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(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 15 June 2015, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

Members present	:	Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Chairman) Dr Hon LEUNG Ka-lau (Deputy Chairman) Hon Albert HO Chun-yan Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Hon CHEUNG Kwok-che Hon Albert CHAN Wai-yip Hon YIU Si-wing Hon Charles Peter MOK, JP Hon CHAN Han-pan, JP 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
Members absent	:	Hon Vincent FANG Kang, SBS, JP Hon Christopher CHUNG Shu-kun, BBS, MH, JP
Public Officers attending	:	Item III Dr KO Wing-man, BBS, JP Secretary for Food and Health

Miss Fiona CHAU
Principal Assistant Secretary (Health) 1
Food and Health Bureau

Dr LEUNG Ting-hung, JP
Controller, Centre for Health Protection
Department of Health

Dr Edwin TSUI
Chief Port Health Officer
Department of Health

Dr S H LIU
Chief Manager (Infection, Emergency and Contingency)
Hospital Authority

Dr Dominic TSANG
Chief Infection Control Officer
Hospital Authority

Items IV and V

Professor Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

Miss Linda LEUNG
Principal Assistant Secretary for Food and Health (Health) 2

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

Item IV

Dr S V LO
Director (Strategy and Planning)
Hospital Authority

Dr Libby LEE
Chief Manager (Strategy, Service Planning and Knowledge Management)
Hospital Authority

Dr Bill CHAN
Chairman, Coordinating Committee in Paediatrics
Hospital Authority

Mr Donald LI
Chief Manager (Capital Planning)
Hospital Authority

Item V

Ms Anna LEE
Chief Pharmacist
Hospital Authority

Ms Ivis CHUNG
Chief Manager (Allied Health)
Hospital Authority

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

Staff in attendance : Ms Janet SHUM
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
[LC Paper Nos. CB(2)1660/14-15(01) and (02)]

Members noted that the following papers had been issued since the last meeting -

(a) referral from the meeting between Legislative Council Members and Tai Po District Council members on 22 January 2015 on issues relating to the expansion of the Alice Ho Miu Ling Nethersole Hospital; and

(b) letter from a Tai Po District Council member regarding the expansion of the Alice Ho Miu Ling Nethersole Hospital and provision of public healthcare services in the Tai Po District.

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II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1671/14-15(01) and (02)]

2. Members agreed to discuss the following items at the next regular meeting scheduled for 20 July 2015 at 4:30 pm -

(a) Hospital Authority's private patient services; and

(b) Resources allocation among hospital clusters by the Hospital Authority.

(*Post-meeting note:* At the request of the Administration and with the concurrence of the Chairman, the agenda item on "Resources allocation among hospital clusters by the Hospital Authority" for the July regular meeting has been changed to "Review on the Hospital Authority".)

III. Measures for the prevention and control of Middle East Respiratory Syndrome

[LC Paper Nos. CB(2)1606/14-15(01), CB(2)1671/14-15(03) and (04)]

3. Secretary for Food and Health ("SFH") updated members on the latest measures of the Administration to prevent and control the Middle East Respiratory Syndrome ("MERS"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1671/14-15(03)). SFH advised that locally, a total of 23 suspected cases of MERS had been taken to public hospitals for isolation and management from noon 13 June to noon 14 June 2015. All of them were eventually tested negative for MERS Coronavirus ("MERS-CoV"). From noon 14 June to noon 15 June 2015, the Centre for Health Protection ("CHP") was notified of 24 suspected cases. The test results of these cases would be announced later on the day of the meeting. From 8 June 2015 to noon of the day of the meeting, a total of 215 suspected cases of MERS had been reported of which no cases so far had been tested positive. To date, a total of 149 confirmed MERS cases (and an additional case exported from Korea to the Mainland) had been reported in Korea including 16 deaths. Six among the 149 cases acquired the infection from other tertiary cases.

4. Members noted the background brief entitled "Prevention and control of Middle East Respiratory Syndrome" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)1671/14-15(04)).

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Travel health advice and travel alert

5. Dr KWOK Ka-ki considered that the Administration's decision to issue a Red Outbound Travel Alert ("OTA") for Korea one day after the issuance of a travel health advice with content similar to the Red OTA on 8 June 2015 might cause confusion to members of the public and the travel industry. He urged the Administration to review the OTA System under which health risk was not a factor for consideration in the past. Miss Alice MAK and Mr YIU Si-wing echoed the view that the OTA System should be reviewed to improve the mechanism in warning the public against travel risk on health grounds. Dr Helena WONG was concerned about the one-day time gap between the issuance of the travel health advice by the Department of Health ("DH") and the issuance of a Red OTA for Korea. Mr Albert CHAN appreciated SFH's giving of an early personal advice to the public to avoid unnecessary travel to Korea as the bureaucratic process often resulted in delays of making an official decision in this regard.

6. SFH advised that the Food and Health Bureau ("FHB") and the Security Bureau ("SB") had reached a consensus that, henceforward, if there were public health grounds, SB would, on FHB's recommendation, issue an OTA on the country or territory involved with a view to assisting the public and the travel industry in getting a clearer grasp of the possible heath risks so as to make corresponding arrangements. In response to Mr YIU Si-wing's enquiry as to whether provinces in the Mainland were covered by the OTA System, SFH advised that the OTA System was aimed at facilitating the public to better understand the travel risk of the specified overseas countries.

7. Noting that two mechanisms would be in place (i.e. the travel health advices issued by DH and the OTA System) for advising the public the health risks of a country or territory, Dr Fernando CHEUNG expressed concern that travel health advices could not provide a comparative level of alert to the public. A case in point was the relatively low awareness of the travel health advice that travellers in the Middle East should avoid going to farms, barns or markets with camels. Pointing out that MERS-CoV was first identified in Saudi Arabia, Mr Albert HO and Dr Helena WONG sought explanation as to the reason why no OTA was issued to those Middle East countries which were affected areas of MERS. Mr YIU Si-wing remarked that the issuance of a Red or Black OTA was useful for the travel industry in determining the refund or rescheduling arrangements for package tours to the affected destination. He asked whether FHB would recommend SB to issue an Amber OTA which represented that travellers should monitor situation and exercise caution as there were signs of threat.

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8. SFH clarified that only when there was a need to advise the public to avoid unnecessary travel or all travel to a country or territory on public health grounds would trigger FHB to make a recommendation to SB for issuing a corresponding OTA. It should be noted that the travel health advices given by DH which covered, among others, disease outbreak alert at specific destinations, health advice on protection against insects and other disease vectors and recommended vaccinations, were more detailed and extensive in nature. As regards the outbreak of MERS, the Administration had not stopped from regularly advising travellers to the Middle East to avoid contact with camels, going to farms, barns or markets with camels and unnecessary visits to healthcare facilities, inclusive of the day when the Red OTA for Korea was issued. FHB's recommendation to SB on the issue of an OTA for Korea was made after taking into consideration the rapid increase in the number of confirmed cases within a short time span which called for the monitoring for the possibility of community transmission of MERS-CoV in Korea, the very close contacts between Hong Kong and Korea in all aspects, as well as the wide public concern over their travel arrangements to Korea.

9. Given the widespread outbreaks of MERS in healthcare institutions in Korea, Dr Elizabeth QUAT asked for advice for those Hong Kong residents in Korea who had to seek medical attention. SFH responded that depending on the clinical conditions of the individuals concerned, they could consider visiting those healthcare facilities in Korea where no MERS patients had been treated or returning to Hong Kong for medical attention.

10. Dr Helena WONG asked about the advice to students who had joined study tours to Korea and the Middle East countries. SFH responded that schools should refer to the latest development of MERS and the latest advice given by CHP in this regard. In the meantime, the Education Bureau had reminded schools to avoid arranging students to participate in study tours in Korea. Travellers in Korea and the Middle East countries should avoid unnecessary visit to healthcare facilities. Travellers in the Middle East countries should avoid going to farms, barns or markets with camels.

Liaison with other health authorities

11. Dr KWOK Ka-ki, Miss Alice MAK, Dr Elizabeth QUAT and Mr CHAN Han-pan commended the Administration for implementing port health measures that suited the local circumstances without strictly adhering to the recommendation of the World Health Organization ("WHO") that no travel restrictions or entry screening should be applied to this outbreak. Dr KWOK Ka-ki sought clarification as to what extent the Administration should follow the guidelines or recommendations of WHO.

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12. SFH advised that other than the International Health Regulations (2005) which was a legal instrument binding on all WHO Member States, recommendations on public health response to the international spread of a particular disease made by WHO from the macro perspective were for reference of individual Member States. SFH further advised that given the very close contacts between Hong Kong and Korea in all aspects, the Administration had not only issued a Red OTA for Korea on public health grounds, but also requested the health authority of Korea to provide information on the list of healthcare facilities which the MERS patients had been admitted to. In addition, the Administration had called for the suspension of all medical exchange programmes and activities between the healthcare institutions of Hong Kong and those of Korea. All staff of the Hospital Authority ("HA") who were attending medical exchange or training activities in Korea had also returned to Hong Kong. This apart, the Chief Executive and FHB had respectively invited the Consulate General of the Republic of Korea in Hong Kong, and the Headquarters and the Regional Office for the Western Pacific of WHO to relate the view to the health authority of Korea that the transparency in the dissemination of information relating to the outbreak should be enhanced.

Risk communication

13. Referring to the wide circulation of a rumour on social media platform on 10 June 2015 that there was a case of human infection with MERS-CoV in Hong Kong involving a woman with travel history to Korea being taken to a public hospital for isolation after visiting a clinic in Tsing Yi on that day, Dr KWOK Ka-ki and Miss Alice MAK considered that CHP should allay public fear through updating the public of the situation on social media platform immediately when the preliminary test result was available. Mr Albert CHAN appreciated the swift response made by the Consultant Community Medicine (Communicable Disease) of CHP to clarify the rumour in her personal capacity. He urged the Administration to make better use of social media platform in the longer term to clarify matters where there had been public concern or rumour in order to address public anxiety at the earliest possible time.

14. SFH advised that CHP had provided an update of the case concerned in response to media enquiry and on its Facebook page on 10 June 2015 at 3:00 pm. That said, he agreed that there was a need to adopt a wider use of social media platform by CHP or the Information Services Department to expedite dissemination of information to the public. Mr CHAN Han-pan asked whether consideration could be given by CHP to set up a WhatsApp group for communication with LegCo Members so that the latter could help to clarify any public health rumours that might arise in the future. Controller,

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CHP advised that individuals who chose to follow the CHP Facebook would receive notifications of the updated posts shared by CHP.

15. Dr Elizabeth QUAT suggested that the Administration should consider making ad hoc public announcements by a designated official to clarify future rumours in between the two regular daily updates on suspected local MERS cases through press briefings, press releases as well as social media platform. SFH advised that where necessary, the Administration would suitably make ad hoc announcements through various channels.

Port health measures

16. Noting the emergence of fourth generation transmission cases in Korea, Dr KWOK Ka-ki was of the view that the Administration should consider requiring all inbound travellers from Korea to sign the health assessment form, instead of limiting to those screened with fever.

17. SFH advised that the effectiveness of health declaration as a preventive and control measure depended largely on the travellers' goodwill to disclose accurate information. In addition, the gathering of a large number of travellers in the arrival hall in the course of filling in the health assessment forms would increase the risks of cross-infecting the healthy individuals if there were any MERS cases among the travellers.

18. Mr Albert CHAN asked whether air transit passengers were required to subject to temperature screening. Chief Port Health Officer, Department of Health advised that from 5 June 2015 onwards, all incoming flights from Korea were directed as far as possible to designated parking stands (i.e. aircraft parking stands No. 40 to 50 located at the Southwest Concourse or other remote parking stands where passengers would be transferred to the terminal building by apron buses) to facilitate temperature screening and health assessment of inbound travellers from Korea (including air transit passengers) by port health personnel. In addition, airlines were requested to make in-flight broadcast of health messages at relevant incoming passenger flights to alert travellers to the disease.

Clinical management of MERS cases

19. Mr Albert HO sought elaboration about what constituted a fourth generation of MERS cases. SFH explained that the ongoing outbreak in Korea started with the introduction of MERS-CoV infection into the country by a single infected traveller with travel history in the Middle East (i.e. the index case). The index case had contributed to secondary spread of infection

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among contacts. There were later cases that were linked to contact with the secondary cases and the tertiary cases in households and healthcare settings.

20. Mr Albert HO asked whether there was any exchange of information and experience between the local health authority and the Korean health authority on the clinical management of MERS cases. SFH advised that a joint mission by WHO and the Ministry of Health and Welfare of Korea had reviewed the public health measures implemented by Korea since the outbreak began. The WHO team comprised, among others, two experts from Hong Kong. It was noted that blood plasma, Interferon and Ribavirin had been used for treatment of MERS patients. The two local experts would exchange information with the Central Committee on Infectious Disease and Emergency Response of HA in due course.

Promotion of environmental hygiene

21. Mr CHAN Han-pan considered that the Administration should step up its efforts in promoting environmental hygiene to safeguard public health. SFH advised that a campaign on keeping Hong Kong clean was under preparation. He solicited members' support for the campaign at the district level.

IV. Development of the Hong Kong Children's Hospital

[LC Paper Nos. CB(2)1671/14-15(05) and (06)]

[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 agenda items IV and V.]

22. Under Secretary for Food and Health ("USFH") briefed members on the recent progress on the development of the Hong Kong Children's Hospital ("HKCH"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1671/14-15(05)).

23. Members noted the background brief entitled "Hong Kong Children's Hospital" prepared by the LegCo Secretariat (LC Paper No. CB(2)1671/14-15(06)).

Eligibility and charges for services provided by HKCH

24. Mr Albert HO asked about the rationale for setting the eligible age for receiving services provided by HKCH at the level of below 18 years of age. Chairman of the Coordinating Committee in Paediatrics, HA ("Chairman, CCP, HA") advised that the eligible age was set with reference to the

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specific healthcare as well as psychological needs required by child and adolescent patients aged 18 or below, which were very different from that of adult patients. It should be noted that the same eligible age was adopted by the existing paediatrics departments of HA whereby Adolescent Medicine was a sub-specialty under the specialty of Paediatrics. The arrangement was also in line with international practice.

25. Dr Helena WONG asked whether children who were not local residents would be eligible for using the services of HKCH, and if so, what level of charges would be imposed on these persons. USFH responded that HA had been providing healthcare services for non-eligible persons ("NEPs") and they were charged on a cost-recovery basis. The fees and charges for NEP patients of HKCH would be in line with those of other HA hospitals. The Chairman remarked that the subsidy for eligible persons to receive the high-end services provided by HKCH might be on the high side.

Clinical services

26. Noting that the construction of the Phase I of the new acute hospital to be developed at the Kai Tak Development Area was expected to be completed by 2021-2022, Dr KWOK Ka-ki asked whether HKCH would provide neonatal services to meet the service demand of the community. Chairman, CCP, HA advised that HKCH would provide 30 and 10 beds for the Neonatal Intensive Care Unit and the Special Care Babies Unit respectively for the high-risk and complex surgical cases, whereas the regional hospitals would provide step-down and secondary care.

27. Dr Fernando CHEUNG asked whether HKCH would provide treatment for inborn rare diseases. Chief Manager (Strategy, Service Planning and Knowledge Management), HA ("CM(SSP&KM), HA") replied in the affirmative. Holding the view that the mentality of those mentally handicapped persons with rare diseases would remain similar to children even if they were above 18 years of age, Dr Fernando CHEUNG opined that discretion should be given to allowing these patients to continue to receive treatment at HKCH. CM(SSP&KM), HA said that HA would consider the suggestion.

28. In response to Mr Albert HO's enquiry about the provision of rehabilitative care for patients of HKCH, Chairman, CCP, HA explained that while HKCH would function as the key player of the overall paediatric service network of HA for the management of complex and serious cases requiring multidisciplinary intervention, it would work closely with the other 13 paediatric departments of the regional public hospitals which would provide, among others, step-down services to clinically stable patients.

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29. Dr KWOK Ka-ki pointed out that under the original proposal, HKCH would cater for child and adolescent patients under the care of medical practitioners and institutions outside the public healthcare system. He asked whether the services of HKCH would be made accessible to patients of those families who had been seeking private paediatric care. CM(SSP&KM), HA advised that HA was studying how public-private partnership could be implemented at HKCH for the benefit of patients.

30. Noting that there was a total of 1 564 beds in the existing paediatric departments of HA hospitals in 2014-2015 and the planned capacity of 468 beds for HKCH, Mr POON Siu-ping sought elaboration about the total number of paediatric beds pursuant to the commissioning of service of HKCH. Dr KWOK Ka-ki asked whether the capacity released from the respective public hospitals as a result of the translocation of their paediatric facilities to HKCH would be used for enhancing the service capacity of the Gynaecology and Medicine specialties which had already been stretched to their limits.

31. CM(SSP&KM), HA explained that the total number of paediatric beds would maintain at the level of 1 500 to 1 600 pursuant to the commissioning of service of HKCH, as the 468 beds of HKCH included those beds to be translocated from existing paediatric departments of other public hospitals to HKCH. The present planned capacity of HKCH had taken into account, among others, the projection of the Census and Statistics Department that the population of Hong Kong below 19 years of age would maintain at around 1.2 million in the next decade. CM(SSP&KM), HA added that the capacity released from the respective public hospitals as a result of the translocation arrangement would be utilized to cope with the increasing healthcare demand of the aging population.

Governance and funding mechanism

32. Noting that the existing service and expertise serving in the paediatric subspecialties in various HA hospitals would be transferred to HKCH, Dr KWOK Ka-ki expressed concern as to how HA would address the issue of fiefdoms among the regional hospitals. CM(SSP&KM), HA advised that more than 20 clinical work groups on various sub-specialties had been formed to work on the details of the proposed service models and referral mechanism. In addition, HA had started to select and appoint the Commissioning Service Coordinators for each sub-specialty and service area. The incumbents, who would be senior and experienced servicing consultants in HA or senior professors from the medical schools of the two local universities, would take up the responsibility of coordinating the planning and commissioning work of respective clinical areas as well as the

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development of the whole paediatric service network. Chairman, CCP, HA supplemented that a central recruitment model for paediatric doctors in HA had been introduced. A total of 22 new resident trainees in paediatrics had been employed so far under this model for serving in the paediatric network, instead of individual hospitals, of HA.

33. Mr CHAN Han-pan expressed concern that other public hospitals might be reluctant to refer complex cases to HKCH as this might affect their future allocation of manpower and financial resources from HA. Director (Cluster Services), HA ("D(CS), HA") advised that there was no cause for such concern, as HKCH and the paediatric departments of other regional hospitals would work together as a network to facilitate continuum of care. Paediatric doctors in HA would gradually be employed under and serve in the paediatric network in HA to provide support for both HKCH and regional hospitals. It should be noted that while HKCH would obtain management and administrative support from the Kowloon Central Cluster, it would serve as a territory-wide referral centre for complex cases.

34. Dr KWOK Ka-ki expressed concern that the service model of HKCH was a deviation from the expectation of the stakeholders in the community that families of patients as well as the relevant patients groups and non-governmental organizations ("NGOs") would be involved in the governance structure of HKCH. USFH advised that HA had set up a Planning and Commissioning Committee for HKCH. A Clinical Management Committee had been established under the Planning and Commissioning Committee to, among others, formulate the engagement plan for external stakeholders, including patient groups and NGOs. A Work Group on Patient Groups and NGOs would be formed under the Clinical Management Committee in due course. In addition, there were areas in the premises of HKCH allocated for services provided by NGOs.

Manpower and training

35. Dr Elizabeth QUAT expressed concern that the commencement of service of HKCH would further strain the healthcare manpower resources of the paediatric departments of existing HA hospitals. Mr POON Siu-ping sought information about the current paediatric manpower of medical and nursing staff in HA hospitals, the estimated manpower requirements of HKCH and the progress of the recruitment exercise for HKCH.

36. CM(SSP&KM), HA advised that the existing paediatric manpower of medical and nursing staff in HA was about 340 and 1400 respectively in 2014-2015. It was estimated that the healthcare manpower establishment of HKCH was about 1 000 (including 100 doctors, 400 nurses and 500 allied

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health professionals and pharmacists). It should be noted that the existing manpower and expertise serving in the paediatric sub-specialties in various HA hospitals would be transferred to HKCH along its service translocation. They would form the core team of the sub-specialty service. Advance recruitment by lateral transfer of HA serving clinical staff to work at HKCH upon its service commencement in 2018 had been started in 2015. Some 10 doctors, 50 nurses and 10 allied heath professionals and pharmacists had been recruited so far.

37. Mr YIU Si-wing asked whether the planning for the commissioning of HKCH had taken into account the rapid advancement of medical technology, in particular whether training would be provided to equip the healthcare staff concerned with knowledge and skills for operating the high-end medical equipment. CM(SSP&KM), HA advised that the hardware of HKCH would provide flexibility for the upgrade of medical equipment where necessary. In the past few years, about 100 healthcare staff (among them, about one-third were doctors while the remaining were mainly nurses) had received overseas training. Local training was also provided for staff. In response to Mr YIU Si-wing's enquiry about the funds available for the procurement of medical equipment items for HKCH, Chief Manager (Capital Planning), HA ("CM(CP), HA") advised that provisions had been made in the estimated capital cost of the project for procurement of major equipment items.

Design and supporting facilities of HKCH

38. Dr Fernando CHEUNG asked whether, and if so, how the interior design of HKCH would incorporate the views of the child patients. CM(SSP&KM), HA advised that views from the relevant patients groups and families of the patients concerned on the interior design of HKCH had been gauged through briefing sessions. CM(CP), HA assured that the design of HKCH would create a home-like and child-friendly environment under a patient-centred approach.

39. Dr Helena WONG asked whether family members would be allowed to stay overnight at HKCH to accompany their children in the wards. CM(CP), HA replied in the affirmative. The design of the paediatric wards of HKCH, which would be more spacious compared to those of the paediatric departments in existing HA hospitals, would facilitate family members to stay with their children. In addition, a total of 20 self-contained companion rooms would be available in HKCH.

40. Dr Fernando CHEUNG sought clarification as to whether supporting services for surgeries, radiotherapy, pharmacy and catering would be made available at HKCH. CM(SSP&KM), HA responded that both the hardware

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and software of HKCH would cover the supporting services for surgeries, pharmacy service and catering service, whereas radiotherapy service would be provided by other HA hospitals.

41. Miss Alice MAK urged the Administration to provide sufficient public transportation facilities to facilitate patients and their families to travel to HKCH from various districts for follow-up treatment. CM(CP), HA advised that HA would liaise and discuss with the Transport Department and the relevant operators for the provision of mini-bus and public bus services to HKCH. Chairman, CCP, HA supplemented that, as explained earlier at the meeting, step-down and secondary care for patients of HKCH would be provided by the paediatric departments of regional hospitals.

V. Drug Formulary of the Hospital Authority

[LC Paper Nos. CB(2)1671/14-15(07) and (08) and CB(2)1748/14-15(01)]

42. Members noted the paper provided by the Administration (LC Paper No. CB(2)1671/14-15(07)) and the updated background brief prepared by the LegCo Secretariat (LC Paper No. CB(2)1671/14-15(08)) on the subject under discussion.

Coverage of the Formulary

43. Dr KWOK Ka-ki and Dr Fernando CHEUNG expressed grave concern that many patients had died from illnesses due to the lack of means to purchase the expensive self-financed drugs without safety net coverage in the Hospital Authority Drug Formulary ("the Formulary"). Dr KWOK Ka-ki considered that the appraisals of new drugs by the Drug Advisory Committee ("DAC") on a quarterly basis might not be able to catch up with the rapid development of new drugs such as those for cancer treatment. Mr Albert CHAN expressed dissatisfaction that many target therapy drugs for treating cancer, which were commonly used in the private healthcare sector, was not covered under the Formulary. In his view, the design of the Formulary should be patient-oriented to ensure equitable access by all, regardless of their financially affordability, to drugs of proven efficacy. Noting that only 164 new drugs had been introduced to the Formulary during the period from July 2005 to March 2014, Mr YIU Si-wing asked whether the number of new drugs introduced in the Formulary was relatively lower than that of other developed countries.

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44. D(CS), HA advised that it was considered appropriate for DAC to meet every three months for evaluation of new drugs. It should be noted that the public healthcare system of Hong Kong was different from that of other places. Hence, it was not appropriate to make a direct comparison of the use of drugs by HA with the practice of those places with a public health insurance system. As a publicly funded health service provider, it would be impracticable for HA to provide all registered drugs in the market at standard fees and charges in all public hospitals and clinics. HA would, however, follow an evidence-based approach to ensure that the evaluation of new drugs was based on the three principal considerations of safety, efficacy and cost-effectiveness. The coverage of the Formulary, which comprised approximately 1 300 drugs, was considered adequate. As a reference, the number of available drugs in some high-end hospitals in overseas countries was in the range of 800 to 900 drugs.

45. Noting that there were 76 self-financed items without safety net coverage in the Formulary, Mr YIU Si-wing asked about the criteria in deciding whether a drug would be classified as a self-financed item. D(CS), HA advised that drugs with preliminary medical evidence only, drugs with marginal benefits over available alternatives but at significant higher costs, and lifestyle drugs would be such classified.

[At this juncture, the Chairman proposed and members agreed that the meeting be further extended for 15 minutes.]

46. Mr CHAN Han-pan asked whether consideration could be given to establishing a policy, a data bank and a separate drug formulary for patients with rare diseases. He urged the Administration and HA to introduce the non-invasive prenatal DNA test for the screening of rare diseases in the public healthcare system.

47. D(CS), HA advised that 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. Drugs proven to be efficacious but were extremely expensive would be categorized as Special Drugs in the Formulary and prescribed to suitable individual patients at standard fees and charges upon assessment of the expert panel. An annual recurrent funding of $75 million had been allocated to HA to manage the demand and sustain the provision of expensive drug treatment for uncommon disorders. The amount of funding used for such purpose stood at around $40 million a year. Dr Helena WONG, Dr Fernando CHEUNG and Mr Albert CHAN urged HA to classify Eculizumab as first line treatment for patients with paroxysmal nocturnal

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hemoglobinuria ("PNH") as requested by a PNH patient group in its submission to the Panel which was tabled at the meeting (LC Paper No. CB(2)1748/14-15(01)).

48. Expressing concern that the generic drugs might be of a lower quality, Mr CHAN Han-pan sought information about how many drugs among the 20 new drugs to the introduced in the Formulary in 2014-2015 were patent drugs. D(CS), HA advised that almost all new drugs introduced to the Formulary were patent drugs. Upon the expiry of the patent period, off-patent drugs would be procured through open tender. For generic drugs, bioequivalence and bioavailability data would be required to prove their equivalence with patent drugs.

Management of the Formulary

49. Dr Helena WONG was of the view that the current mechanism for managing the Formulary whereby the Drug Management Committee ("DMC") took charge of the overall management of the Formulary in HA and oversaw two functional committees (viz. DAC and the Drug Formulary Committee) was cumbersome. She asked whether a mechanism independent from HA could be put in place to take heed of the views of patient groups on the introduction of new drugs and the review of the existing drug list on the Formulary. Dr Fernando CHEUNG opined that while the relevant drug committees of HA would take note of the views expressed by patient groups, decisions on the coverage of the Formulary were made from a professional rather than a user perspective. Making reference to the practice of the United States' Food and Drug Administration, he asked whether consideration could be given to including a representative from patient groups in the composition of DMC. Miss Alice MAK sought explanation as to the reason why patient representatives could not sit on the relevant drug committees of HA.

50. USFH advised that HA would convene two consultation meetings every year on the introduction of new drugs, review of the existing drug list on the Formulary and drugs covered by the Samaritan Fund. In addition, progress on the development of the Formulary and the Samaritan Fund were updated annually to the Patient Advisory Committee chaired by the HA Chief Executive. D(CS), HA supplemented that apart from representatives from HA, the membership of DAC comprised academics of local universities. He stressed that all feedback and suggestions received from the patient groups would be presented to the relevant drug committees for reference. However, there was a need to strike a proper balance between benefiting more patients of a particular disease by providing some extremely expensive drugs as part of HA's standard services and utilizing the limited

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public resources with maximal effect of healthcare to ensure equitable access by patients to cost-effective drugs. D(CS), HA added that HA had not ruled out the possibility to include patient representatives in the relevant drug committees. However, there had been concerns that this might give rise to the issue of conflicts of interest in discussion and might affect the core value of evidence-based practice.

Drug consumption expenditure of HA

51. Dr Helena WONG noted with concern that the $4.08 billion drug consumption expenditure of HA in 2013-2014 only accounted for about 8% of its recurrent expenditure, whereas the respective drug subsidies provided under the means tested Samaritan Fund ("SF") and the Community Care Fund ("CCF") Medical Assistance Programme amounted to $280.2 million and $100.7 million in 2013-2014. She called on HA to increase its drug consumption expenditure to benefit more patients. Dr Fernando CHEUNG expressed a similar view.

52. USFH advised that HA's total drug consumption expenditure had increased from $2.19 billion in 2005-2006 to $4.08 billion in 2013-2014. It should also be noted that while HA's drug consumption expenditure accounted for more than 8% of HA's total recurrent expenditure in 2008-2009, the corresponding percentage had increased to 10.29% in 2014-2015. D(CS), HA stressed that the year-on-year increase in the drug consumption expenditure of HA, which fell in the range of 8% to 10%, was higher than the average inflation rate. This apart, the drug subsidies provided under the safety nets of SF and the CCF Medical Assistance Programme had respectively increased from $280.2 million and $100.7 million in 2013-2014 to around $300 million and $150 million in 2014-2015. Miss Alice MAK remarked that the proportion of HA's drug consumption expenditure in its recurrent expenditure, which maintained at around 10% in the past few years, was far below than that of some overseas jurisdictions which stood at 13% to 16%. She asked HA whether there was a capped percentage of its drug consumption expenditure. D(CS), HA replied in the negative.

VI. Any other business

53. There being no other business, the meeting ended at 6:55 pm.

Council Business Division 2
Legislative Council Secretariat
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