Mental health services for adults; and

(b) Provision of cataract surgeries in the Hospital Authority.

3. Pointing out that some cases for first appointment at child and adolescent psychiatric specialist outpatient clinics in the Hospital Authority ("HA") had to wait till 2016, Dr Fernando CHEUNG considered that there was a pressing need for the Panel to follow up with the Administration on "Mental health services for children and adolescents" (i.e. item 6 on the Panel's list of outstanding items for discussion).

4. The Chairman noted that the Administration's proposal was to discuss the subject matter in the second quarter of 2014. He asked whether the Administration was in a position to advance the discussion to the next meeting. Under Secretary for Food and Health ("USFH") advised that the Administration would first revert to the Panel on the Review Committee on Mental Health's observation on the possible directions for enhancing mental health services provided by HA for the adult age group at the April meeting. It would update the Panel on the proposed timing of discussion of the subject "Mental health services for children and adolescents" having regard to the progress of the review of the Review Committee.

III. Drug Formulary of the Hospital Authority and the Samaritan Fund

[LC Paper Nos. CB(2)1008/13-14(01), CB(2)1020/13-14(03) and (04)]

5. USFH briefed members on the update on the Drug Formulary of HA ("the Formulary") and the Samaritan Fund ("SF"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1020/13-14(03)).

6. Members noted the background brief entitled "Drug Formulary of the

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Hospital Authority and the Samaritan Fund" (LC Paper No. CB(2)1020/13-14(04)) prepared by the Legislative Council ("LegCo") Secretariat.

7. Referring to the letter dated 5 March 2014 from Prof Joseph LEE proposing discussion by the Panel on support and medications required by patients with rare diseases (LC Paper No. CB(2)1008/13-14(01)), the Chairman said that he had requested the Administration to address the issues of concern raised therein in the discussion paper it provided for the current agenda item as issues concerned were related to the subject matter under discussion. Members could consider the way forward after the discussion. Members agreed.

Management of the Formulary

8. Miss Alice MAK enquired about the aim of setting up a high-level Drug Management Committee ("DMC") in 2013 to replace the former Drug Utilization Review Committee ("DURC") and the differences in the terms of reference between the two Committees. Director (Cluster Services), HA ("D(CS), HA") advised that the newly set up DMC took charge of the Formulary management and was supported by the Drug Advisory Committee ("DAC") and the Drug Formulary Committee ("DFC"), which were responsible for regular appraisal of new drugs and review of the prevailing drug list of the Formulary respectively. Under the past mechanism, these two functions were respectively taken up by DAC and the former DURC (the latter with the support of DFC) which worked independently without an overseeing body.

9. In response to Mr POON Siu-ping's enquiry about the frequency of meetings of DAC and DFC, D(CS), HA advised that DAC systematically appraised new drugs every three months for inclusion into the scope of the Formulary, whereas DFC reviewed the prevailing drug list of the Formulary every 18 to 24 months. In discharging their functions, the two Committees were supported by multiple expert panels which provided professional views for the review of drugs in related specialty areas.

10. Dr Helena WONG urged HA to enhance the transparency of the composition of DAC and DFC, and take into account views of the relevant stakeholders, including healthcare personnel, pharmacists and patient groups, in considering whether to include a drug in the Formulary. Making reference to the practice of the Food and Drug Administration of the United States, Dr Fernando CHEUNG asked whether consideration could be given to including representatives of patient groups in DAC and DFC.

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11. USFH advised that the composition of DAC had been uploaded to HA's internet website. HA would also hold consultation with patient groups twice a year to keep them abreast of the latest development of the Formulary and gauge their views and suggestions on the Formulary, which would be presented to the relevant drug committees for consideration. D(CS), HA supplemented that the membership of DAC included doctors of various specialties, pharmacists, and clinical pharmacologists from the two local universities with medical faculties. To enhance the operational transparency and improve the accessibility of information of the Formulary, the list of new drugs to be reviewed at each DAC meeting was uploaded to both HA's internet and intranet websites. The list was also conveyed to the patient groups through email before the meeting. Patient groups were welcome to provide their views on the new drugs to be reviewed and all collected views would be reported to DAC members at the start of each meeting. After each meeting, the outcome of each individual drug applications for inclusion in the Formulary, together with a list of references that had been taken into account in the process of considering each drug application, were also uploaded to the websites. Dr Helena WONG sought information about whether there were cases that certain drugs were included in the Formulary at the suggestion of patients. Replying in the positive, D(CS), HA stressed that HA would take into account a basket of factors, including the views of patients, in determining whether a drug should be included in the Formulary.

12. Mr POON Siu-ping asked whether there was a mechanism in place for reviewing DAC's decisions on new drug applications. D(CS), HA advised that unsuccessful applicants could re-submit their applications providing further information of the reviewed drugs for re-consideration of DAC. There was no limit on the number of applications.

Inclusion of drugs in the Formulary

13. Miss Alice MAK noted with concern that HA's percentage of expenditure for drugs against its total expenditure, which stood at around 10%, was less than the relevant percentage of some overseas countries which was in the range of 13% to 16%. She urged HA to consider deploying a higher percentage of its allocated resources (i.e. recurrent subvention and other income) to the area of drugs. Dr KWOK Ka-ki expressed concern that while cost of drugs was not a consideration by doctors in deciding which drugs should be prescribed to their patients prior to the introduction of the Formulary, cost-effectiveness had become a factor of consideration by DAC and DFC in determining whether individual drugs should be included in the Formulary. Hence, some drugs which were proven to be of benefits to patients but expensive for HA to provide as part of its subsidized service, such as Abatacept for rheumatoid arthritis and Adalimumab for Crohn's

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Disease, were not covered in the Formulary. In his view, this had deprived the rights of patients to receive the best medication. Expressing a similar concern, Dr Fernando CHEUNG considered the categorization of those drugs with marginal benefits over available alternatives but at significantly higher costs, such as some target therapy drugs for treating cancers, as self-financed items without safety net went against the Government's policy that no one would be denied of adequate health care because of lack of means.

14. USFH responded that the evaluation of drugs would foremost be based on the latest scientific evidence on the safety and efficacy of drugs and not their cost. The factor of cost-effectiveness would only come into play when a drug was proved to be of benefits to patients. She pointed out that HA had introduced a number of new drugs to the Formulary, repositioned self-financed drugs as Special Drugs and expanded the clinical applications of Special Drugs in the Formulary in recent years. The Chairman asked whether HA had conducted any cost-effectiveness analysis of individual drugs, such as Glivec and the drugs for treating Mucopolysaccharidosis, in terms of their quality-adjusted life years ("QALY") when reviewing whether a drug should be incorporated into the Formulary. D(CS), HA advised that HA had made reference to the findings of some overseas countries, such as that of the United Kingdom, for consideration of the cost-effectiveness of some self-financed drugs under review. He however stressed that cost-effectiveness was only one of the factors for consideration. This explained why some drugs for treating uncommon disorders, such as Laronidase, Idursulfase and Glasulfase for Mucopolysaccharidosis, were listed as Special Drugs in the Formulary.

Admin/HA 15. The Chairman requested HA to provide after the meeting the outcomes of the cost-effectiveness analysis of individual drugs as measured by QALY conducted by DMC and the then DURC since the introduction of the Formulary in 2005, including the findings of those overseas studies to which the two Committees had made reference. Dr KWOK Ka-ki requested HA to provide in writing the number of adjuvant resected colon cancer patients receiving treatments in HA who had to purchase Oxaliplatin at their own expenses before the drug was repositioned as Special Drug in the Formulary in April 2012. D(CS), HA agreed.

16. Dr Elizabeth QUAT relayed the views of some patient groups that HA had not taken heed of their views to include certain new psychiatric drugs and drugs for treating cancers which had fewer side effects in the Formulary. Mr Albert HO remarked that the side effects of many psychiatric drugs dispensed by public specialist outpatient clinics ("SOPCs"), which were of a lower price, had resulted in a reluctance of persons suffering from mental illness to take medicine. The current arrangement of prescribing a large

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amount of drugs to patients receiving treatment at public SOPCs for their use before the next follow-up consultation which was scheduled for six months later was also undesirable, as there were cases that patients who did not wish to take the medicine would sell the drugs for profit. Miss Alice MAK urged HA to reposition more Special Drugs for chronic diseases, such as those for diabetes mellitus, in the Formulary as General Drugs so that these drugs could be prescribed as first-line drugs.

17. D(CS), HA advised that with the increased funding from the Government, HA planned to reposition most oral anti-psychotic drugs from the Special Drugs to General Drugs in the Formulary in 2014-2015. This apart, it was hoped that with an increase in the total number of doctors in the longer term, the duration between consultations at public SOPCs could be shortened to around three months.

18. Dr Helena WONG sought clarification as to whether the prescription of drugs for patients suffering from the same disease and with similar clinical conditions would vary among different hospital clusters due to the difference in resources available for individual hospital clusters to purchase drugs. D(CS), HA explained that given that not all public hospitals provided exactly the same range of clinical services, mechanisms were in place for individual hospitals to formulate their local drug formulary by selecting suitable drugs from the Formulary in light of service needs. Doctors would prescribe suitable treatments having regard to patients' clinical needs and established

Admin/HA treatment guidelines. At the request of Dr Helena WONG, D(CS), HA agreed to provide a written response in this regard after the meeting.

Support provided by SF

19. Pointing out that the purchase of some self-financed drugs for cancers would cost several tens of thousand dollars each month, Dr Elizabeth QUAT expressed concern that there was a recent case whereby a patient suffering from cancer had committed suicide to avoid becoming a financial burden to the family. She called on the Administration to provide greater financial support to patients, in particular those requiring long-term medication, in their purchase of the self-financed drugs. Miss Alice MAK expressed a similar concern. Given that there were cases whereby patients living with their family members were unable to pass the household-based financial assessment of SF, she asked whether the Administration could make reference to the Work Incentive Transport Subsidy Scheme to allow patients living with their family members to choose to apply for assistance on an individual basis. Dr Fernando CHEUNG pointed out that under the current arrangement, some patients had to reluctantly live alone in order to pass the financial assessment of SF. Pointing out that it was not uncommon that the

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grown-up children living under the same roof had to save for their own future needs, Mr Albert HO asked whether consideration could be given to limiting the scope of household income to income from spouse of the patient.

20. USFH responded that the practice of using patients' household income in calculating the amount of subsidy granted under SF was in line with the means-test mechanism for other financial assistance schemes, such as the Comprehensive Social Security Assistance ("CSSA") Scheme. She added that with the implementation of the relaxation of financial assessment criteria for SF drug applications on 1 September 2012, a deductible allowance for calculating the total value of applicant's disposable capital was introduced. The tiers of patient's contribution ratio for drug expenses were simplified and the patients' maximum contribution ratio was reduced from 30% to 20% of their annual disposable financial resources. Dr KWOK Ka-ki remarked that under the current deductible allowance which ranged from $212,000 to $698,000 depending on the patient's household size, many patients whose families were not well off were still unable to meet the financial test under SF and became eligible for the SF subsidy.

21. Pointing out that CSSA applicants could apply for assistance on their own if their children signed a statement stating that they would not provide financial support for their parents even though they lived together, Mr Albert HO asked whether similar arrangement could be provided for SF. Chief Manager (Allied Health), HA advised that the Medical Social Workers would take into account, on a case by case basis, the availability of financial support from the household members living under the same roof in making the financial assessment for applications for SF.

22. Dr KWOK Ka-ki urged the Administration to remove the means test mechanism for SF. He sought information about the administrative cost for conducting financial assessment for SF by medical social workers. D(CS), HA responded that HA did not have the relevant statistics, as the financial assessment was an integral part of the responsibilities of Medical Social Workers and the cost involved could not be separately identified.

Sustainability of SF

23. Holding the view that the expenditure of SF would continue to increase in the coming years, Mr POON Siu-ping was concerned about the long-term sustainability of SF. D(CS), HA advised that it was expected that the one-off injection of $10 billion from the Government into SF in 2012-2013 would provide adequate provisions for the operation of SF for 10 years or so. He added that the annual expenditure of SF would continue to grow

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rapidly in the coming years due to the advancement in medical technology, the addition of more new drugs and medical items into SF and the increase of eligible patients requiring long-term medication. HA would continue to adopt a prudent approach in managing the funds while meeting the operating cash flow requirements of SF.

Support for patients with rare diseases

24. Prof Joseph LEE noted that without the formulation of a definition on rare diseases applicable to Hong Kong and a Government policy on the provision of support for patients suffering from these diseases, HA had been managing uncommon disorders by putting in place an independent expert panel to evaluate the benefits of individualized treatments and enlisting additional recurrent funding from the Government to support the drug treatments for uncommon disorders, which, in his view, was undesirable. Pointing out that there were about 6 000 types of rare diseases worldwide, he requested HA to provide after the meeting a breakdown by the types of rare disease identified by the World Health Organization of the number of patients receiving treatments in HA who were suffering from rare diseases and the drugs and treatment provided for these patients.

Admin/HA

25. Dr Helena WONG pointed out that places such as Japan, Taiwan and the United States had provided a clear legal definition of "rare disease". She expressed concern that while the Administration would provide financial assistance to support the medication required by patients with certain rare diseases, no definition and policy on rare disease were in place to govern the provision of support for patients suffering from these diseases. Dr Fernando CHEUNG raised a similar concern. Dr Elizabeth QUAT asked whether the Administration would consider the suggestion of the Democratic Alliance for the Betterment and Progress of Hong Kong to develop a territory-wide database for rare diseases to provide a profile of the common types of rare diseases in Hong Kong. This would also help to foster scientific research on, and facilitate provision of support for patients suffering from, these diseases.

26. USFH advised that there was no common definition of rare diseases available worldwide and the interpretation varied among countries with different characteristics of the respective health systems and situations. D(CS), HA supplemented that at present, there were patients suffering from lysosomal storage disorders. Given that the efficacy of Enzyme Replacement Therapy ("ERT"), which was one of the treatments for these diseases, varied among patients with different clinical conditions and ERT was extremely expensive, an expert panel of HA would assess the suitability of individual patients to receive ERT and the efficacy of such treatment. HA

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would provide ERT to individual patients at standard fees and charges if the treatment was proved to be of significant clinical benefits to them. He could provide the information in this respect after the meeting.

27. Citing a recent media report whereby a 14-year-old boy, whose family lacked financial means to afford the treatment of a new drug, died from the rare disease of giant cell tumors of bone, Dr Priscilla LEUNG cast doubt about the effectiveness of the mechanism of HA in ensuring patients suffering from rare diseases could receive proper drug treatment. D(CS), HA advised that while he was not in a position to comment individual cases, it should be noted that treatment of uncommon disorders might involve the use of unregistered new drugs, the efficacy of which had yet been proved. He undertook to follow up the case referred to by Dr Priscilla LEUNG if more information could be provided after the meeting.

28. Prof Joseph LEE, Dr Fernando CHEUNG and Dr Elizabeth QUAT suggested that the subject of policy on rare diseases should be further discussed at a future meeting. Members raised no objection. The Chairman said that the subject would be included in the Panel's list of outstanding items for discussion.

IV. Development of Chinese medicine and Integrated Chinese-Western Medicine Project

[LC Paper Nos. CB(2)1020/13-14(05) and (06)]

29. USFH briefed members on the work progress of the Chinese Medicine Development Committee ("the Committee") and the latest work of the Administration in the promotion of Chinese medicine development in Hong Kong, details of which were set out in the Administration's paper (LC Paper No. CB(2)1020/13-14(05)).

30. Members noted the background brief entitled "Provision of Chinese medicine services in the public healthcare system" (LC Paper No. CB(2)1020/13-14(06)) prepared by the LegCo Secretariat.

Timetable for setting up the Chinese medicine hospital

31. While supporting the development of Chinese medicine in Hong Kong, Dr Elizabeth QUAT expressed concern about the lack of details in the Administration's paper on the work plan for setting up the proposed Chinese medicine hospital to facilitate in-depth discussion. She enquired about the concrete timetable for the establishment of the hospital. Dr KWOK Ka-ki, Dr Helena WONG and Dr Fernando CHEUNG raised a similar question.

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32. USFH advised that a concrete timetable for the establishment of the Chinese medicine hospital was yet available at this stage. It should however be noted that the Integrated Chinese-Western Medicine Pilot Project ("the Pilot Project") to be implemented by HA, which aimed to gain experiences in making use of integrated Chinese-Western medicine ("ICWM") for treating patients in an inpatient setting for reference of the mode of operation of a Chinese medicine hospital and facilitate the training of Chinese medicine graduates, would take around two years to complete. Deputy Secretary for Food and Health (Health)1 ("DSFH(H)1") supplemented that the development of a Chinese medicine hospital was unprecedented in Hong Kong. It was incumbent upon the Administration to exercise prudence in formulating its mode of operation appropriate to the existing regulatory regime. The running of the hospital also required adequate manpower resources. The Administration would, in collaboration with the Committee and the Schools of Chinese Medicine under the three local universities, examine ways to enhance personnel training for supporting the operation of the future Chinese medicine hospital (including the treatment and caring of patients). This apart, HA would provide relevant professional training for the Chinese and Western medical professionals and other healthcare personnel participating in the Pilot Project with a view to shedding light on how ICWM should be operated in an inpatient setting.

Positioning of the Chinese medicine hospital

33. Mr Albert HO considered that there would not be much room for development of Chinese medicine inpatient services if the scope of services of the future Chinese medicine hospital was limited to the three diseases areas identified for the Pilot Project, namely stroke rehabilitation, low back pain and palliative care for cancer. Dr KWOK Ka-ki opined that if the future Chinese medicine hospital's service scope would be extended to other disease areas, it should avoid following the practice of some Chinese medicine hospitals in the Mainland whereby Chinese medicine practitioners ("CMPs") practiced therein were allowed to deliver services which were provided by Western medicine doctors in the case of Hong Kong.

34. USFH responded that the establishment of a Chinese medicine hospital was a highly complex subject and required thorough deliberation between the Committee and the Administration. While the experiences gathered from the Pilot Project might serve as the basis for formulating the mode of operation and clinical risk management of a Chinese medicine hospital, the Administration had yet determined the scope of services of the future Chinese medicine hospital. USFH assured members that the Administration had, in collaboration with the Committee, commenced work in full swing to examine the regulatory and operational details of the hospital.

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Mode of operation of the Chinese medicine hospital

35. Dr Helena WONG said that the Democratic Party supported the development of Chinese medicine in Hong Kong and welcomed the decision of the Government to reserve a site in Tseung Kwan O for setting up a Chinese medicine hospital. She however sought clarification as to whether the hospital would operate in the form of a private hospital outside the public healthcare system, as the Committee preliminarily considered that it would be more feasible for an operating body to run the hospital on a self-financing basis. She was gravely concerned that if this was the case, patients had to pay high service fees for their visits, which, in her view, went against the direction for promoting the development of Chinese medicine in Hong Kong. Dr Elizabeth QUAT considered it necessary to ensure that the service charges of the future Chinese medicine hospital would be affordable to most people of Hong Kong. Dr Fernando CHEUNG held a similar view. Casting doubt on the feasibility for a non-governmental organization ("NGO") to operate the hospital on a self-financing basis, Mr CHEUNG Kwok-che asked whether the Government would provide any financial support for the operation of the hospital. USFH responded that the Administration and the Committee would take into account members' concerns when considering the operation mode of the future Chinese medicine hospital.

36. Dr Elizabeth QUAT was concerned about whether the Schools of Chinese Medicine under the three local universities would involve in the management of the hospital. She surmised that the support to the areas of teaching, clinical practice and development of Chinese medicine by a Chinese medicine hospital running on a self-financing basis, which had to place priority in ensuring its financial sustainability, would be rather limited.

37. USFH advised that the hospital would provide facilities to support the teaching, clinical practice and scientific research of the Schools of Chinese Medicine under the three local universities, and help strengthen and enhance the quality of the professional training of CMPs and the scientific research of Chinese medicines in Hong Kong. DSFH(H)1 supplemented that under the Pilot Project, test run for each disease-based protocol would be conducted in hospitals under HA in collaboration with the respective Chinese Medicine Centres for Training and Research ("CMCTRs"). The latter was operated on a tripartite collaboration model involving HA, NGOs and local universities with NGOs as the operators. Local universities would also be invited to participate in the formulation and evaluation of the Pilot Project and its related training programmes. DSFH(H)1 added that the Chinese Medicine Practice Sub-committee under the Committee had started studying the enhancement of personnel training and professional development for CMPs. Issues under consideration included, among others, the development of

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Chinese medicine specialization and personnel training in the area of pharmacy in Chinese medicine.

38. Dr Elizabeth QUAT was concerned about the feasibility of providing ICWM in the future Chinese medicine hospital. She said that to her understanding, some Western medical practitioners remained reluctant to allow their patients to receive Chinese medicine treatment for palliative care for cancer. Expressing concern that some Western medical practitioners held the view that Chinese medicine treatment should only come into play during the very late stage of treatment, Mr Albert HO remarked that the lack of mutual understanding between CMPs and Western medical practitioners might pose difficulties in the smooth implementation of ICWM.

39. D(CS), HA agreed that a major difficulty in implementing ICWM was how to foster the mutual understanding between Chinese and Western medical personnel and manage the clinical risks associated with the ICWM operation. The Pilot Project would address these concerns by putting in place clear clinical protocol of each disease which would include clinical guidelines for integrating Chinese medicine with Western medicine, inclusion and exclusion criteria, clinical outcome indicators and clinical risk management. HA would also set up a reporting system for adverse events and incidents, and arrange clinical audits.

40. While supporting the establishment of the Chinese medicine hospital and the implementation of the Pilot Project, Prof Joseph LEE expressed concern that the fact that none of the medical professionals of HA and the Department of Health ("DH") came from the Chinese medicine sector might result in the future Chinese medicine hospital being led by Western medical practitioners. Mr CHEUNG Kwok-che and Dr Priscilla LEUNG raised a similar concern. Mr CHEUNG Kwok-che asked whether a CMP or Western medical practitioner would take up the position of Medical Superintendent of the hospital. He also requested the Administration to invite professionals from the Chinese medicine practice as representatives to attend future meetings of the Panel for discussion on the subject. Dr Elizabeth QUAT questioned whether the views of CMPs or Western medical practitioners would prevail if there were divergent views among them on patients' treatments. Mr Albert HO sought information about the roles of and the delineation of responsibilities between Chinese and Western medical personnel working in the Chinese medicine hospital.

41. USFH stressed that the study on the development of the Chinese medicine hospital (including its mode of operation) was spearheaded by the Committee, which comprised representatives from the Chinese medicine practice, Chinese medicine trade, academia and research and development,

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testing and healthcare sectors, as well as lay persons. The Committee had also maintained close communication with the Chinese medicine sector in the course of its deliberation on the development of Chinese medicine, and would continue to gauge the views from different parties. Given that the development of a Chinese medicine hospital required detailed and thorough study, the Government accepted the Committee's recommendation that some specific research projects should be carried out before the establishment of the hospital, such as the introduction of inpatient services in public hospitals under the Pilot Project. Apart from gathering experiences in the operation and regulation of ICWM and Chinese medicine inpatient services, the Pilot Project also provided an opportunity to foster exchange and collaboration among CMPs and Western medical practitioners. The operational guidelines to be developed by HA for the Pilot Project would also set out the roles and responsibilities of Chinese and Western medical personnel. D(CS), HA supplemented that Western medical practitioners would take the lead in the Pilot Project as it would be implemented in public hospitals, but this should not be taken that the future Chinese medicine hospital would adopt the same operational framework.

The Pilot Project

42. Dr KWOK Ka-ki enquired whether the selection of disease areas for the ICWM pilot project, namely stroke rehabilitation, low back pain and palliative care for cancer, was only based on the anticipated number of patients suffering from a particular disease rather than the effectiveness of the Chinese medicine treatment on that disease. He also cast doubt about how the operation of "evidence-based practice" could be adopted in the future Chinese medicine hospital given that the efficacy of many Chinese medicine treatments had yet been supported by scientific evidence.

43. USFH explained that the anticipated number of patients with a disease was only one of the criteria for selecting the disease areas for the Pilot Project. Other criteria included the disease areas where the treatment of Chinese medicine, or the synergy effect generated by ICWM treatment, was effective with the support of scientific proof, as well as the disease that the inclusion and exclusion criteria could be clearly defined. After preliminary screening, HA proposed to formulate the clinical plan specifically for stroke rehabilitation, low back pain and palliative care for cancer under the Pilot Project. Prof Joseph LEE called on HA to make it clear to patients on the modes of treatment available to allow them to make an informed decision.

44. The Chairman asked whether the Pilot Project would be subject to ethical approval to ensure the safety, rights and well-being of participating patients. Replying in the negative, D(CS), HA clarified that the Pilot Project

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was not a clinical research project. Its primary goal was not to prove the effectiveness of ICWM treatment, but to derive feasible administrative and operational models for providing ICWM treatment in an inpatient setting for reference in the formulation of the regulation for the mode of operation of a Chinese medicine hospital. All medical treatments to be carried out under the Pilot Project would be protocol-driven, whereby the treatments provided by medical doctors and CMPs respectively were limited to their own areas of practice. The clinical protocol would clearly set out, among others, the entry and exit points of the Pilot Project, as well as the indications of Chinese and Western medicine treatments.

[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion of this item.]

45. The Chairman did not subscribe to the Administration's response. He considered that the Pilot Project should be regarded as a research of high scientific merit and subject to ethical approval as it involved a new model of treatment (i.e. ICWM treatment as opposed to the conventional Western medical treatment) for patients in public hospitals. He requested HA to take heed of his view and to provide a copy of the relevant application for ethical approval for reference of the Panel when available. Dr Fernando CHEUNG shared the view that the Pilot Project should meet ethical standards. He suggested that the effectiveness of the Pilot Project should be evaluated by patient groups and bodies independent of HA. USFH reiterated that HA would invite local universities to participate in the evaluation of the Pilot Project.

Admin/HA

Public Chinese medicine outpatient services

46. Pointing out that primary care was one of the strengths of traditional Chinese medicine, Dr Priscilla LEUNG urged the Administration to ensure the provision of affordable public Chinese medicine outpatient services in the primary care setting. USFH advised that at present, CMCTRs provided public Chinese medicine outpatient services at a fee of $120 per attendance (including consultation and medication).

Financial support for research and development

47. Dr Priscilla LEUNG enquired about the funding support for research and development ("R&D") projects of Chinese medicine following the disbandment of the Hong Kong Jockey Club Institute of Chinese Medicine ("HKJCICM"). Assistant Director of Health (Traditional Chinese Medicine), DH informed members that under the Innovation and Technology

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Commission, the Committee on Research and Development of Chinese Medicines chaired by the Commissioner for Innovation and Technology was set up in December 2011 following the HKJCICM disbandment, with a view to facilitating better coordinate effort in promoting R&D and testing of Chinese medicine to meet the future needs of Hong Kong. Dr Priscilla LEUNG called on DH to enhance communication with the Innovation and Technology Commission in facilitating the development of the Chinese medicine industry.

Way forward

48. Pointing out that the proposed Chinese medicine hospital was the first of its kind in Hong Kong, Prof Joseph LEE remained concern about the response of the community, CMPs and the Chinese medicine trade to the proposal, the mode of operation of the future hospital and the manpower support for the hospital when it commenced operation. He suggested that the Panel should receive views from the public and the Chinese medicine sector on the subject. Dr Priscilla LEUNG, Mr CHEUNG Kwok-che, Dr Elizabeth QUAT and Dr Fernando CHEUNG held a similar view.

49. USFH remarked that the Panel might wish to schedule the meeting to receive public views on the subject after the Committee had come up with further recommendations on the mode of operation of the Chinese medicine hospital. DSFH(H)1 supplemented that the Committee would deliberate on various issues relating to the development of the Chinese medicine hospital such as Chinese medicine specialization and personnel training in the coming months. It was expected that more concrete outcomes of discussion would be available by the end of 2014.

50. Mr CHEUNG Kwok-che considered that the receiving of public views by the Panel could be conducted in tandem with the Committee's discussion, so that the Administration could relay the views of members and the public to the Committee for consideration. While considering it acceptable that the Panel could receive public views on the subject at a later time when the Committee had made more in-depth discussions on the subject, Dr Elizabeth QUAT opined that it was not reasonable for the Panel to receive views from the public on the issue until the end of the year when the way forward had already been hammered out. Dr Fernando CHEUNG suggested that the public hearing should be conducted as early as practicable, preferably before the Committee put forth any concrete proposals on the subject.

51. At the Chairman's suggestion, members agreed that a special meeting be arranged in May 2014 for the Panel to receive views from the public and

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the Chinese medicine sector on the establishment of the Chinese medicine hospital and the Pilot Project. Mr CHEUNG Kwok-che suggested inviting novice Chinese medical practitioners, who might have a better understanding of the latest trends of the industry relating to society's conditions, particularly Chinese medicine graduates from local universities, to express their views on the subject. The Chairman said that the Secretariat would follow up on the arrangements accordingly.

(*Post-meeting note*: At the suggestion of the Administration, members agreed at the meeting on 28 April 2014 to receive public views on "Development of Chinese medicine hospital and integrated Chinese-western medicine" at the regular meeting in May 2014.)

52. There being no other business, the meeting ended at 6:41 pm.

Council Business Division 2
Legislative Council Secretariat
17 November 2014