

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1065/18-19

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of policy briefing-cum-meeting  
held on Monday, 15 October 2018, at 4:30 pm  
in Conference Room 1 of the Legislative Council Complex**

- Members present** : Prof Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)  
Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon WONG Ting-kwong, GBS, JP  
Hon CHAN Kin-por, GBS, JP  
Hon Mrs Regina IP LAU Suk-ye, GBS, JP  
Hon Paul TSE Wai-chun, JP  
Hon YIU Si-wing, BBS  
Hon Charles Peter MOK, JP  
Hon CHAN Chi-chuen  
Hon Alice MAK Mei-kuen, BBS, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Dr Hon Helena WONG Pik-wan  
Hon POON Siu-ping, BBS, MH  
Dr Hon CHIANG Lai-wan, SBS, JP  
Hon CHU Hoi-dick  
Hon SHIU Ka-fai  
Hon SHIU Ka-chun  
Hon KWONG Chun-yu
- Member attending** : Dr Hon Elizabeth QUAT, BBS, JP
- Members absent** : Dr Hon Pierre CHAN (Chairman)  
Hon CHAN Han-pan, BBS, JP  
Dr Hon Junius HO Kwan-yiu, JP

**Public Officers :  
attending**

**Item III**

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

Ms Elizabeth TSE Man-yee, JP  
Permanent Secretary for Food and Health (Health)

Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health

Mr Howard CHAN Wai-kee, JP  
Deputy Secretary for Food and Health (Health) 1  
Food and Health Bureau

Miss Amy YUEN Wai-yin  
Deputy Secretary for Food and Health (Health) 2  
Food and Health Bureau

Dr CHEUNG Wai-lun, JP  
Project Director, Chinese Medicine Hospital Project Office  
Food and Health Bureau

Miss Lily LEE Lee-man  
Acting Deputy Secretary for Food and Health (Health) 3 /  
Principal Assistant Secretary for Food and Health  
(Health) 4  
Food and Health Bureau

Dr Constance CHAN Hon-yee, JP  
Director of Health

Dr LEUNG Pak-yin, JP  
Chief Executive  
Hospital Authority

Dr Tony KO Pat-sing  
Director (Cluster Services)  
Hospital Authority

**Clerk in  
attendance**

**:** Ms Maisie LAM  
Chief Council Secretary (2) 5

**Staff in attendance** : Miss Kay CHU  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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**I. Information paper(s) issued since the last meeting**  
[LC Paper No. CB(2)53/18-19(01)]

Prof Joseph LEE, Deputy Chairman of the Panel, took up the chairmanship of the meeting in the absence of the Chairman who was held up by other commitment.

2. Members noted that a letter dated 12 October 2018 from Mr CHAN Han-pan requesting the Panel to discuss the provision of dermatology service in the public healthcare system and treatment for psoriasis had been issued since last meeting.

**II. Items for discussion at the next meeting**  
[LC Paper Nos. CB(2)40/18-19(01) and (02)]

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 19 November 2018 at 4:30 pm:

- (a) Preparation for winter surge;
- (b) Review findings of means test mechanism for Samaritan Fund and Community Care Fund ("CCF") Medical Assistance Programmes; and
- (c) Hong Kong Children's Hospital ("HKCH").

**III. Briefing by the Secretary for Food and Health on the Chief Executive's 2018 Policy Address**  
[LC Paper Nos. CB(2)13/18-19(01), The Chief Executive's 2018 Policy Address and The Chief Executive's 2018 Policy Agenda]

4. At the invitation of the Deputy Chairman, the Secretary for Food and Health ("SFH") briefed members on the policy initiatives in respect of health matters set out in the Chief Executive's 2018 Policy Address, details

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of which were set out in the Administration's paper (LC Paper No. CB(2)13/18-19(01)). The speaking note of SFH (LC Paper No. CB(2)75/18-19(01)) was tabled at the meeting.

Expenditure on public healthcare

5. Expressing concern over the consistent high bed occupancy rate in some public hospitals, the unaffordability of certain drugs for treatment of chronic diseases, and the inadequate provision of mental health services, Dr KWOK Ka-ki considered that the finite public funds should not be used for the launching of the Lantau Tomorrow Vision but should be used to improve the percentage of expenditure on public healthcare to Gross Domestic Product ("GDP") from about 2.7% at present to 3%, with the percentage of mental health to GDP be improved from about 0.25% at present to 0.5%. SFH advised that the increase in funding allocated to healthcare in the past decades and the earmark of \$200 billion and \$270 billion to implement the first and second 10-year Hospital Development Plans ("HDPs") had demonstrated the Administration's commitment to public healthcare system.

Healthcare manpower planning and development

6. Mr SHIU Ka-chun remarked that according to the President of The Hong Kong College of Family Physicians, there was a need to have an addition of 100 family doctors each year to meet the increasing service demand. Noting that there were only an average of 32 Student Member admitted to the College in each of the past five years, he was concerned about how the proposed increase of 60 University Grants Committee-funded first-year first-degree medical intake places per annum for the 2019-2020 to 2021-2022 triennium could meet the primary healthcare demand. SFH advised that the Hospital Authority ("HA") and The Hong Kong Academy of Medicine would keep in view the demand for and supply of doctors of different specialties. It was expected that the medical manpower shortage in public healthcare system would be gradually improved with an increase in the number of local medical graduates completing internship training by 100 to 420 from 2018-2019 onwards.

7. Expressing concern over the high attrition rate of care-related support staff of HA, Mr POON Siu-ping urged the Administration and HA to take measures, such as improving the remuneration packages, to retain staff and attract the young people to join the workforce. Ms Alice MAK called on the Administration and HA to squarely address the problems of manpower shortage and high working pressure of care-related support staff

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of HA. SFH advised that HA was studying the issues. It was expected that HA would map out the way forward in 2019.

8. Noting that consensus had yet been reached among the professional bodies of the clinical psychologist profession on the educational and training requirements for registrants under the Pilot Accredited Registers Scheme for Healthcare Professions ("the Scheme"), Mr SHIU Ka-chun enquired about how the Administration would take forward the Scheme to pave the way for setting up a statutory registration regime for the relevant accredited professions.

9. SFH stressed that subjecting the accredited healthcare professions to statutory registration was an ultimate goal in the long run. In the meantime, Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong ("CUHK") would continue to take forward the Scheme in the capacity of the Accreditation Agent. The Administration would follow up with the Accreditation Agent on the concerns raised by an association of the clinical psychologist profession.

Prevention, control and treatment of diseases

*Cancer strategy*

10. Dr Fernando CHEUNG was concerned that some cancer patients under the care of HA were not able to receive timely treatment due to the long waiting time for the first treatment after diagnosis and the unduly long process in listing new drugs in HA's Drug Formulary and the safety net. He hoped that the Cancer Coordinating Committee could expedite the formulation of a cancer strategy in consultation with members of the public and in particular, cancer patients and their carers. Dr Elizabeth QUAT called for shortening the time required for listing new drugs on HA's Drug Formulary. Mr KWONG Chun-yu called on the Administration and HA to take measures to enable cancer patients to receive timely diagnosis and access the drugs they required.

11. SFH explained that the Cancer Coordinating Committee, the major functions of which were to give advice on the formulation of strategies on cancer prevention and control and steer the direction of work in relation to cancer prevention and screening, treatment, surveillance and research, was drawing reference from recommendations of the World Health Organization ("WHO"), international practices and actual local situations to map out a cancer strategy for 2020 to 2025. It welcomed any written views from patients in this regard. On the listing of new drugs to HA's Drug Formulary, HA would process the applications under the prevailing

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mechanism. Chief Executive, HA ("CE, HA") added that drug treatment was only one of the components of the cancer care provided by HA, which also covered diagnosis, imaging to therapeutic treatment like surgery, radiotherapy and chemotherapy. Under the Drug Formulary of HA, cancer drugs were categorized into General Drugs, Special Drugs and Self-financed Items with or without safety net coverage by the Samaritan Fund or CCF. HA had since 2018 increased the frequency of the prioritization exercise for including Self-financed Items in the safety net from once to twice a year to shorten the lead time for introducing suitable new drugs to the safety net.

12. Referring to the introduction of free human papillomaviruses ("HPV") vaccination starting from the 2019-2020 school year for Primary Five and Six female students, Dr KWOK Ka-ki asked whether consideration would be given to providing the vaccine for also secondary female students to reduce their risk of infection with high-risk types of HPV. Dr Elizabeth QUAT considered that the Administration should, at the very least, launch a one-off exercise to enable junior secondary female students to receive the vaccination. Separately, she noted with appreciation that the Administration had commissioned a study on breast cancer with a view to reviewing what type of screening should be adopted for women of different risk profiles.

13. SFH and Director of Health advised that the Administration had taken into account the joint consensus recommendations of the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually Transmitted Infections, and the findings of a local economic analyses conducted by the School of Public Health of The University of Hong Kong in setting the target group of HPV vaccination. As a first step, the vaccination would cover Primary Five and Six female students. SFH added that a three-year pilot scheme was being carried out under CCF to provide cervical cancer vaccination for eligible girls aged nine to 18 years from low-income families.

*Tobacco control*

14. Dr KWOK Ka-ki was supportive of the proposal to prohibit the import, manufacturing, sales, distribution and promotion of electronic cigarettes ("e-cigarettes") and other new tobacco products (including heat-not-burn products) ("the total ban proposal") as announced in the Chief Executive's 2018 Policy Address, which was in line with the call set out in the motion passed by the Panel at its meeting on 19 June 2018. While expressing support to the total ban proposal, Dr Fernando CHEUNG was of the view that the Administration should gauge the views of members of the

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public and stakeholders on the proposal. Ms Alice MAK and Dr Elizabeth QUAT expressed support for the total ban proposal for the sake of public health. Mrs Regina IP declared that she was a shareholder of a tobacco company based in the United States ("the US"). She expressed support for the total ban proposal, adding that the US Food and Drug Administration had in September 2018 requested manufacturers of the five top-selling national e-cigarette brands to put forward plans to reverse the epidemic of youth e-cigarette use.

15. Mr SHIU Ka-fai pointed out that only 27 out of the 83 places which had enacted legislation regulating e-cigarettes had prohibited sales of all types of e-cigarettes. He held the view that sale of e-cigarettes and other new tobacco products should be allowed in Hong Kong but with certain restrictions so as to protect the health of children and adolescents on the one hand, and on the other hand allow adult smokers to continue to have a choice of conventional and new tobacco products. He added that the Administration's swift change in the regulatory approach of e-cigarettes and other new smoking products would adversely affect the livelihood of many small and medium-sized retailers selling these products. Mr CHAN Chi-chuen declared that he was a non-smoker. He objected to the total ban proposal as he could not see at this stage the Administration's rationales for making a hasty change to its proposal to legislate for the regulation of e-cigarette and other new smoking products which was just put forward a few months ago, and banning the new smoking products which were less harmful than conventional cigarettes. In his view, the Administration should conduct a public consultation exercise in this regard. Mr Paul TSE declared that he was not a smoker and did not represent the tobacco industry. He held the view that in formulating the relevant legislative proposal, due regard should be given to freedom of choice of smokers and rationale for prohibiting the import, manufacturing, sales, distribution and promotion of e-cigarettes but not the conventional tobacco products.

16. SFH stressed that according to WHO, conventional and new tobacco products were all harmful to health and there was a lack of sufficient evidence to prove that e-cigarettes could help quit smoking. The total ban proposal was proposed having regard to the prime objective of protecting public health, the scientific evidence, the findings of local and overseas studies on impact of e-cigarettes on children and adolescents, as well as the concern raised by different quarters of the community over the proposed regulatory approach. The Administration would in tandem step up publicity on smoking prevention and cessation services.

17. Mr SHIU Ka-fai asked whether the Administration would follow the same rationale and impose a ban on sales of conventional cigarettes and

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alcohol which were also harmful to health. SFH advised that several places outside Hong Kong had already adopted an endgame strategy seeking to end the tobacco epidemic. Locally, the Administration had laid down the target of further reducing smoking prevalence to 7.8% by 2025. The total ban proposal was a first step towards this target. It would consider whether additional measures should be introduced if there was a consensus in the community. As regards reduction in alcohol-related harm which was one of the targets set out in *Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong*, the new legislation to prohibit the sale and supply of intoxicating liquor to any person under 18 years old in the course of business was a first step taken in this regard.

18. Mr SHIU Ka-fai asked whether the total ban proposal would prohibit the use of e-cigarettes and other new smoking products. Mr CHAN Chi-chuen expressed concern about whether the use, possession and the giving as a gift of the smoking products concerned would constitute an offence under the proposal. Mr YIU Si-wing asked if passengers would be allowed to bring into Hong Kong, for their own use, e-cigarettes and other new smoking products under the proposal. SFH advised that the Food and Health Bureau ("FHB") would discuss with relevant government departments such as the Customs and Excise Department, make reference to overseas practices and take into account local situations when mapping out the legislative proposal.

*Rare diseases*

19. Dr Elizabeth QUAT called on the Administration to introduce a definition of and set up a data base for rare diseases, and provide training for medical professionals to facilitate early diagnosis and timely treatment of rare diseases. Mrs Regina IP expressed concern about the lack of a definition of and policy on rare diseases, which was fundamental to the allocation of resources for treatment of patients with rare diseases under the care of HA.

20. SFH assured members that HA would provide appropriate treatment for its patients, including those with uncommon disorders, based on their clinical conditions. It was expected that the future commencement of HKCH would be conducive to, among others, enhancing the treatment for uncommon disorders. CE, HA supplemented that efforts of HA had all along been focused on diagnosis of new diseases (irrespective of whether they were uncommon disorders), formulation of treatment protocol for these diseases and provision of financial support under the prevailing mechanism for needy patients to purchase expensive drugs. HA would continue to follow an evidence-based approach in evaluating new drug



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applications for listing on its Drug Formulary, having regard to the principles of safety, efficacy and cost effectiveness, and taking into account relevant factors such as international recommendations and practice.

21. Dr Fernando CHEUNG declared that one of his daughters was diagnosed with a rare disease. He was disappointed at the Administration's response that no separate policy or legislation would be formulated for rare diseases to ensure that patients with these diseases would be treated properly as was in many other places such as the European Union, Japan, Taiwan and the US. He informed the meeting that he was drafting a bill on rare diseases and would consult the Panel on the bill at a future meeting. In his view, a centre and a database of rare diseases should be set up under HKCH to enable the pooling of resources for the benefit of patients.

22. Pointing out that most of the rare diseases were either hereditary or due to genetic mutation, Dr Fernando CHEUNG asked whether genome sequencing would be performed for patients and their families under the Hong Kong Genome Project to aid clinical management where appropriate. SFH advised that the Steering Committee on Genomic Medicine was tasked to map out the strategies for developing genomic medicine in Hong Kong. It should be noted that genetic counselling and genetic screening were currently provided by the Clinical Genetic Service under the Department of Health ("DH"). This apart, screening tests for the diagnosis of inborn errors of metabolism would be available for newborns at those public hospitals with maternity wards by phases.

*Mental health services*

23. Dr KWOK Ka-ki urged the Administration to take prompt action to shorten the waiting time for child assessment services of DH and public child and adolescent psychiatric services which stood at more than nine months and three years respectively. Dr Fernando CHEUNG expressed concern over the long-standing inadequacies of public child and adolescent psychiatric services. Mr Paul TSE considered that the Administration should strengthen its efforts to support persons with mental illness living in the community.

24. SFH advised that efforts had been and would continuously be made by the Administration to implement various measures and enhance the existing mental health services based on the 40 recommendations set out in the Mental Health Review Report which was released in 2017. Separately, HA would continue to strengthen its psychiatric manpower and take necessary measures as and when appropriate to address the waiting time for its child and adolescent psychiatric services.

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Financial assistance to meet drug expenses

25. Dr Elizabeth QUAT considered that the \$500 million set aside by the Financial Secretary in the 2018-2019 Budget for implementing improvement measures for CCF Medical Assistance Programmes should be directed to support patients suffering from cancer or rare diseases. Dr Fernando CHEUNG asked about the Administration's timetable to brief the Panel on the findings of the review of the existing means test of the Samaritan Fund and CCF Medical Assistance Programmes. He urged the Administration to take on board his repeated call for setting up a \$200 million fund for subsidizing patients suffering from cancer or rare diseases to purchase the very expensive drugs for treatment. SFH advised that based on the findings of the review which was near completion, the Administration suggested modifying the calculation method of the annual disposable financial resources of patients by lowering the contribution of assets that had to be calculated and refining the definition of "household" for the purpose of financial assessment so as to relieve the financial burden of patients and their families.

Primary healthcare services

*Elderly Health Care Voucher Scheme*

26. Mr YIU Si-wing urged the Administration to address the increasing misuse of Elderly Health Care Vouchers ("EHV") whereby the healthcare service providers concerned encouraged eligible elders to make use of EHV to purchase high-priced services and products (such as spectacles) that were more than necessary. SFH advised that the measures that had been put in place by DH included, among others, posting key statistics on the websites of DH and the EHV Scheme to enhance transparency, reminding participating service providers regularly of the proper practices in making EHV claims, and stepping up public education on the proper use of EHV's. DH was currently conducting a review of the EHV Scheme with reference to the study by the CUHK's Jockey Club School of Public Health and Primary Care. The review aimed to further enhance the EHV Scheme, including the monitoring of the Scheme, as appropriate.

27. Ms Alice MAK called for increasing the annual EHV amount to better address the healthcare needs of eligible elders. Mr KWONG Chun-yu called on the Administration to consider releasing the limits on the accumulated period and amount of EHV to address some elders' concern on their increasing medical needs arising from ageing. SFH said that the annual EHV amount had been gradually increased from \$250 to \$2,000

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since its launch in 2009 and the eligibility age for the Scheme had been lowered from 70 to 65 since July 2017. In addition, each eligible elder was provided with an additional \$1,000 worth of EHV on a one-off basis in 2018. The review referred to in paragraph 26 above would cover, among others, the effectiveness of the EHV Scheme in relation to its original goals. It should also be noted that HA had rolled out various measures to make use of investment returns generated from the Public-Private Partnership Endowment Fund to tap on the available capacity and capability of the private sector in managing more patients with chronic diseases, such as the General Outpatient Clinic Public-Private Partnership Programme.

*District Health Centre Pilot Project*

28. Dr Helena WONG expressed concern that only around \$100 million a year would be allocated to subsidize the operation of the District Health Centre ("DHC") to be set up in Kwai Tsing District, which was far less than the recurrent subvention to HA which amounted to \$61.5 billion in 2018-2019 and the provision of \$200 billion and \$300 billion earmarked for the respective implementation of the first and second 10-year HDPs. She urged the Administration to take heed of the recommendation of the Democratic Party that a dedicated fund of \$10 billion should be set up to support the development of primary healthcare, including the provision of subsidized regular body, dental and eye check-ups for all residents.

29. SFH advised that the Administration would cover the costs for fitting out of the core centre and setting up of the satellite centres of the Kwai Tsing DHC. As regards the scope of services to be provided by the Kwai Tsing DHC, it was decided that resources should be directed to tackle the most prevalent chronic diseases of the Kwai Tsing population as identified through big data analysis. The Deputy Chairman requested the Administration to provide in writing a breakdown by expenditure items (including, among others, the subsidized consultation and treatment services) of the \$100 million allocated to subsidize the operation of the Kwai Tsing DHC for a year.

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30. Mr SHIU Ka-chun considered that it was inconvenient for elders and persons with disabilities to access the core centre of the Kwai Tsing DHC, which would be located on high floor of a commercial building that was in a walking distance of at least nine-minute from the nearest MTR station. The Deputy Chairman sought elaboration about the functions of the core centre. Ms Alice MAK asked about the timetable for the setting up of the satellite centres.

31. SFH advised that the core centre would serve as the main service outlet of the Kwai Tsing DHC to arrange health assessments and other

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services. The selected venue for the core centre which was accessible by MTR and buses was the most desirable option to facilitate patronage by service users as compared with other available options. It was expected that the core centre would commence operation in around the third quarter of 2019, with five satellite centres set up by the DHC operator in phases in the following year as the neighbourhood first contact points. Mr Paul TSE called on the Administration to expedite the setting up of DHCs in other districts. SFH advised that the Administration had identified suitable locations of Government properties in Kwun Tong and the Eastern District for the setting up of DHCs. It would, where necessary, first rent suitable premises for DHCs in other districts to enable early service delivery.

32. Mr Paul TSE considered that apart from tobacco control, reduction of salt and sugar intake should be an equal if not more important measure for the prevention and control of non-communicable diseases. SFH advised that healthy diet was among the nine targets set out in the Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong. Around \$5 million had already been earmarked under the Food Branch of FHB for the purpose of promoting a culture of low-salt-and-sugar diet.

*[At 6:13 pm, the Deputy Chairman decided that the meeting be extended for 15 minutes beyond its appointed end time at 6:30 pm.]*

Development of Chinese medicine

33. Mr POON Siu-ping asked about the measures to be taken by the Administration to improve the remuneration package for the Chinese Medicine Practitioners ("CMPs") working at the Chinese Medicine Centres for Training and Research ("CMCTRs"). SFH advised that additional funding had already been allocated for the non-governmental organizations ("NGOs") operating the 18 CMCTRs to increase the salaries of the staff at CMP rank of CMCTRs. HA would continue to review the remuneration package for staff employed at all levels in CMCTRs.

34. Noting that the 18 CMCTRs would be transformed to offer subsidized outpatient services at district level, Mr YIU Si-wing asked if the Administration would provide additional funding for the operating NGOs. SFH and Permanent Secretary for Food and Health advised that subsidy would be provided to the 18 CMCTRs for the provision of around 600 000 quota of subsidized defined outpatient services each year. Subject to the Administration's discussion with the operating NGOs on the implementation details, it was expected that these services would be rolled out in the first half of 2020.

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End-of-life care

35. Dr Fernando CHEUNG was concerned about the inadequacies in the provision of end-of-life care, in particular a lack of choice of "dying in place". Expressing a similar concern, Mr Paul TSE urged an early launch of a public consultation exercise on the subject matter. SFH advised that HA had developed the Strategic Service Framework for Palliative Care to guide the development of its palliative care services. Separately, the Administration had commissioned Jockey Club School of Public Health and Primary Care of CUHK to conduct a study on, among others, the recommendations for quality end-of-life care in Hong Kong and the legislative amendments if required. The plan of the Administration was to conduct a public consultation exercise in this regard in 2019.

Handling of abortuses

36. Mr KWONG Chun-yu sought elaboration about the measures taken by the Administration to assist parents of no religious affiliation to claim their abortuses of less than 24 weeks' gestation be claimed from public hospitals and arrange the burial services. SFH advised that HA and the Food and Environmental Hygiene Department were examining proposals to improve the handling of abortuses in a holistic manner. The latter had endorsed the applications from the Catholic Diocese of Hong Kong and the Board of Management of the Chinese Permanent Cemeteries for burying abortuses in their designated cemeteries.

Conclusion

37. In closing, the Deputy Chairman said that members' views and suggestions raised at the meeting on 11 October 2018 and today's meeting, in particular that on the total ban proposal, would be taken into account when he, the Chairman and SFH met on 22 October 2018 for the purpose of formulating the work plan of the Panel for the 2018-2019 session.

**IV. Any other business**

38. There being no other business, the meeting ended at 6:42 pm.