

立法會
Legislative Council

LC Paper No. CB(2)796/19-20

(These minutes have been
seen by the Administration)

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Panel on Health Services

Subcommittee on Issues Relating to the Support for Cancer Patients

**Minutes of the fifth meeting
held on Monday, 18 November 2019, at 3:00 pm
in Conference Room 3 of the Legislative Council Complex**

Members present : Dr Hon CHIANG Lai-wan, SBS, JP (Chairman)
Hon Elizabeth QUAT, BBS, JP (Deputy Chairman)
Hon Tommy CHEUNG Yu-yan, GBS, JP
Prof Hon Joseph LEE Kok-long, SBS, JP
Hon WONG Ting-kwong, GBS, JP
Hon CHAN Han-pan, BBS, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Hon POON Siu-ping, BBS, MH
Hon CHAN Hoi-yan

Members absent : Dr Hon Helena WONG Pik-wan
Dr Hon Pierre CHAN
Hon KWONG Chun-yu

Public Officers attending : Dr CHUI Tak-yi, JP
Under Secretary for Food and Health

Miss Trista LIM
Principal Assistant Secretary for Food and
Health (Health)²
Food and Health Bureau

Dr Deacons YEUNG Tai-kong

Director (Cluster Services)
Hospital Authority

Dr Frank CHAN
Chief Manager (Integrated Care Programs)
Hospital Authority

Dr WONG Kam-hung
Director
Hong Kong Cancer Registry

Ms Rowena WONG
Chief (Chinese Medicine Department)
Hospital Authority

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

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

Mr Ronald LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

Mr Kent CHAN
Clerical Assistant (2) 5

Action

I. Election of Chairman and Deputy Chairman (if required)

Members considered it not necessary to re-elect the Chairman and Deputy Chairman of the Subcommittee in the 2019-2020 legislative session. Dr CHIANG Lai-wan and Ms Elizabeth QUAT continued to serve as the Chairman and Deputy Chairman of the Subcommittee respectively.

Action

II. Diagnosis and treatment of cancer under the public healthcare system

[LC Paper Nos. CB(2)198/19-20(01) and (02)]

2. The Subcommittee deliberated (index of proceedings attached at **Annex**).

Admin

3. The Administration was requested to provide the following information in writing:

- (a) advise the target waiting time for patients of the Hospital Authority ("HA") to receive cancer diagnostic investigations, as well as the waiting time shortened and the number of additional examinations provided since the launch of the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector, with a breakdown by the types of cancers covered under the Project;
- (b) in respect of colorectal cancer, advise:
 - (i) the number of confirmed cases and deaths in the past three years; and
 - (ii) the average costs of HA for treating different stages of colorectal cancer, and a value-for-money analysis of the Colorectal Cancer Screening Programme in terms of the medical costs saved, when compared with no screening, due to early detection of the disease or identification of people at increased risk of the disease so that treatment could start earlier to improve the chance of cure;
- (c) advise HA's current shortfall and annual turnover rate of oncologists, its estimated manpower requirement of oncologists for the next three, five and 10 years, and measures put in place by the Administration and HA to meet the above manpower requirement;
- (d) consider the suggestion of setting up an internet-based directory containing practice information of oncologists in the community to facilitate members of the public to choose oncologists of their choice; and

Action

- (e) provide information on the terms of reference, composition and progress of work of all committees which were tasked to give advices to the Administration on the planning and development of cancer prevention and control strategies and measures.

III. Any other business

4. Members agreed that the next meeting of the Subcommittee to be held in December 2019 would discuss and receive deputations' views on the mechanism for appraisal of cancer drugs for inclusion in the Hospital Authority Drug Formulary and the safety net and arrangement for the provision of sustainable and affordable drug treatment for cancer patients.

5. There being no other business, the meeting ended at 4:26 pm.

Council Business Division 2
Legislative Council Secretariat
9 April 2020

**Proceedings of the fifth meeting of the
Subcommittee on Issues Relating to the Support for Cancer Patients
on Monday, 18 November 2019, at 3:00 pm
in Conference Room 3 of the Legislative Council Complex**

Time marker	Speaker	Subject(s)/Discussion	Action required
<i>Agenda item I: Election of Chairman and Deputy Chairman (if required)</i>			
000539 - 000608	Chairman	Members considered it not necessary to re-elect the Chairman and Deputy Chairman.	
<i>Agenda item II: Diagnosis and treatment of cancer under the public healthcare system</i>			
000609 - 001102	Chairman Admin	Briefing by the Administration (LC Paper No. CB(2)198/19-20(01))	
001103 - 001727	Chairman Mr POON Siu-ping Admin The Hospital Authority ("HA")	<p>Mr POON Siu-ping enquired about (a) the service demand for the six cluster-based oncology centres of HA; (b) whether HA would extend the Cancer Case Manager ("CCM") programme from covering only patients with breast or colorectal cancer to other cancer types; (c) whether the additional recurrent subvention of \$400 million in the 2019-2020 Budget for HA to expand the scope of its Drug Formulary was adequate in meeting the need of patients; and (d) the service fees for, the number of patients benefited from and the effectiveness of the cancer palliative integrated Chinese-Western medicine ("ICWM") service provided at two designated public hospitals under the ICWM Pilot Programme.</p> <p>The Administration and HA advised that:</p> <p>(a) under the first 10-year Hospital Development Plan ("HDP"), the expansion of United Christian Hospital would develop an oncology centre to provide one-stop services to cancer patients in the Kowloon East Cluster. At present, cancer patients in the Cluster who required radiotherapy could receive the service in the designated radiotherapy sessions provided by the Kowloon Central Cluster;</p> <p>(b) with the promising and positive feedback of the CCM programme, HA was exploring the extension of the service to cover patients with gynaecological cancer and haematological cancer;</p> <p>(c) from April 2019, HA had re-positioned suitable Self-financed cancer drugs as Special drugs and extended the therapeutic applications of seven Special drugs for treating cancer. The financial requirement was around \$50 million; and</p> <p>(d) at present, patients receiving the cancer palliative ICWM service had to pay an additional daily fee of \$200, which would be reduced to \$120 in the first quarter of 2020. A total of some 6 800 patients had received the service so far. It was found that</p>	

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		Chinese medicine intervention was effective to relieve pain, constipation and insomnia.	
001728 - 002805	Chairman Ms Elizabeth QUAT Admin HA	<p>On Ms Elizabeth QUAT's enquiries about the difficulties encountered by HA in shortening the waiting time for diagnostic investigations to enable timely confirmation of cancer diagnosis and whether public-private partnership could be a way out, the Administration and HA advised that HA had installed additional Computed Tomography ("CT") machines and Magnetic Resonance Imaging ("MRI") machines during the period of 2014-2015 to 2018-2019 and provided extended-hour service to improve its diagnostic radiology service capacity, and implemented the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector ("the Project") since May 2012 to provide selected cancer patients fulfilling pre-defined clinical criteria with an option to receive CT and MRI examinations in the private sector. The Project currently covered 11 cancer types and about 32 980 patients had taken part in the Project as at March 2019. Results of investigations would generally be available within one week.</p> <p>In response to the Chairman's enquiry about the average waiting time for the first consultation, diagnostic imaging and consultation with oncologists, HA advised that the waiting time for imaging hinged on patients' cancer likelihood in respective cancer types. HA had taken into account the surging cancer service demand, which included new cases and survivors receiving follow-up care, in planning for the hospital projects under the first and second 10-year HDPs.</p> <p>The Chairman and Ms Elizabeth QUAT were concerned about the effectiveness of the existing measures of HA in meeting the service demand to achieve early cancer diagnosis and prompt treatment. The Administration and HA were requested to advise in writing the target waiting time for patients of HA to receive cancer diagnostic investigations, as well as the waiting time shortened and the number of additional examinations provided since the launch of the Project, with a breakdown by the types of cancers covered under the Project.</p>	Admin
002806 - 003706	Chairman Ms Elizabeth QUAT Admin	Ms Elizabeth QUAT's call for the Administration to take forward population-based breast cancer screening and make use of mobile mammography screening vehicles. Holding the view that the Administration's efforts in prevention of breast cancer fell behind that of Taiwan, she urged the Administration not to wait until the completion of the commissioned study on risk factors associated with breast cancer for local women but be more proactive in promoting the benefits of undergoing breast cancer screening.	

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		<p>The Administration advised that it would report the way forward for breast cancer screening when available after having taken into consideration the findings of the commissioned study and recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening. It had all long encouraged women to be familiar with the normal look, feel and cyclical changes of the breasts so that any unusual features could be noticed early through breast self-examination. More efforts in this regard would be made through the District Health Centres.</p>	
003707 - 005004	<p>Chairman Admin HA Ms Elizabeth QUAT</p>	<p>On the Chairman's concern that HA's 90th percentile waiting time for Routine cases for mammogram stood at 162 weeks in 2018-2019, HA explained that based on the clinical information stated in the referral letter, patients were classified as urgent (Priority 1), semi-urgent (Priority 2) or stable (Routine) cases. The target waiting time for specialist assessment was two weeks and eight weeks respectively for Priority 1 and Priority 2 cases. For Priority 1 cases, investigations would in general be arranged within one week for diagnosis and staging. The average waiting time for mammography service for Priority 2 cases was 27 weeks.</p> <p>The Chairman asked (a) if 3D mammography machines were available in public hospitals to enhance diagnosis accuracy; (b) whether HA's procurement system was too cumbersome that healthcare professionals were discouraged to propose the upgrading of medical equipment; and (c) if the Administration would consider subsidizing patients in need to receive Hong Kong's first proton therapy to be launched by a private hospital in due course.</p> <p>HA and the Administration's advice that:</p> <p>(a) at present, there were 14 public hospitals providing mammography service, among which three, namely Pamela Youde Nethersole Eastern Hospital, Queen Elizabeth Hospital and Queen Mary Hospital, were equipped with 3D mammography machines. The introduction of these machines into other public hospitals would be carried out during the regular medical equipment replacement exercise; and</p> <p>(b) proton therapy was an advanced technology for treating cancers in children. A mechanism was in place in HA for assessing the risk and impact to patient care of advanced medical equipment and technology for better clinical outcome. HA would make use of the \$5 billion funding earmarked in the 2019-2020 Budget for HA to acquire medical equipment to further modernize and upgrade its medical equipment.</p>	

Time marker	Speaker	Subject(s)/Discussion	Action required
005005 - 010558	Chairman Ms Elizabeth QUAT Admin HA	<p>Ms Elizabeth QUAT sought information on the number of participants in the Colorectal Cancer Screening Programme ("the Programme") and the Administration's target number of participants and measures to increase the participation rate. The Chairman enquired the rate of false positive results and false negative results under the Programme and if the mortality rate of colorectal cancer had decreased since the launch of the Programme.</p> <p>The Administration and HA advised that:</p> <p>(a) 28% of the target population (i.e. asymptomatic residents aged between 50 and 75) had participated in the Programme. The Administration aimed to achieve the outcome that the coverage for colorectal cancer screening would be increased by 30% to 36.4% by 2025. Publicity efforts would be stepped up through different channels;</p> <p>(b) as at 27 October 2019, of the participants of the Programme, 20 998 (i.e. 13.4%) had a positive Faecal Immunochemical Test result. Among those 18 219 participants who were referred to receive colonoscopy examination, 11 557 and 1 147 were diagnosed with colorectal adenoma and colorectal cancer respectively. The progress report of the Department of Health revealed that 60% of those participants of the Programme diagnosed with colorectal cancer were at an early stage, whereas the corresponding percentage of those colorectal cancer patients who were not participants of the Programme was 40%; and</p> <p>(c) to support the evaluation work of the Programme, the Hong Kong Cancer Registry had developed colorectal cancer-specific registry for the analysis of, among others, the survival rate of colorectal cancer. It was expected that Hong Kong would have an experience similar to that of other places which showed that there would be a surge in incidence rate of colorectal cancer shortly after the launch of population-based screening programme. However, the colorectal cancer-specific mortality rate would be reduced in the longer term.</p> <p>The Chairman sought information in writing on (a) the number of confirmed cases and deaths of colorectal cancer in the past three years; and (b) the average costs of HA for treating different stages of colorectal cancer, and a value-for-money analysis of the Programme in terms of the medical costs saved, when compared with no screening, due to early detection of the disease or identification of people at increased risk of the disease so that treatment could start earlier to improve the chance of cure.</p>	<p>Admin</p>

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010559 - 011651	Chairman Ms Elizabeth QUAT HA Admin	<p>In response to Ms Elizabeth QUAT and the Chairman's enquiries, HA and the Administration advised that there were some 140 000 cancer patients receiving treatment in HA. The current manpower strength of doctors in the Clinical Oncology specialty of HA was about 160, including some 100 oncologists and 60 trainee doctors. It should be noted that subject to different treatment types, not only clinical oncologists but also surgeons or other specialists had a role throughout the cancer treatment pathway. In addition, the delivery of the cancer care process involved a multi-disciplinary workforce including doctors, nurses and allied health professionals. In the current round of healthcare manpower projection exercise which would be completed before end 2020, manpower projection for specialist doctors would be conducted. With the increasing cancer survival rate, the potential use of nurse clinic and engagement of family doctors were being explored.</p> <p>Ms Elizabeth QUAT criticized that the Administration had failed to project the manpower requirement for oncologists in both the public and private sector to meet the service needs of cancer patients. She requested the Administration to provide in writing HA's current shortfall and annual turnover rate of oncologists, its estimated manpower requirement of oncologists for the next three, five and 10 years, and measures put in place by the Administration and HA to meet the above manpower requirement.</p>	Admin
011652 - 012247	Chairman Ms CHAN Hoi-yan Admin	<p>Ms CHAN Hoi-yan considered that the Administration should provide financial support to cancer patients in purchasing medical consumables.</p> <p>Ms CHAN Hoi-yan requested the Administration to consider setting up an internet-based directory containing practice information of oncologists in the community to facilitate members of the public to choose oncologists of their choice.</p>	Admin
012248 - 012822	Chairman Ms Elizabeth QUAT Admin	<p>While commending the provision of human papillomavirus ("HPV") vaccine under the Hong Kong Childhood Immunisation Programme for eligible female primary school students, Ms Elizabeth QUAT opined that the Administration's effort in this regard had lagged behind that of other places such as Australia. She urged the Administration to provide an HPV catch-up programme and step up promotion of cervical cancer prevention.</p> <p>The Administration advised that apart from the above initiative rolled out in the 2019-2020 school year, two programmes for the prevention of cervical cancer were in place, namely the Cervical Screening Programme and the Community Care Fund Pilot Scheme on Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women.</p>	

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		Expressing dissatisfaction that the Administration had not taken heed of many proposals from members and the community on prevention of cancer, Ms Elizabeth QUAT requested the Administration to advise in writing the terms of reference, composition and progress of work of all committees which were tasked to give advices to the Administration on the planning and development of cancer prevention and control strategies and measures.	Admin
<i>Agenda item III: Any other business</i>			
012823 - 013000	Chairman	Arrangement for the next meeting Closing remarks	

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