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Friday, September 22, 2017

The Hon Chan Han Pan, JP Chairman Bills committee on Private Healthcare Facilities Bill Legco Hong Kong

Dear Hon Mr Chan,

<u>Re:</u> Submission from the Hong Kong Nephrology Group on Regulation of Private Healthcare Facilities (Private Haemodialysis Centres)

Preamble:

Private satellite dialysis centres play an important role in renal treatment in Hong Kong. Currently there about 500 patients receiving private satellite haemodialysis at a price which is much lower than private hospital centres. The Hong Kong Nephrology Group is a group of nephrologists and renal nurses interested in the improvement of the renal service in Hong Kong. We would like to submit our views on the proposed legislation below.

Our view on the Proposed Legislation

- 1. The Hong Kong Nephrology Group had submitted our views in 2014 and 2015 during the consultative phase that *satellite haemodialysis* should not be considered a high risk procedure because only stable patients would be put on haemodialysis outside of the hospital setting. (Appendix 1 and appendix 2). In fact many patients are now performing haemodialysis at their own homes without doctors or nurses on site. Such cannot be regarded as high risk procedures. However, we have no objection that satellite haemodialysis centres to be regulated under the new regulations.
- 2. Private dialysis facilities are regulated under government regulation at all times under the Hospitals, Nursing home and maternity homes registration Ordinance (Chapter 165). In order words, they are regulated as private hospital. Such arrangement is outdated as well as inappropriate as hospital dialysis and satellite dialysis are different.

The former can take in unstable patients while the latter take only stable patients with low risk. Private satellite centres welcome the new regulation because it is hoped that the more relevant and appropriate standards can be made for satellite centres.

- 3. There was some worry that the new regulation requires a Chief Medical Executive (CME), who is a registered medical practitioner, to be responsible at all times. After our meeting with the FHB, it was clarified that the CME does not have to be physically present at all times in the Centre.
- 4. Since the scale of a satellite dialysis centre is much smaller than a private hospital, we submit that they should not be regulated like a private hospital. On March 27, 2017, the HKMA sent a submission to The Secretary of food and Health that applying additional requirements which are comparable to hospital standard will threaten the survivals of the community HD centres.
- 5. An example is that in the annual licence renewal process, satellite centres were asked about the availability of clinical audit system and medical advisory committee. In reality, the size of satellite dialysis centres is small with a small staff team and such dedicated committees are not practicable. Such should be confined to hospital setting.
- 6. Another example is that satellite dialysis centres are required to have a full time doctor/registered nurse at the premises at all times like private hospitals and maternity homes. In view of the low risk involved, we submit that there is no need for a registered nurse or doctor there all the time. A trained and experienced enrolled nurse under the supervision of a nephrologist should be sufficient.

Our conclusion

We submit that we support the private haemodialysis facilities be regulated under the proposed regulation. The past record showed that private dialysis centres are of high standard and they are safe and efficient. It is now widely accepted as a mode of kidney therapy. We would stress that dialysis centres are usually of small scale compared with hospital centres and the standard applied should be practicable.

We have no objection that our views are made public.

With regards

Dr Ho Chung Ping Chairman The Hong Kong Nephrology Group