

**For Information  
on 17 December 2018**

**Legislative Council  
Panel on Health Services**

**Collaboration-referral Mechanism  
between Department of Health and Hospital Authority in respect of  
Dermatological Services provided by Department of Health**

**Purpose**

This paper briefs Members on the collaboration-referral mechanism between the Department of Health (“DH”) and the Hospital Authority (“HA”) in respect of the dermatological services provided by the DH.

**Background**

2. At present, public specialist dermatology services are mainly provided by the Social Hygiene Service (“SHS”) of the DH. It has an annual attendance of over 300 000, of which over 200 000 are patients with skin diseases. The DH also provides visiting consultation service for five major regional hospitals of the HA. At present, there are 28 doctors in the SHS of the DH. Among them, 11 are specialists in Dermatology and Venereology. In 2018-19, the Government has allocated additional resources to the DH to create two posts of Medical and Health Officer, two posts of Nursing Officer and seven posts of Registered Nurse in order to improve the existing service delivery, in particular to patients with severe skin diseases including psoriasis.

**Collaboration-referral Mechanism between the DH and the HA in respect of Dermatological Services provided by the DH**

3. In recent years, the HA has introduced biologics for the treatment of psoriasis. The SHS of the DH then set up, in collaboration with the HA, a referral mechanism (details at paragraphs 7 to 9 below) in which serious

psoriasis patients are referred to two designated HA hospitals for detailed assessment and treatment with biologic agents being included in the drug formulary of the HA. With reference to the guidelines formulated by the United Kingdom in 2009, the dermatologists of the DH and the HA formulated the referral guidelines specific for biologic therapy applicable to Hong Kong. Currently, the existing collaboration-referral mechanism is only applicable to patients with psoriasis.

### Treatment Options for Psoriasis

4. Psoriasis is a type of chronic inflammatory skin disease involving complex immunological pathways in its pathogenesis. Most patients will have skin disease while 5% to 30% are complicated with inflammation of the joints. It is amendable to treatment albeit difficult to cure. According to epidemiological research, the worldwide prevalence of psoriasis is around 2% and the prevalence rate of psoriasis in Hong Kong is around 0.3% to slightly less than 0.6%. Based on such information, the DH estimates that there are over 20 000 patients with psoriasis in Hong Kong.

5. Currently, treatment options for psoriasis are provided in accordance with evidence-based medical practices. The treatment includes medicine for external use or oral administration, phototherapy and the newly introduced biologic therapy. Doctors will prescribe appropriate medicine according to the severity of patients' conditions, most of which can be controlled by using conventional treatment options (i.e. medicine for external use or oral administration or phototherapy alone or in combination).

### Biologic Therapy

6. Serious psoriasis patients seeking follow-up consultations at clinics providing specialist dermatology outpatient service under the DH may be referred to the HA for biologic therapy if they satisfy the following –

- (a) their conditions cannot be effectively controlled by conventional treatment options like medicine for external use or oral administration or phototherapy; or

- (b) they have developed (or have the risks to develop) relatively serious adverse effects after receiving conventional treatment; and
- (c) they do not have any contraindications to biologic therapy.

### Arrangements of Referral Mechanism

7. To provide appropriate treatment for serious psoriasis patients, the DH enhanced the referral mechanism for these patients since June 2016. Under the enhanced mechanism, fast and direct referrals have been offered to serious psoriasis patients following the assessment by the DH's specialists for appointments for the biologic therapy outpatient service at the Prince of Wales Hospital ("PWH").

8. To further enhance the existing service, the DH and the HA started to prepare for the provision of biologic therapy outpatient service at the Pamela Youde Nethersole Eastern Hospital ("PYNEH") in September 2017. Preliminary testing of workflows was completed in early 2018, which covers the application of computer systems for basic clinic facilities such as those for medicine prescription, patient registration and fee collection, and the formulation of case referral procedures. The outpatient service which is being provided directly by specialist dermatologists and nurses of the SHS of the DH commenced operation in June 2018. Since then, patient referral mechanism is further streamlined in a way similar to internal transfer within the SHS. Meanwhile, the biologic therapy outpatient service at the PWH is still in operation.

### Cases of Referrals

9. As at end November 2018, 36 severe psoriasis patients who may be suitable for receiving biologic therapy have been identified and referred to biologic outpatient clinic at the PYNEH. The clinic has provided services for 23 patients. Nine of them have already started to receive biologic therapy, nine patients are undertaking further preparation for treatment, and the other five patients declined or assessed not eligible for treatment. Besides, six patients have scheduled their appointments on or before the end of 2018, and

seven patients have withdrawn from receiving the service soon after being informed of new case appointments.

### **Way Forward**

10. The SHS of the DH is committed to providing treatment to patients with skin diseases who are in need of specialist services. The specialist dermatology clinics of the DH will keep in view the latest development in clinical management and scientific evidence, and continue to make good use of public resources to maximise the provision treatment services to patients. The DH will review from time to time the dermatological drugs in its drug formulary, and continue to maintain close liaison with the HA to explore the relevance and feasibility of further strengthening relevant service delivery. The HA will also review its drug formulary and the scope of assistance of the safety net according to the established mechanism from time to time.

11. Members are invited to note the content of the paper.

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