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Panel on Health Services

Information note prepared by the Legislative Council Secretariat for the meeting on 17 December 2018

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

At present, public specialist dermatology services are mainly provided by the Social Hygiene Service of the Department of Health ("DH"). There are eight clinics providing dermatological services under DH[1] and doctor's referral is required for all new cases. For operational purpose, the Social Hygiene Service has implemented a triage system of which all new case referrals will be assessed by the specialist doctor in charge of individual clinics. Statistics on the number of new cases on the waiting list, the average time of new cases for first appointment, the number of new attendances and the number of total attendances of these clinics in 2015, 2016 and 2017 are in **Appendix I**. To facilitate system monitoring, the following six groupings of commonly encountered dermatoses are identified by the Social Hygiene Service for, among others, performance indicator[2] monitoring: (a) cutaneous malignancies; (b) immunobullous diseases; (c) early stage herpes zoster; (d) severe cutaneous adverse reactions to drug; (e) moderate to severe psoriasis; and (f) hospitalized patients but with dermatoses and need continuation of care in specialist outpatient clinic on discharge. According to the Administration, about 33% of new dermatology cases were given appointment within 12 weeks in 2017. Of

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1 The eight clinics are Chai Wan Social Hygiene Clinic; Cheung Sha Wan Dermatological Clinic; Fanling Integrated Treatment Centre (Social Hygiene Service); Sai Ying Pun Dermatological Clinic; Tuen Mun Social Hygiene Clinic; Wan Chai Male and Female Social Hygiene Clinic; Yau Ma Tei Dermatological Clinic; and Yung Fung Shee Dermatological Clinic.

2 The latest target of the dermatological clinics in this regard is that appointment time for over 90% of new cases with serious dermatoses is within eight weeks.

these patients, about two-third of them would have been pertained to serious dermatoses under the triage scheme.

2. In the past few years, members of the Panel have raised concern on the referral mechanism between DH and the Hospital Authority ("HA") for treatment for psoriasis, which is a long-lasting inflammatory skin condition characterized by enhanced epidermal proliferation leading to red, flaky, crusty patches of skin covered with slivery scales. Psoriasis can first develop at any age, often starts between the ages teenage to the forties. It is not infectious. Treatment options for psoriasis include the conventional options of medicine for external use or oral administration and phototherapy, as well as the newly introduced biologic therapy. At present, biologic therapy outpatient services are provided at the Prince of Wales Hospital and the Pamela Youde Nethersole Eastern Hospital.[3] Serious psoriasis patients whose conditions cannot be effectively controlled by conventional treatment options or who have developed relatively serious adverse effects after receiving conventional treatment may be referred to HA for biologic therapy, provided that they do not have any contraindications to biologic therapy.

3. The subject of collaboration-referral mechanism between DH and HA in respect of dermatological services provided by DH has not been discussed by the Panel. Two written questions concerning the provision of public specialist dermatology services for psoriasis patients were raised at the Council meeting of 4 November 2015 and 30 May 2018 respectively, and an oral question concerning treatments for eczema patients at the specialist dermatology clinics of DH was raised at the Council meeting of 28 November 2018. The questions and the Administration's replies are in **Appendices II, III and IV**.

Council Business Division 2
Legislative Council Secretariat
13 December 2018

[3] The outpatient service of the biologic clinic in the Pamela Youde Nethersole Eastern Hospital, which commenced operation in June 2018, is provided directly by specialist dermatologists and nurses of the Social Hygiene Service.

Appendix I

Statistics in respect of dermatological services provided by Department of Health

Number of new cases on the waiting list

Clinic	**2015**	**2016**	**2017**
Chai Wan Social Hygiene Clinic	2 675	3 346	3 735
Cheung Sha Wan Dermatological Clinic	7 396	8 368	7 801
Fanling Integrated Treatment Center (Social Hygiene Service)	8 793	8 657	9 614
Sai Ying Pun Dermatological Clinic	2 318	2 780	2 906
Tuen Mun Social Hygiene Clinic	5 620	5 597	5 804
Wan Chai Social Hygiene Clinic	2 770	3 570	4 138
Yau Ma Tei Dermatological Clinic	10 938	10 605	10 020
Yung Fung Shee Dermatological Clinic	7 144	7 579	8 531

Average waiting time of new case for first appointment (in calendar year)

Clinic	**2015***	**2016**	**2017**
Chai Wan Social Hygiene Clinic	N/A	1.3	1.5
Cheung Sha Wan Dermatological Clinic	N/A	1.9	1.9
Fanling Integrated Treatment Center (Social Hygiene Service)	N/A	1.5	1.8
Sai Ying Pun Dermatological Clinic	N/A	1.6	2.4
Tuen Mun Social Hygiene Clinic	N/A	1.2	1.2
Wan Chai Social Hygiene Clinic	N/A	1.1	1.3
Yau Ma Tei Dermatological Clinic	N/A	1.9	1.9
Yung Fung Shee Dermatological Clinic	N/A	2.0	2.7

* The Department of Health compiles the relevant statistics since January 2016.

Number of new attendances

Clinic	**2015**	**2016**	**2017**
Chai Wan Social Hygiene Clinic	2 930	2 324	2 688
Cheung Sha Wan Dermatological Clinic	3 541	3 270	2 909
Fanling Integrated Treatment Center (Social Hygiene Service)	2 933	3 233	2 793
Sai Ying Pun Dermatological Clinic	2 150	2 106	2 201
Tuen Mun Social Hygiene Clinic	4 201	3 674	3 815
Wan Chai Social Hygiene Clinic	1 882	1 748	1 669
Yau Ma Tei Dermatological Clinic	4 747	4 712	4 326
Yung Fung Shee Dermatological Clinic	4 982	4 960	4 298

Number of total attendances

Clinic	**2015**	**2016**	**2017**
Chai Wan Social Hygiene Clinic	25 048	22 881	21 070
Cheung Sha Wan Dermatological Clinic	39 683	39 646	38 090
Fanling Integrated Treatment Center (Social Hygiene Service)	25 257	26 774	26 361
Sai Ying Pun Dermatological Clinic	23 606	22 849	22 420
Tuen Mun Social Hygiene Clinic	30 295	28 413	27 589
Wan Chai Social Hygiene Clinic	15 755	15 201	15 422
Yau Ma Tei Dermatological Clinic	46 964	46 036	44 665
Yung Fung Shee Dermatological Clinic	41 529	42 397	40 597

Source: Examination of Estimates of Expenditure 2018-2019

Press Releases 4 November 2015

LCQ21: Treatment for psoriasis patients
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Following is a question by the Hon Alice Mak and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (November 4):

Question:

It is learnt that psoriasis is a type of chronic inflammatory disease involving complex pathology and is difficult to cure completely. Patients not only have to endure prolonged pain caused by itchy and swollen skin, but also have to face the great psychological stress arising from appearance issues caused by this disease. Since 2002, the Hospital Authority (HA) has gradually taken over the general outpatient clinics under the Department of Health (DH), with the exception of skin clinics. On the other hand, HA added to the Drug Formulary in 2012 a type of biological agent effective for treating psoriasis, and brought the drug into the Samaritan Fund safety net in 2013. However, skin clinics under DH still do not provide such drug for psoriasis patients at present. In this connection, will the Government inform this Council:

(1) whether it has compiled statistics on the current number of psoriasis patients in Hong Kong; if it has, of the relevant statistics;

(2) of the number of new cases of psoriasis received by skin clinics in each of the past five financial years (and set out a breakdown by age group in the table below);

Age group	Financial year				
	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Below 18					
Between 18 and 64					
65 or above					
Total					

(3) of the diseases that can be induced by psoriasis, and whether psoriasis will induce mental illness; whether it has compiled statistics on the number of cases in which diseases have been induced by psoriasis; if it has, of the details; if not, whether it will consider compiling the relevant statistics;

(4) of the respective current numbers of psoriasis patients who regularly seek follow-up consultations at skin clinics and general outpatient clinics;

(5) whether skin clinics will refer psoriasis patients to general outpatient clinics for treatment; if so, of the relevant mechanism and the number of cases referred in the past five financial years; if not, the reasons for that; and

(6) whether it will consider reviewing the list of drugs for treating psoriasis at skin clinics, including whether it will align the list of drugs for treating psoriasis at such clinics with that at general outpatient clinics?

Reply:

President,

(1) According to epidemic 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 Department of Health (DH) estimates that there are over 20 000 patients suffering from psoriasis in Hong Kong.

(2) The DH does not maintain statistics on the breakdown of new cases of psoriasis by age. The total number of new cases of psoriasis in specialist dermatology services under DH in each of the past five years are set out as follows:

	2010	2011	2012	2013	2014
Total	636	598	588	516	513

(3) The DH does not maintain statistics on the number of cases of other diseases induced by psoriasis. However, research in recent years found that psoriasis patients have a higher chance of having metabolic syndrome and cardiovascular diseases. Besides, about 5% to 30 % of psoriasis patients also suffer from arthritis. The dermatological service of the DH conducted a survey in two clinics from July 2007 to January 2008, assessing the depression rate of psoriasis patients using the Hamilton Depression Rating Scale and self-rated Beck Depression Inventory. Results showed that the point prevalence of any kind of depressive disorder was 26%.

(4) The specialist dermatology services of the DH do not collect data on psoriasis patients seeking follow-up consultation, hence the DH does not have the relevant information. Moreover, as the Hospital Authority (HA) does not assign codes to patients of specialist out-patient clinics (SOPCs) by disease type, the statistics of psoriasis patients of SOPCs are not available.

(5) The DH has set up a referral mechanism in which serious psoriasis patients will be referred to public hospitals under HA. Specific for biologic treatments, the referral guidelines of Hong Kong was formulated by dermatologists of the DH and the HA with reference to the guidelines formulated by the United Kingdom in 2009. Generally speaking, severe psoriasis patients whose condition cannot be effectively controlled by conventional treatments like medicine for external use or oral administration and phototherapy, or patients who have adverse effects after treatments can be referred to designated hospitals of the HA for detailed assessment and treatment, provided that they do not have any contraindications to biologic treatments. The DH does not maintain statistics on the number of referrals in the past five years.

(6) The specialist dermatology clinics of the DH will keep in view the latest development in clinical application and scientific evidence, and continue to make good use of public resources to treat as many patients as possible. DH will review from time to time the dermatological drugs in its drug formulary, including drugs for psoriasis. As mentioned above, the DH has set up a mechanism to refer severe psoriasis patients to HA's designated hospitals for detailed assessment and treatment with biologic agents included in the drug formulary of the HA. The HA will review its drug formulary and the scope of assistance of the safety net according to the stipulated mechanism from time to time.

Ends/Wednesday, November 4, 2015
Issued at HKT 17:55

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Appendix III

Press Releases 30 May 2018

LCQ9: Provision of biologic therapy for psoriasis patients
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Following is a question by the Dr Hon Helena Wong and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 30):

Question:

The dermatology specialist outpatient clinics under the Department of Health (DH) provide treatment for psoriasis patients, and refer patients of serious cases to the dermatology biologic therapy (biologic therapy) outpatient clinic at the Prince of Wales Hospital (PWH) for treatment. DH enhanced the referral mechanism in June 2016, tasking a medical consultant with the responsibility for assessing whether the psoriasis patients of clinics under DH meet the criteria for receiving biologic therapy so as to expedite referrals. However, there are currently more than 3 000 patients in Hong Kong who are suitable for receiving biologic therapy, but the number of such patients so referred since 2012 has been few and far between. On the other hand, the authorities plan to offer biologic therapy outpatient service at the Pamela Youde Nethersole Eastern Hospital (Eastern Hospital) in the first quarter of 2018, but such plan has not yet been implemented. In this connection, will the Government inform this Council:

(1) of (i) the number of psoriasis patients referred by DH for receiving biologic therapy since the implementation of the aforesaid enhanced mechanism, and (ii) among such patients, the number of those who received biologic therapy subsequently and the percentage of this number in the number of serious psoriasis patients in Hong Kong;

(2) whether it knows the reasons why the Eastern Hospital has not yet introduced the biologic therapy outpatient service, and when such service will be introduced;

(3) whether it knows if the Hospital Authority will step up the service provided at PWH's dermatology biologic therapy outpatient clinic, including increasing the service hours and patient quota; and

(4) as a patient group has pointed out that psoriasis patients currently have to wait for 10 years on average before they receive treatment and thus will very likely miss the best timing for treatment, whether the authorities have comprehensively assessed the service needs of such patients; if so, of the assessment outcome; if not, whether they will conduct such assessment expeditiously?

Reply:

President,

Currently, treatment options for psoriasis are provided in accordance with evidence-based medical practice. The treatments include 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 and phototherapy).

Generally speaking, serious psoriasis patients seeking follow-up consultations at clinics providing specialist dermatology outpatient services under the Department of Health (DH) may be referred to the Hospital Authority (HA) for biologic therapy under the existing mechanism if their conditions cannot be effectively controlled by conventional treatments like medicine for external use or oral administration or phototherapy, or they have suffered from relatively serious adverse effects after receiving such treatments, provided that they do not have any contraindications to biologic therapy.

To provide appropriate treatments for serious psoriasis patients, the DH has enhanced the referral mechanism for these patients since June 2016. Under the enhanced mechanism, fast and direct referrals will be offered to serious psoriasis patients following the assessment by DH's specialists for appointments for the biologic therapy outpatient service at the Prince of Wales Hospital (PWH). Since the implementation of the enhanced mechanism, a total of four serious psoriasis patients have been referred by the DH to the PWH for biologic therapy.

To further enhance the existing service, the DH and the HA started to actively prepare for the provision of biologic therapy outpatient service at the Pamela Youde Nethersole Eastern Hospital (Eastern Hospital) 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 will be provided directly by experienced healthcare personnel of DH's Social Hygiene Service, who have completed the training on the application of the systems. The DH and the HA are finalising the detailed arrangements for the overall operation of the biologic therapy outpatient service. It is expected that the clinic will come into operation soon to provide services for psoriasis patients.

The DH will continue to keep abreast of international guidelines and review the treatment options for psoriasis from time to time according to the latest situation in Hong Kong. Apart from the existing biologic therapy outpatient service provided by the PWH, the biologic clinic of the Eastern Hospital will come into operation soon. The DH will maintain close liaison with the HA to explore the relevance and feasibility of introducing the service at the specialist outpatient clinics of other HA hospitals.

Ends/Wednesday, May 30, 2018
Issued at HKT 14:06

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Press Releases 28 November 2018

LCQ4: Diagnoses and treatments for eczema patients
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Following is a question by the Dr Hon Chiang Lai-wan and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 28):

Question:

At present, the Hospital Authority (HA) does not provide specialist outpatient service on dermatology, and the waiting time of new cases for dermatology outpatient service under the Department of Health (DH) is over a year. Moreover, an eczema patient confirmed of having been infected with methicillin-resistant Staphylococcus aureus has indicated that his doctor has suggested that he receive biologic therapy, but he cannot afford the expensive fees for the medical treatment. In this connection, will the Government inform this Council:

(1) whether it will compile statistics on the number of eczema patients in Hong Kong, their attendances at clinics, etc.; if so, of the details; if not, the reasons for that;

(2) whether it will allocate additional resources for DH to provide more consultation quotas under its dermatology outpatient service, and for HA to set up specialist outpatient clinics on dermatology; if so, of the details; if not, the reasons for that; and

(3) whether it will provide drug subsidies for patients with severe eczema (particularly those patients infected with methicillin-resistant Staphylococcus aureus) who are in financial distress; if so, of the details; if not, the reasons for that?

Reply:

President,

Eczema, also known as dermatitis, is a common skin disease. It is an inflammatory skin reaction, and it is not contagious. Eczema is classified into two categories, namely endogenous and exogenous eczema. Common types of endogenous eczema include atopic eczema, seborrhoeic dermatitis and asteatotic eczema (also known as xerotic eczema). Exogenous eczema covers allergic contact dermatitis and irritant contact dermatitis, with hand eczema being one of the examples. Eczema can present as acute, subacute or chronic eczema. Having consulted the Department of Health (DH) and the Hospital Authority (HA), our reply to the three parts of the question raised by the Dr Hon Chiang Lai-wan is as follows:

(1) Eczema is a common skin disease and in most cases, the conditions are mild and do not warrant referral to specialist dermatology clinics for further treatment. In 2016, the number of new cases of eczema and dermatitis handled by the specialist dermatology clinics of the DH was 1 138.

(2) At present, public specialist dermatology services are mainly provided by the Social Hygiene Service of the DH. It has an annual attendance of over 300 000, of which over 200 000 are patients with skin diseases. Moreover, the DH provides visiting consultation service for five major regional hospitals of the HA. In 2018-19, the Government has allocated additional resources to the DH to create two posts of Medical Officer, two posts of Nursing Officer and seven posts of Registered Nurse in order to improve the existing service delivery.

Clinical departments of the two teaching hospitals (namely Prince of Wales Hospital and Queen Mary Hospital) under the HA have previously supported in-patient dermatology services and post-discharge specialist out-patient services. In its 2018-19 annual plan, the HA allocated a

total of two Associate Consultant and two Resident posts of dermatology to the Hong Kong West Cluster and New Territories East Cluster to support in-patient dermatology services at HA hospitals. The recruitment for two Associate Consultant and one Resident posts has been completed. The HA and the DH will review the specialist dermatology services provided by public hospitals from time to time, continue to explore feasible ways to strengthen dermatology specialist training and service provision in public hospitals.

(3) It is not uncommon to positively culture Staphylococcus aureus (S. aureus) from the skin surface of eczema patients. The mere presence of S. aureus in skin cultures does not necessarily indicate an infection. S. aureus is a bacterium that may be carried on the skin of healthy people. These carriers show no signs or symptoms of infection. Yet, the bacteria may sometimes cause diseases such as skin infection.

Most S. aureus infections can effectively be treated by antibiotics. However, drug-resistant S. aureus (i.e. methicillin-resistant S. aureus) is a strain of S. aureus that is resistant to methicillin and other commonly used antibiotics. Like the usual strains of S. aureus, drug-resistant S. aureus can also be commonly carried on the skin of healthy people, and may sometimes cause diseases. Doctors will prescribe appropriate treatments in the light of prevailing condition of patients and clinical assessments. If necessary, the doctor will prescribe antibiotics or anti-septic drugs.

In general, specialist dermatology clinics of the DH will prescribe medications, according to the condition, to treat those eczema patients infected with methicillin-resistant S. aureus. Fee remission is available for patients attending such clinics who are in financial difficulty under the existing social security schemes: charges for public medical services are waived for recipients of Comprehensive Social Security Assistance, holders of Level 0 Voucher of the Pilot Scheme on Residential Care Service Voucher for the Elderly, and persons who are exempted from payment of medical fees under the waiving mechanism of public hospitals and clinics, etc.

Ends/Wednesday, November 28, 2018
Issued at HKT 17:30

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代理主席，早前香港機場管理局("機管局")及港鐵公司進行了一項研究，利用機鐵路軌，將來終極可頻密至每 8 分鐘一班列車，再加插另一班列車在其間行走東涌東站至博覽館站，已知在技術上是可行的。這方案的賣點是，只須投資在列車及信號系統，而其他所有硬件，例如月台、路軌及車站，皆可以使用機鐵線及新東涌東站現有的。專家估計所涉金額僅在 30 億元以內，即使車費水平在 6 元至 7 元之間也可以做到自負盈虧。然而，大前提是如何防止機鐵乘客不會改乘東涌線，在東涌東站轉乘這條票價在 6 元至 7 元之間的穿梭線，從而節省數十元？很簡單，就是把穿梭線的車費定為 70 元。凡出示東涌居民證，便可以申請一張特別的八達通卡，以 6 元至 7 元乘搭穿梭線，這種做法才是善用資源。我想問局長會否拒絕我這項如此有創意的建議呢？

運輸及房屋局局長：多謝代理主席點名由我作答，亦感謝田議員的補充質詢。大家都明白，就着"明日大嶼願景"，有很多規劃正在進行，也有很多交通配套方案正在研究，我們亦已邀請機管局就港珠澳大橋上蓋及日後機場的運作進行研究。因此，現時有多項研究及分析正在進行。

田議員剛才亦提到，到了 2030 年，未來新機場的客運會由 7 000 多萬人次提升至 1 億人次，而貨運則由 500 萬公噸提升至 900 萬公噸，基本上製造了相當大的就業機會。發展局稍後就"明日大嶼願景"向立法會申請撥款時，一定會處理這問題，而我們對任何意見都會尊重及考慮。

代理主席：第四項質詢。

診治濕疹病人
Diagnoses and treatments for eczema patients

4. 蔣麗芸議員：*現時，醫院管理局(下稱"醫管局")不設皮膚科專科門診服務，而衞生署轄下皮膚科門診服務的新症輪候時間為一年以上。此外，有確診感染耐藥性金黃葡萄球菌的濕疹病人表示，醫生建議他接受生物製劑治療，但他無法負擔昂貴的治療費用。就此，政府可否告知本會：*

(一) 會否對全港濕疹病人數目及求診人次等進行統計；若會，詳情為何；若否，原因為何；

(二) 會否增撥資源，以增加衞生署轄下皮膚科門診服務的診症名額，以及供醫管局開設皮膚科專科門診診所；若會，詳情為何；若否，原因為何；及

(三) 會否向有財政困難的重症濕疹病人(特別是感染了耐藥性金黃葡萄球菌的病人)提供藥費資助；若會，詳情為何；若否，原因為何？

食物及衞生局局長：代理主席，濕疹是常見的皮膚病，又稱為皮膚炎。它是一種發炎性皮膚反應，並不具傳染性。濕疹可分為內源性和外源性的，常見內源性類型包括異位性濕疹、脂溢性皮炎、皮脂缺乏性(又稱乾燥性)濕疹等。外源性類型包括敏感性接觸性皮炎及刺激性接觸性皮炎，主婦手便是其中一個例子。濕疹發病可以是急性、亞急性或慢性的。就蔣麗芸議員質詢的 3 部分，經諮詢衞生署及醫院管理局("醫管局")後，謹答覆如下：

(一) 濕疹是相當普遍的皮膚病，而大部分情況輕微而無需轉介至皮膚科專科門診跟進。在 2016 年，衞生署皮膚科專科門診處理的濕疹及皮炎新症數目為 1 138 宗。

(二) 現時，公營皮膚科專科服務主要由衞生署社會衞生科提供。衞生署社會衞生科每年約為 30 多萬人次提供服務，當中包括 20 多萬為皮膚病患者。衞生署亦為醫管局轄下 5 間主要地區醫院提供到院診症服務。在 2018-2019 年度，政府已增撥資源，在衞生署增設 2 名醫生、2 名護士長及 7 名註冊護士，以改善現時服務。

過往醫管局轄下兩間教學醫院(即威爾斯親王醫院及瑪麗醫院)的大學臨床部門會分別支援住院皮膚科服務及跟進出院治療的專科門診服務。為協助公立醫院的住院皮膚科服務，醫管局在 2018-2019 年度計劃中，在港島西及新界東聯網共開設兩名皮膚科副顧問醫生及兩名駐院醫生的職位，現已完成招聘兩名皮膚科副顧問醫生及一名駐院醫

生。醫管局與衞生署會不時檢視公立醫院皮膚科專科服務，並會繼續研究可行方法增加專科培訓名額，以及在公立醫院提供更多皮膚科專科服務。

(三) 在濕疹患者身上培植到金黃色葡萄球菌並不罕見。如只是在身上培植到金黃色葡萄球菌並不代表患者受感染。金黃葡萄球菌可存在於一些健康人士的皮膚表面。此類帶菌者是沒有病徵的。但是，病菌偶爾會引起疾病，包括皮膚感染。

抗生素能有效地治癒大部分金黃葡萄球菌感染，但耐藥性金黃葡萄球菌(即耐甲氧西林金黃色葡萄球菌)是一種對甲氧西林抗生素產生耐藥性的細菌株，並對常用的抗生素產生耐藥性。與一般金黃色葡萄球菌一樣，耐藥性金黃葡萄球菌可存在於一些健康人士的皮膚表面，或偶爾會引起疾病。醫生會根據患者當時的情況和臨床評估處方合適的治療方案，在有需要時醫生會處方抗生素或除菌藥物。

衞生署皮膚科專科門診一般可按情況處方藥物，治療感染耐藥性金黃色葡萄球菌的濕疹患者。有財政困難的患者如在衞生署皮膚科專科門診求診，現時社會保障制度可為有需要人士申請減免費用。可獲豁免公營醫療服務收費的人士包括：領取綜合社會保障援助的病人、長者院舍住宿照顧服務券試驗計劃級別 0 院舍券持有人、公立醫院及診所費用減免機制醫療費用減免人士等。

蔣麗芸議員：*代理主席，局長說濕疹是常見的皮膚病，既然是常見，我相信她也知道香港的濕疹病人估計超過 10%。如果他們的病況輕微，問題當然不大，但有部分患者原來病情很嚴重。代理主席，我相信你也記得上月曾發生過一宗慘劇，一名患有嚴重濕疹的病人感到痛苦不堪，原來這個病可以令人生不如死，最後，她自殺了，更在自殺前殺害了自己的父母，怨恨他們為何要她出生，令她患上濕疹受苦。我們沒有患上濕疹，未必能切身體會病者的感受。如果局長有時間走出戶外，即使被蚊叮幾口也會感到非常痕癢，所以我很希望局長.....*

代理主席：蔣議員，請提出你的補充質詢。

蔣麗芸議員：*我的補充質詢是，局長剛才說兩間教學醫院有醫生跟進住院或出院的皮膚科病人，但這些病人很多都是燒傷，並沒有專為濕疹病人而設的服務。如果局方不提供專項經費，則不會進行專科研究。香港是一個很容易患上濕疹的地方，因為四季的天氣轉變很快。我想局長在香港進行專項的濕疹研究.....*

代理主席：蔣議員，請直接提出你的補充質詢。

蔣麗芸議員：*我很希望、很誠意地請局長考慮如何幫助香港的濕疹患者。*

食物及衞生局局長：多謝蔣議員的補充質詢。代理主席，現時公營皮膚科專科服務主要由衞生署社會衞生科提供，我剛才提到兩間教學醫院，主要提供住院治療和出院後的專科門診服務。其餘病人會由衞生署另一專科部門提供服務，每年求診者有 30 多萬人次。其實，我們已經增撥資源，在衞生署增設 2 名醫生、2 名護士長和 7 名註冊護士，希望改善這項服務。兩間教學醫院在這方面的服務需求很大，所以醫管局已計劃開設兩名皮膚科副顧問醫生和兩名駐院醫生的職位，希望可改善皮膚科的服務。

代理主席：蔣麗芸議員，你的補充質詢哪部分未獲答覆？

蔣麗芸議員：*局長會否在每間公立醫院增設皮膚專科？*

代理主席：你已清楚指出你的補充質詢未獲答覆的部分。局長，你有否補充？

食物及衞生局局長：暫時衞生署正支援不同醫院，如果醫院有皮膚科病人，可以轉介衞生署求診。現時，除了這兩間教學醫院外，我們會適時留意其他需要，亦會做好人手配套，以期提供更佳的服務。

李國麟議員：*代理主席，蔣麗芸議員主體質詢的問題很直接，但她的補充質詢沒有跟進主體質詢。局長，蔣麗芸議員的主體質詢直接問及一些濕疹病人如果同時感染了耐藥性金黃葡萄球菌，政府有沒有投放資源幫助他們？有些醫生說病人可以接受生物製劑治療，但局長在整個主體答覆中沒有提過這一點。主體答覆第(三)部分第二段作出詳細的技術說明，但這些抗生素能否有效醫治患有耐藥性金黃葡萄球菌的濕疹病人？局長是否完全不會考慮生物製劑治療？蔣麗芸議員質詢中提及的介紹病人接受生物製劑治療的醫生，是否並非衞生署的醫生，而是私家醫生？*

最後，我想問局長，既然政府現時已有資助病人購買昂貴藥物的政策，局長會否承諾將生物製劑納入昂貴藥物名單，以幫助這群既患有濕疹、又感染了耐藥性金黃葡萄球菌的有特定需要的病人？

食物及衞生局局長：多謝李國麟議員的質詢。衞生署的醫生在臨床診斷皮膚病患者後，或會認為其他藥物未必有效，需要使用生物製劑。根據衞生署有關生物製劑的資料，現時有一種已在本港註冊的生物製劑可以醫治嚴重的異位性濕疹。衞生署轄下的社會衞生科會一直密切留意該生物製劑的臨床及科研實證的最新發展，亦會適時透過現有機制，與醫管局協作，將這些病人轉介醫管局，使他們得到適當的公營醫療服務。

現時有些嚴重的銀屑病患者，可以經衞生署快速及直接轉介，預約威爾斯親王醫院皮膚科的生物製劑治療門診服務。此外，我們亦已積極籌備在東區尤德夫人那打素醫院，提供生物製劑治療的門診服務。

張超雄議員：*代理主席，局長在迴避問題，生物製劑是一種相對新的藥物，亦是病人必須使用的藥物，但現時衞生署根本沒有將生物製劑納入藥物名冊。所以，當病人需要使用時，便要轉介到醫管局。*

剛才局長提到，現時只有威爾斯親王醫院一間診所，一個月只開診一次，每次開診一個半小時，向 3 名病人提供門診服務。有團體估計，現時有超過 3 000 名病人適合接受生物製劑治療。大家可以想象，

現時有大量個案正在輪候，而據我們在申訴部處理的個案，輪候時間以數年計。

局長說現時有機制提供服務，但名額非常少。我認為有兩種可行解決方法，一是將整個皮膚科納入衞生署，並引入生物製劑治療；一是由醫管局接管衞生署的皮膚科門診服務。現時的安排不三不四，究竟這項服務是為了維持現有架構得益者的利益，還是為了病人着想？

食物及衞生局局長：多謝張超雄議員的質詢。當然，我們的服務一定盡量為病人着想。根據現有機制，如果病人需要某種藥物，而衞生署藥物名冊並無這類藥物，可以將病人轉介到醫管局，最重要是在臨床診斷時，醫生認為病人有這樣的需要。

較早前，我們亦聽到有意見認為可以改善這方面的服務，所以，我們兩年前增加衞生署人手，希望無論是皮膚科門診以至轉介服務，都能做得更好。此外，我們亦增加了 2 名醫生、2 名護士長及 7 名駐冊護士，以改善服務。病人當然需要輪候服務，但最重要是，在醫管局現有的機制下，如果病人有需要，可以使用服務。

雖然以往只有威爾斯親王醫院提供有關服務，但經醫管局籌劃後，衞生署提供的專科服務已於 2018 年 6 月正式投入服務。如有病人需要接受生物製劑治療，現時威爾斯親王醫院及東區尤德夫人那打素醫院均可提供。當然，我們會繼續檢視情況。此外，醫管局現時亦計劃聘請 4 名醫生，包括兩名皮膚科副顧問醫生及兩名駐院醫生，有關招聘程序已逐步完成。當人手較充足時，我們會再檢視提供服務的情況。

張超雄議員：*請局長告知，衞生署的診所究竟一個月開診多少次，讓這些病人……*

代理主席：張議員，你提出了一項新的補充質詢。你只可指出你的補充質詢未獲答覆的部分。其他事項請在其他場合跟進。

張超雄議員：*請局長會後提供資料。*

盧偉國議員：*代理主席，香港似乎有不少兒童濕疹患者，我的親戚朋友中也有孩子患上濕疹。他們當中較幸運的，其症狀會隨着年齡而紓緩，甚至完全痊癒，但也有些兒童整個成長期會受濕疹困擾。可以想象，如果兒童在成長期受濕疹困擾，實際上對他的學習，以至與其他孩童的交往也會深受影響。我想問局長，是否掌握目前香港兒童及青少年患濕疹的情況？會否特別向他們提供紓緩或支援措施？*

食物及衞生局局長：多謝盧偉國議員。根據衞生署過去 3 年的資料，以 2017 年為例，皮膚病患者的服務人次是 236 200，至於皮膚病患者的數目，衞生署則未有統計。不論是成人或兒童，現在均可接受衞生署社會衞生科提供的服務。如果醫生在臨床診斷上，認為有需要採用一些不在衞生署藥物名冊內的藥物，需要向醫管局索取，其實現時已有機制可以轉介患者到醫管局轄下的醫院接受治療或使用該等藥物。或許我也提供另一些資料，截至 2018 年 10 月底，衞生署皮膚科識別了 35 名可能適合生物製劑治療的嚴重銀屑病患者，並已轉介他們到東區尤德夫人那打素醫院生物製劑治療專科門診診所。該診所現時已為 17 名患者提供服務，當中 7 名患者亦開始接受生物製劑治療。

代理主席：盧偉國議員，你的補充質詢哪部分未獲答覆？

盧偉國議員：*我特別想問有關兒童及青少年濕疹患者的資料，如果局長今天手上沒有這些資料，可否在會後以文件補充？*

代理主席：你已清楚指出你的補充質詢未獲答覆的部分。局長，請在稍後提交補充資料。

食物及衞生局局長：好的。(附錄 I)

石禮謙議員：*代理主席，今天聽到局長的答覆，我想代那些濕疹患者，尤其是兒童患者，向她致謝。我有一個很卑微的要求，希望當局不要只對有特殊情況的病人給予特殊藥物。醫生在診症時，亦應同樣向患有濕疹的兒童或長者給予特殊藥物，不要在特殊情況下才提供特殊藥*

物，或要求他們自行購買。我也曾接獲很多患者就這方面的投訴。當局會否在藥物上投放更多資源，讓醫生不會在特殊的情況下才能向患者給予好的藥物。局長會否考慮這點？

食物及衞生局局長：多謝石禮謙議員的補充質詢。其實所謂的特殊情況，一定是基於臨床診斷。如果醫生在臨床診斷時，認為患者有需要服用特別藥物，便會轉介。當然，我們永遠可以繼續優化現行的機制，但最重要的是，對於任何藥物，我們首先要審視其安全、療效和品質。在現有的機制下，如新藥物符合上述 3 點，便會盡量納入藥物名冊內。如果醫生在臨床診斷時，認為患者有相關的需要，便會轉介患者到醫管局，讓醫管局提供相關藥物。

代理主席：石禮謙議員，你的補充質詢哪部分未獲答覆？

石禮謙議員：*局長沒有答覆我的補充質詢，因為很多濕疹患者都是長期病患者，他們每次也要在特殊的情況下.....*

代理主席：石議員，我認為你正在提述新的資料。

石禮謙議員：*我希望政府能改變有關政策。*

代理主席：這是新的資料，請在其他場合跟進。

第五項質詢。區諾軒議員，請提問。

~~向非法社團及其成員提供法律服務及法律援助~~
Provision of legal services and legal aid to unlawful societies and their members

5. 區諾軒議員：*~~代理主席，規程問題。政務司司長尚未到達會議廳，請問我們是否繼續處理這項質詢？~~*