

立法會
Legislative Council

LC Paper No. CB(2)1257/18-19

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 17 December 2018, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

- Members present** :
- Dr Hon Pierre CHAN (Chairman)
 - 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 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
 - Dr Hon Elizabeth QUAT, BBS, JP
 - 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
 - Hon CHAN Hoi-yan
- Members attending** :
- Hon Starry LEE Wai-king, SBS, JP
 - Hon KWOK Wai-keung, JP
- Member absent** :
- Hon CHAN Han-pan, BBS, JP

Public Officers : Item III
attending

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

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

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

Miss Grace KWOK Wing-see
Head (Chinese Medicine Unit)
Food and Health Bureau

Dr Alice WONG Yuk-ming
Principal Medical & Health Officer (Traditional Chinese
Medicine)
Department of Health

Mr LAM Chi-hang
Senior Pharmacist (Traditional Chinese Medicine) 1
Department of Health

Mr Robert LAW Kwok-wai
Senior Pharmacist (Traditional Chinese Medicine) 3
Department of Health

Ms Rowena WONG
Chief (Chinese Medicine Department)
Hospital Authority

Item IV

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

Ms Leonie LEE
Principal Assistant Secretary for Food and Health (Health) 1
Food and Health Bureau

Dr HO King-man
Head, Public Health Services Branch
Centre for Health Protection
Department of Health

Dr Ian CHEUNG
Chief Manager (Cluster Performance)
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 Nos. CB(2)326/18-19(01), CB(2)373/18-19(01), CB(2)374/18-19(01), CB(2)375/18-19(01) and CB(2)455/18-19(01)]

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

- (a) 2017-2018 Annual Report of the Health and Medical Research Fund provided by the Administration;
- (b) letter dated 29 November 2018 from Dr Helena WONG requesting the Panel to discuss the management and testing of pharmaceutical products;
- (c) letter dated 29 November 2018 from Dr Fernando CHEUNG requesting the Panel to discuss the safeguarding of the rights of patients with rare diseases through legislation;
- (d) submission dated 27 November 2018 from Self Help Group for the Brain Damaged proposing the Panel to discuss the measures for stroke prevention; and

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- (e) letter dated 13 December 2018 from Dr KWOK Ka-ki requesting the Panel to discuss issues relating to the definition of proprietary Chinese medicines ("pCm") under the Chinese Medicine Ordinance (Cap. 549) and the registration of these products.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)423/18-19(01) and (02)]

Regular meeting in January 2019

2. Members agreed to discuss the subjects "Hong Kong Genome Project", "Re-organization of the Department of Health" and "Prevention and control of various mosquito borne diseases" as proposed by the Administration at the next regular meeting scheduled for 21 January 2019 at 4:30 pm.

(Post-meeting note: At the request of the Administration and with the concurrence of the Chairman, the item "Re-organization of DH" has been deferred for discussion at a future meeting of the Panel.)

3. Dr CHIANG Lai-wan suggested that among the some 50 items on the Panel's list of outstanding item for discussion, those of similar nature could be combined for discussion to expedite the work of the Panel. The Chairman said that efforts had been and would continuously be made to do so.

4. Referring to the government-commissioned study to identify risk factors associated with breast cancer for local women as announced in the Chief Executive's 2018 Policy Address, Dr CHIANG Lai-wan asked whether the Administration would brief the Panel on the study progress in the current legislative session. Secretary for Food and Health ("SFH") advised that the study, which was being conducted by The University of Hong Kong, was expected to complete in the latter half of 2019.

Joint meeting with the Panel on Education

5. The Chairman informed members that he and Mr IP Kin-yuen, Chairman of the Panel on Education, had acceded to the request of the Administration that the Panel on Health Services and the Panel on Education would hold a joint meeting on 21 January 2019 from 3:30 pm to 4:30 pm to discuss the subject "Enhancement of healthcare teaching facilities of University Grants Committee-funded universities".

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III. Development of Chinese medicine

[LC Paper Nos. CB(2)423/18-19(03) to (05) and CB(2)473/18-19(01)]

6. SFH briefed members on the latest progress of the Administration's initiative on the development of Chinese medicine in the areas of the development of the Chinese Medicine Hospital ("CMH"), the services provided by the 18 Chinese Medicine Centres for Training and Research ("CMCTRs"), the Integrated Chinese-Western Medicine ("ICWM") inpatient services of the Hospital Authority ("HA"), and the \$500 million Chinese Medicine Development Fund ("the CM Fund") details of which were set out in the Administration's paper (LC Paper No. CB(2)423/18-19(03)).

7. Members noted the two background briefs on the development of CMH and the provision of subsidized Chinese medicine services, and the CM Fund prepared by the Legislative Council ("LegCo") Secretariat (LC Paper Nos. CB(2)423/18-19(04) and (05)).

8. Members also noted the submission dated 17 December 2018 from Hong Kong Chinese Medicine Pharmacists Association on the subject under discussion (LC Paper No. CB(2)473/18-19(01)). At Mr CHAN Kin-por's request, SFH agreed to provide a written response to the issues raised in the submission.

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Integrated Chinese-Western Medicine services of HA

9. Dr CHIANG Lai-wan asked about the timetable for implementing the initiative relating to the provision of ICWM inpatient services by HA. Mr CHAN Kin-por was supportive of the development of ICMW treatment which, in his view, would help relieving the burden of public healthcare system. Mr YIU Si-wing sought elaboration about the Administration's long-term plan in this regard. Recognizing the effectiveness of Chinese medicine treatment for chronic and pain diseases, which would become more prevalent in the ageing population, Dr Fernando CHEUNG called on HA to expand the scope of its ICWM services to benefit more patients.

10. SFH advised that the Administration was exploring with HA on further development and expansion of the services in terms of disease areas and scope of services. It would take into account the outcomes of an evaluation of HA's ICWM Pilot Programme which was underway. Project Director, Chinese Medicine Hospital Project Office, FHB ("PD/CMHP, FHB") supplemented that there was no established model of ICWM services worldwide. The ICWM services provided by HA would shed light on the development of an ICWM service model that suited the local

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situation in order to tie in with the phased service commencement of CMH. Dr Fernando CHEUNG requested the Administration to provide the report on the evaluation of the ICWM Pilot Programme for members' reference when available. Chief (Chinese Medicine Department), HA ("C(CMD), HA") advised that it was expected that the evaluation report would be submitted to the Administration in the first quarter of 2019.

Development of the Chinese Medicine Hospital

11. Ms Alice MAK expressed concern that CMH would be operated by a non-governmental organization ("NGO") selected through tendering. Mr SHIU Ka-fai relayed the view of some stakeholders that the Hospital should be run by the Administration and HA with recurrent government subvention to ensure that it would not focus on making profit and undermine its role of supporting Chinese medicine-related scientific research and training. SFH and PD/CMHP, FHB advised that several NGOs had indicated their interest in operating CMH during the non-binding expressions of interest exercise conducted in 2016.

12. Expressing support for the development of Chinese medicine and CMH, Ms CHAN Hoi-yan asked about the regulatory framework for the Hospital. Dr KWOK Ka-ki was concerned about the handling of acute cases and patient safety in the Hospital. SFH advised that CMH would be subject to regulation under the Private Healthcare Facilities Ordinance (Cap. 633). In addition, the Administration had set up a dedicated team to monitor development and management of CMH.

13. Dr Helena WONG said that the Democratic Party supported the development of Chinese medicine and CMH. She sought information on the level of fees and charges of the Hospital. Ms CHAN Hoi-yan was concerned about the adjustment mechanism for the service fees of the Hospital. PD/CMHP, FHB advised that the Hospital would be operated under public-private collaboration to provide subsidized defined outpatient and inpatient services as well as market-oriented Chinese medicine services. The fees and charges of the services would be set nearer the time of service commencement of the Hospital. Due regard would be made to the relevant rates of CMCTRs and the private sector.

14. Dr CHIANG Lai-wan and Prof Joseph LEE were concerned about the manpower planning and development of Chinese medicine pharmacists alongside the service commencement of CMH. Referring to the Direct Investigation Report on Government's Regulation of pCm released by Office of The Ombudsman on 13 December 2018 ("the Ombudsman report"), Mr CHAN Kin-por expressed concern that there was currently no

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registration or certification system in Hong Kong for Chinese medicine pharmacists, whom had a vital role to play in the development of Chinese medicine. Mr SHIU Ka-fai hoped that Chinese medicine pharmacists would be involved in the operation of CMH to help enhance their professionalism.

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15. SFH assured members that the Administration would look into the professional development of Chinese medicine pharmacists by making reference to the relevant recommendations put forth in the Ombudsman report. At Mr CHAN Kin-por's request, SFH undertook to provide a written response to the observations and recommendations as set out in paragraphs 6.23, 6.24 and 6.28(11) of the Ombudsman report.

16. Dr CHIANG Lai-wan and Dr Elizabeth QUAT questioned about the respective roles of Western medicine nurses and nurses who had received training in Chinese medicine nursing care in CMH. Mr YIU Si-wing asked if the training element of Western medicine in the Chinese medicine programmes would be further strengthened. Prof Joseph LEE was wary that CMH might drain experienced Chinese medicine practitioners ("CMPs") currently working in CMCTRs. Ms Starry LEE questioned about the Administration's medium and long-term plan to attract more talents to serve as CMPs.

17. PD/CMHP, FHB advised that CMH would undergo phased opening. As a preliminary plan, it was projected that upon full scale operation, CMH would require about 120 to 150 CMPs of various ranks and about 200 to 250 nurses. SFH drew members' attention that one of the objectives of the CM Fund was to provide enhanced training for practitioners in the Chinese medicine and Chinese medicine drug sectors as well as related healthcare personnel, with an aim to nurture talents for the development of CMH and Chinese medicine services. It was expected that the opening of CMH would enhance the career development of CMPs.

18. Dr Fernando CHEUNG was concerned about the positioning of and collaboration among CMH, CMCTRs and HA's ICWM Pilot Programme. Mr POON Siu-ping asked whether there would be any overlapping in the functions of CMH and CMCTRs. SFH advised that CMH would focus on subsidized inpatient and market-oriented Chinese medicine services, whereas CMCTRs would focus on providing subsidized outpatient services. The feasibility of making referrals between CMH and CMCTRs would be explored.

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Subsidized outpatient Chinese medicine services at district level

19. Dr CHIANG Lai-wai asked about the timetable for the 18 CMCTRs to transform into Chinese medicine district clinics to provide subsidized outpatient Chinese medicine services at district level in addition to their original functions as teaching and research centres. SFH advised that the Administration and HA was actively liaising with the NGOs operating the 18 CMCTRs. It was expected that the provision of subsidized Chinese medicine outpatient services would commence in 2020.

20. Mr KWOK Wai-keung noted that the standard fee for Chinese medicine general consultation service to be provided by the Chinese medicine district clinics would be maintained at \$120. He asked about the reason why the fee level was higher than that of HA's outpatient services for eligible persons. Raising a similar question, Dr Helena WONG said that the arrangement would discourage members of the public to use Chinese medicine services.

21. SFH said that the Administration would increase its subsidy to provide an annual quota of some 600 000 for subsidized outpatient services as a start in the 18 Chinese medicine district clinics, with a standard fee of \$120 covering consultation fee and at least two doses of Chinese medicine drugs. Deputy Secretary for Food and Health (Health)1 ("DS(H)1") supplemented that the Administration would also subsidize acupuncture and tui-na services which were currently self-financed services under CMCTRs. C(CMD), HA added that the fee setting of the services provided by CMCTRs had taken into account the possible impact on the private sector, which accounted for over 90% of the provision of Chinese medicine services in Hong Kong.

22. Holding the view that the remuneration packages of CMCTRs for CMPs were not attractive enough, Prof Joseph LEE urged the Administration to conduct a review in this regard and formulate a pay scale for CMPs working in these centres. Dr Elizabeth QUAT called on the Administration to address the problem that the salary level and promotion opportunities of those CMPs working in CMCTRs were not comparable with that of doctors and nurses working in HA. Mr KWOK Wai-keung asked whether part of the \$112 million earmarked by the Administration in the 2018-2019 Estimates for the operation of the 18 CMCTRs would be used to improve the remuneration packages for CMPs working therein. Mr POON Siu-ping sought information about the amount of subsidy provided for CMCTRs in the 2018-2019 financial year. He asked whether a pay scale would be formulated for CMPs working in CMCTRs in the near future.

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23. SFH advised that the Administration had allocated additional recurrent funding for the NGOs concerned to improve the remuneration packages of CMPs and other staff in CMCTRs in recent years. As regards the use of the \$112 million in the 2018-2019 financial year, C(CMD), HA advised that the funding was used to support, among others, the operation of CMCTRs, the provision of subsidized Chinese medicine outpatient services, provision of training for CMPs, quality assurance of Chinese medicine herbs, and enhancement of the Chinese medicine Information System. DS(H)1 assured members that the Administration would keep in view the use of the subsidy by CMCTRs and increase future allocation if warranted.

The CM Fund

24. In response to Mr CHAN Chi-chuen's enquiries regarding the source of funding and operation of the CM Fund, SFH advised that it was Government's current plan that CM Fund would operate for a period of five years. The Administration would seek additional resources for the CM Fund as and when necessary. DS(H)1 added that a provision of \$500 million had already been earmarked for the establishment of the CM Fund as announced in the 2018-2019 Budget.

25. Ms Alice MAK asked if the application procedures for the CM Fund would be too complicated for small-scale traders. Mr SHIU Ka-fai called on the Administration to set up Good Manufacturing Practice-compliant factory premises of various scales for use by pCm manufacturers under leasing arrangements, with specific measures formulated to ensure that the formulae of the pCm concerned would be kept confidential. He was also concerned about what types of support would be provided under the CM Fund for those pCm manufacturers who had already become GMP-compliant before the launch of the CM Fund.

26. SFH advised that the Administration planned to engage the Hong Kong Productivity Council as the implementation partner to provide support and advice in the management of the operation of the CM Fund. It would also serve as the secretariat of the Advisory Committee on the Chinese Medicine Development Fund to, among others, process applications for the CM Fund.

27. Prof Joseph LEE asked whether part of the CM Fund would be deployed for promoting Chinese medicine-related scientific research which, in his view, was crucial for the long-term development of Chinese medicine. SFH replied in the affirmative.

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Regulation of pCm

28. Referring to the findings set out in the Ombudsman report, Dr KWOK Ka-ki expressed concern over the slow progress of pCm registration since the enactment of the Chinese Medicine Ordinance (Cap. 549) ("the Ordinance") in 1999, leaving over 6 000 pCm issued with "Notice of confirmation of transitional registration of pCm" ("HKP") being sold in the market without a Certificate of Registration. He was wary that some manufacturers would adulterate their pCm with non-Chinese medicine ingredients so that the products could be sold as health products. In his view, the Administration should review and amend the Ordinance and the Undesirable medical Advertisements Ordinance (Cap. 231) to plug the loopholes in this regard. Dr Helena WONG considered that the Panel should discuss the regulation of health food products at the earliest possible time. The Chairman said that the subject had already been included in the Panel's list of outstanding items for discussion.

29. SFH agreed that there was room for improvement in the regulation and registration progress of pCm. DH had introduced a series of measures, including providing consultancy service for technical support, adjusting the technical requirements and increasing the number of laboratories providing testing service to assist the trade to complete the reports and furnish other information required, with an aim to expediting the transition of the pCm concerned from transitional registration to formal registration. Subsidy would be provided under the CM Fund to facilitate the registration of pCm. It should be noted that since all pCm issued with HKP had submitted the safety test reports, those products currently being sold in the market was safe to use by members of the public. The Administration would, in consultation with the relevant stakeholders, consider setting a target timeframe for the traders concerned to complete the formal registration process.

30. SFH further advised that DH had conducted over 10 consultation sessions and received some 300 submissions from stakeholders on the proposed amendments to the definition of pCm under the Ordinance. The views received had been reported to the Chinese Medicines Board under the Chinese Medicine Council of Hong Kong for consideration. The plan of the Administration was to brief the Panel on the legislative proposal in the second half of 2019. Separately, the Food Branch of the Food and Health Bureau ("FHB") would examine the regulation of health food products by making reference to overseas practices in this regard.

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Development of Chinese medicine

31. Mr KWOK Wai-keung said that some stakeholders were of the view that the Administration should further strengthen its efforts in fostering the development of Chinese medicine and incorporate Chinese medicine into the public healthcare system. He considered that the Panel should invite deputations to give views in this regard. Dr Elizabeth QUAT asked whether the Administration had any plan to incorporate Chinese medicine into the public healthcare system. Ms Starry LEE opined that the development of Chinese medicine in Hong Kong in the past two decades was too slow. Mr SHIU Ka-fai called on the Administration to allocate more resources to boost the development of Chinese medicine. SFH assured members that the Chinese Medicine Unit, a dedicated unit set up under FHB to oversee the development of Chinese medicine in Hong Kong, would take forward various initiatives on the development of Chinese medicine, including those set out in the Administration's paper. Moreover, Chinese medicine services had been included as part of Hong Kong's healthcare system as announced in the Policy Address.

32. Referring to the recommendation put forward by the jury of a health inquest held by the Coroner's Court in June 2018 that the Administration should consider providing Chinese medicine services as an option for prisons in prison hospitals, Mr SHIU Ka-chun requested the Administration to provide an update in respect of the examination being carried out by the Correctional Services Department in liaison with DH and HA in this regard. Dr Fernando CHEUNG hoped that the Administration could give a positive response to the issue in the near future. DS(H)1 undertook to provide a written response after the meeting.

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IV. Collaboration-referral mechanism between Department of Health and Hospital Authority in respect of dermatological services provided by Department of Health

[LC Paper Nos. CB(2)423/18-19(06) to (07) and CB(2)341/18-19(01)]

33. Under Secretary for Food and Health ("USFH") briefed members on the collaboration-referral mechanism between the Department of Health ("DH") and HA in respect of the dermatological services provided by DH ("the collaboration-referral mechanism"), details of which were set out in the Administration's paper (LC Paper No. CB(2)423/18-19(06)).

34. Members noted the information note prepared by the LegCo Secretariat on the subject under discussion (LC Paper No. CB(2)423/18-19(07)); and the submission dated 23 November 2018 from Hong Kong

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Psoriasis Patients Association proposing the Panel to discuss the provision of dermatology service in the public healthcare system and treatment for psoriasis (LC Paper No. CB(2)341/18-19(01)).

35. Dr KWOK Ka-ki and Dr Fernando CHEUNG cast doubt on the effectiveness of the existing arrangement that public specialist dermatology services were mainly provided by the Social Hygiene Service ("SHS") of DH, with only five major regional hospitals of HA being supported with DH's visiting consultation service and only Prince of Wales Hospital ("PWH") and Pamela Youde Nethersole Eastern Hospital ("PYNEH") accepting serious psoriasis case referrals from DH for appointments for biologic therapy. USFH advised that under the collaboration-referral mechanism, the progress of severe psoriasis patients referred by SHS of DH to the two biologic outpatient clinics at PWH and PYNEH for biology therapy would be closely monitored. Consideration would be given to enhancing the collaboration-referral mechanism as and when appropriate.

36. In response to the Chairman's enquiry about the provision of inpatient dermatology services at public hospitals, Chief Manager (Cluster Performance), HA advised that apart from the five major regional hospitals (i.e. Princess Margaret Hospital, Queen Elizabeth Hospital, Kwong Wah Hospital, Tuen Mun Hospital and PYNEH) which were supported with DH's visiting consultation service, the two teaching hospitals (i.e. PWH and Queen Mary Hospital) provided support to HA's inpatient dermatology services. The Chairman was concerned that some inpatients with skin problems were being taken care of in public hospitals without inpatient dermatology services. He considered such arrangement undesirable.

37. Dr Fernando CHEUNG noted that the biologic outpatient clinic at PYNEH had provided services for only 23 patients from June to November 2018. To benefit more patients in need, he suggested extending the clinic's service hours, relaxing the referral criteria under the collaboration-referral mechanism, and enabling DH to prescribe the biologic agents concerned directly. Dr Helena WONG asked if the Administration and HA had set any quota for biologic therapy for treatment of psoriasis.

38. USFH assured members that patients with psoriasis under the care of SHS of DH or HA would be provided with appropriate treatment based on their clinical conditions. Head, Public Health Services Branch, Centre for Health Protection, DH ("H(PHSB), CHP") added that a great majority of patients under the care of SHS had their conditions controlled by using conventional treatment options (i.e. medicine for external use or oral administration or phototherapy alone or in combination). As at end-November 2018, 36 severe psoriasis patients who might be suitable for

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receiving biologic therapy had been identified and referred to the biologic outpatient clinic at PYNEH. Having regard to the service demand, the clinic would continue to operate in an afternoon session once a week.

39. Ms Alice MAK declared that she had a family member with psoriasis receiving DH's specialist dermatology outpatient service. She urged the Administration to take measures to enable patients with psoriasis to make informed choices of treatment options available and ensure patients suitable and eligible for biologic therapy would receive timely referral. Mr SHIU Ka-chun said that being an eczema patient, he was not aware that there was a collaboration-referral mechanism for severe psoriasis patients for biologic treatment. H(PHSB), CHP advised that reference had been made to the relevant guidelines of the United Kingdom and evidence-based medical practices in the formulation of the referral guidelines for biologic therapy. In response to Ms Alice MAK's suggestion of providing ICWM treatment for psoriasis under the public healthcare system, USFH said that the Administration was open-minded in this regard.

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40. Noting that SHS of DH had an annual attendance of over 300 000, Dr KWOK Ka-ki and Mr SHIU Ka-chun considered that the existing number of 11 specialists in Dermatology and Venereology in SHS of DH was far from adequate to address the high service demand. Mr SHIU Ka-chun requested the Administration to provide a breakdown by types of skin disease of the number of attendance of children and adolescents for SHS in each of the past five years. Ms CHAN Hoi-yan called on DH to increase the number of doctors in SHS by two folds to shorten the long waiting time of new cases for first appointment for the public dermatological services. The Chairman remarked that to his understanding, should vacancies be available, many doctors were willing to pursue specialist training in dermatology and join SHS.

41. USFH advised that DH had already put in place a triage system for screening new skin cases so as to accord priority to urgent cases, which were aimed to be attended within eight weeks. The Administration would keep in view the manpower requirement of DH's dermatology services, and would increase the allocation in this regard where necessary.

V. Any other business

42. There being no other business, the meeting ended at 6:29 pm.