

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1408/19-20

(These minutes have been  
seen by the Administration)

Ref : CB2/PS/1/17

**Panel on Health Services**

**Subcommittee on Issues Relating to the Support for Cancer Patients**

**Minutes of the seventh meeting  
held on Tuesday, 21 January 2020, at 10:45 am  
in Conference Room 2 of the Legislative Council Complex**

**Members present** : Dr Hon CHIANG Lai-wan, SBS, JP (Chairman)  
Hon Elizabeth QUAT, BBS, JP (Deputy Chairman)  
Prof Hon Joseph LEE Kok-long, SBS, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Hon POON Siu-ping, BBS, MH  
Hon KWONG Chun-yu  
Hon CHAN Hoi-yan

**Members absent** : Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon CHAN Han-pan, BBS, JP  
Dr Hon Helena WONG Pik-wan  
Dr Hon Pierre CHAN

**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)<sup>2</sup>  
Food and Health Bureau

Dr Deacons YEUNG  
Director (Cluster Services)  
Hospital Authority

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

Dr Linda YU  
Chief Manager (Clinical Effectiveness & Technology  
Management)  
Hospital Authority

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

**Staff in attendance** : Mr Ronald LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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Action

**I. Development of cancer services in public hospitals**  
[LC Paper No. CB(2)522/19-20(01)]

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

Proposal to conduct a visit on the technology of cryosurgery

2. The Chairman suggested that the Subcommittee could consider conducting a visit to Queen Elizabeth Hospital to better understand the technology of cryosurgery for treatment of cancers. Members raised no other views. The Chairman instructed the Clerk to follow up with the Administration accordingly.

*(Post-meeting note: In view of the outbreak of coronavirus disease 2019 ("COVID-19") and the activation of Emergency Response Level in public hospitals since late January 2020, the Chairman has directed that the proposed visit would not be pursued with.)*

Follow-up actions required of the Administration

Admin 3. The Administration was requested to:

Action

- (a) provide the outcomes of the latest evaluation study on the effectiveness of the Integrated Chinese-Western Medicine Pilot Programme;
- (b) advise the number of cancer patients currently under the care of the Hospital Authority ("HA") and the number of new cases in 2019;
- (c) advise the respective percentages of the public health expenditure and the recurrent subvention to HA for the area of Chinese medicine, as Chinese medicine could be an aid to the western medicine treatment of cancer patients; and
- (d) consider the suggestion of establishing partnership with hospitals of Tier 3 Class A in the Guangdong-Hong Kong-Macao Greater Bay Area such that cancer patients under the care of HA could opt to receive treatment in these hospitals at HA's standard fees and charges with a view to relieving the burden on the public healthcare sector in Hong Kong.

**II. Any other business**

4. The Chairman advised that the next meeting of the Subcommittee would be held in February 2020 to discuss the support to cancer patients and carers and role of non-governmental organizations. Members would be informed of the details in due course.

5. At the Chairman's request, the Administration agreed to brief the Subcommittee on the latest situation of the commissioned study of The University of Hong Kong on the risk factors with breast cancer for local women in March 2020.

*(Post-meeting note: In view of the outbreak of COVID-19, the Chairman has directed that no meeting would be held in February 2020. Members were subsequently advised vide LC Paper Nos. CB(2)578/19-20 and CB(2)712/19-20 on 12 March and 16 March 2020 respectively that the next meeting of the Subcommittee would be held on 17 March 2020 to discuss "Support to cancer patients and carers and role of non-governmental organizations" and "Progress of the commissioned study on risk factors of breast cancer in Hong Kong".)*

6. There being no other business, the meeting ended at 12:47 pm.

Action

Council Business Division 2  
Legislative Council Secretariat  
6 August 2020

**Proceedings of the seventh meeting of the  
Subcommittee on Issues Relating to the Support for Cancer Patients  
on Tuesday, 21 January 2020, at 10:45 am  
in Conference Room 2 of the Legislative Council Complex**

Time marker	Speaker	Subject(s)/Discussion	Action required
<i>Agenda item I: Development of cancer services in public hospitals</i>			
000906 - 001040	Chairman Admin	Opening remarks  Item for discussion at the next meeting	
001041 - 001443	Chairman Admin	Briefing by the Administration (LC Paper No. CB(2)522/19-20(01))	
001444 - 002620	Chairman Ms Elizabeth QUAT Admin	<p>Ms Elizabeth QUAT called for the Administration to take forward population-based breast cancer screening which she had long been calling for. Expressing concern about the long waiting time for undergoing mammography in public hospitals, which could be as long as 162 weeks for routine cases, she enquired the Administration whether it would (a) consider subsidizing patients to undergo mammography in the private sector; and (b) strengthen the manpower and equipment for diagnosis and treatment of breast cancer, especially the introduction of 3D mammography.</p> <p>The Administration advised that HA would continue to formulate and implement various measures to strengthen its workforce and modernize the medical equipment under its Strategic Service Framework for Cancer Services and explore various public-private partnership initiatives. For breast cancer screening, the Cancer Expert Working Group on Cancer Prevention and Screening and the Administration would consider what types of screening should be adopted for women of different risk profiles having regard to, among others, the findings of the commissioned study of The University of Hong Kong on the risk factors with breast cancer for local women ("the Study").</p> <p>At the Chairman's request, the Administration agreed to brief the Subcommittee on the latest situation of the Study in March 2020. Noting that it might take some time for the Administration to map out the way forward for breast cancer screening, Ms Elizabeth QUAT opined that the Administration should at least make public the findings of the Study.</p>	
002621- 003809	Chairman Mr POON Siu-ping Admin The Hospital Authority ("HA")	<p>Mr POON Siu-ping sought information from HA on (a) the factors behind the high attrition rate of oncologists which was 9.3% in 2018-2019 and the retention measures taken; (b) whether, and if so, how Chinese medicine practitioners could alleviate the manpower shortage for cancer treatment; (c) the multi-disciplinary manpower estimate for cancer services; and (d) the staff recruitment and retention situation.</p> <p>HA advised that:</p>	

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		<p>(a) retirement of staff was one of the factors contributing to the high attrition rate of oncologists. HA would consult the staff due to retire in advance on their willingness for re-employment under the Special Retired and Rehire Scheme. It should be noted that all retired staff were included for calculation of the attrition rate figure, albeit some of them were re-employed by the creation of supernumerary posts so as to avoid creating promotion blockage to serving staff;</p> <p>(b) under the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector ("the Collaboration Project") which currently covered 11 cancer groups, selected cancer patients fulfilling pre-defined clinical criteria could opt to receive Computed Tomography ("CT") and Magnetic Resonance Imaging ("MRI") services in the private sector; and</p> <p>(c) cancer palliative care was a selective disease area under the Integrated Chinese-Western Medicine Pilot Programme ("ICWM Pilot Programme") launched in 2014.</p> <p>On the Chairman's enquiry about the waiting time for mammography, HA advised that patients classified as urgent (Priority 1) would have specialist assessment within two weeks and undergo mammography and other investigations within four weeks such that diagnosis could be confirmed during the second consultation.</p>	
003810 - 004653	Chairman Ms CHAN Hoi-yan Admin HA	<p>Ms CHAN Hoi-yan enquired (a) whether ICWM Pilot Programme was available in all public hospitals with cancer services; (b) whether HA tap on the surplus manpower of the Chinese medicine profession and engage more Chinese medicine practitioners to provide cancer services; and (c) the use of the \$5 billion earmarked for HA in the 2019-2020 Budget for upgrading and acquisition of medical equipment.</p> <p>HA advised that ICWM Pilot Programme was currently implemented in seven designated public hospitals for patients of four selected disease areas, with the relevant Chinese medicine services being provided by the Chinese Medicine Centres for Training and Research ("CMCTRs") concerned under the arrangements of HA. As regards the use of the \$5 billion, HA would use about \$200 million in 2019-2020 for procuring, among others, more CT and MRI machines and advanced Linear Accelerator facilities, and introducing Next Generation Sequencing technology.</p> <p>At the Chairman's request, HA undertook to provide after the meeting the outcomes of the latest evaluation study on the effectiveness of ICWM Pilot Programme.</p>	<b>Admin/ HA</b>
004654 - 010123	Chairman Dr KWOK Ka-ki Admin HA	Holding the view that cancer patients would need to first exhaust their savings to meet the drug expenses under the current means test mechanism of the safety net, Dr KWOK Ka-ki called for introducing other forms of assistance to ease patients' burden in drug expenditure. He also enquired	

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		<p>whether HA could extend the service hours of its operating theatres to meet the needs of escalating number of cancer patients and make a pledge on the waiting time for patients to undergo diagnostic investigations, say, within one month upon receipt of a new referral.</p> <p>The Administration elaborated the enhancement measures introduced in early 2019 to improve the means test mechanism of the safety net and advised that it would revert to the Panel on Health Services on the progress one year after implementation. Separately, as endorsed by the Commission on Poverty in October 2019, the approval process for introducing new drugs and medical devices to the Community Care Fund ("CCF") Medical Assistance Programmes would be streamlined from 2020-2021 so as to provide more timely support to patients.</p> <p>HA advised that it had been opening additional operating theatre sessions, with special honorarium being paid to staff who worked outside normal work hours on a voluntary basis. This apart, more than 35 000 patients from 11 selected cancer groups (which were the more common cancer types and the investigation reports of which were of a more standardized form) had received CT and MRI investigations in the private sector under full subsidy under the Collaboration Project. In the longer term, a total of 90 additional operating theatres would be provided under the first 10-year Hospital Development Plan.</p> <p>The Chairman enquired the ratio of cancer patients in public and private sectors and the number of new cancer cases in recent years. The Administration advised that it had no information on the former and it should be noted that some patients would receive treatment in both sectors. According to the Hong Kong Cancer Registry, there were a total of 33 075 new cancer cases in 2017, with 1 607 more cases or a rise of 5.1% compared with 2016. The Chairman requested the Administration to advise in writing the number of cancer patients currently under the care of HA and the number of new cases in 2019.</p>	<b>Admin/ HA</b>
010124 - 011338	Chairman Ms CHAN Hoi-yan Admin Ms Elizabeth QUAT	<p>Holding the view that the Administration had dragged its feet in introducing integrated Chinese-Western medicine in public hospitals, Ms CHAN Hoi-yan urged the Administration to formulate a policy in this regard to facilitate resource allocation and strengthen the role of Chinese medicine as an aid to the western medicine treatment of cancer patients.</p> <p>The Chairman remarked that the Administration had the responsibility to formulate policies to develop both Western and traditional Chinese medicine according to Article 138 of the Basic Law. Ms Elizabeth QUAT urged the Administration to expand the coverage of ICWM Pilot Programme and address the manpower shortage of oncologists in HA.</p> <p>The Administration elaborated its initiatives in promoting the development of Chinese medicine in Hong Kong, such</p>	

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		<p>as the setting up of CMCTRs in 18 districts; the launch of ICWM Pilot Programme; the establishment of the future Chinese Medicine Hospital to provide, among others, pure Chinese medicine services and services with Chinese medicine playing the predominant role with support from Western medicine; the setting up of the Chinese Medicine Unit and Chinese Medicine Hospital Project Office under the Food and Health Bureau; and the establishment of the \$500 million Chinese Medicine Development Fund.</p> <p>The Chairman requested the Administration to advise in writing the respective percentages of the public health expenditure and the recurrent subvention to HA for the area of Chinese medicine.</p>	<b>Admin</b>
011339 - 011754	Chairman Ms Elizabeth QUAT Admin	Ms Elizabeth QUAT urged the Administration to consider establishing partnership with hospitals of Tier 3 Class A in the Guangdong-Hong Kong-Macao Greater Bay Area such that cancer patients under the care of HA could opt to receive treatment in these hospitals at HA's standard fees and charges. The Administration agreed to provide a written response to the suggestion.	<b>Admin</b>
011755 - 013515	Chairman Dr Fernando CHEUNG HA	<p>Expressing concern about the long waiting time for cancer patients to receive diagnostic investigations and the first treatment after diagnosis (e.g. the waiting time at the 90th percentile for patients with colorectal cancer was 74 days in 2018), Dr Fernando CHEUNG urged the Administration to address the above problems by tapping on the private sector in the short term.</p> <p>HA reiterated the latest situation of the Collaboration Project under which participating patients would normally receive the investigations within five working days. It admitted that the waiting time for first treatment after diagnosis was currently not desirable, albeit that numerous efforts had been made to meet the surging service demand from a growing and ageing population (such as extending the service hours for radiotherapy). To increase the service capacity of HA in the coming years, two oncology centres would be housed in the Grantham Hospital and the new acute hospital being developed in the Kai Tak Development Area respectively and additional operating theatres would be provided under the 10-year Hospital Development Plan. In addition, the plan to extend the Cancer Case Manager ("CCM") programme would help to navigate patients along the cancer journey.</p> <p>Dr Fernando CHEUNG remarked that in the meantime, HA should enhance public-private partnership with a view to shortening the waiting time for the first treatment.</p>	
013516- 015131	Chairman HA	The Chairman urged HA to streamline the process for frontline clinicians to apply for new drugs listing in the HA Drug Formulary and procuring medical equipment and suggested the establishment of a dedicated cancer fund to provide financial assistance to cancer patients.	



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		<p>HA advised that the appraisal of new drugs for listing in the HA Drug Formulary followed the evidence-based approach, having regard to the principles of safety, efficacy and cost-effectiveness and other relevant factors. To shorten the lead time for introducing suitable new drugs to the safety net, HA had increased the frequency of the prioritization exercise for including self-financed drugs in the safety net from once to twice a year since 2018. Under the existing mechanism, pharmacists of HA would evaluate new drugs on a quarterly basis in accordance with the available scientific and clinical evidence and provide the information to members of the Drug Management Committee in advance of the biennial meetings to facilitate decision making. Separately, the CCF Medical Assistance Programme (First Phase Programme) currently covered 24 self-financed cancer drugs which had yet been brought into the Samaritan Fund safety net but had been rapidly accumulating medical scientific evidence and had relatively higher efficacy.</p> <p>In response to the Chairman's enquiry, HA advised that it had introduced the technology of cryosurgery for cancer treatment for trial run in Queen Elizabeth Hospital.</p>	
015132-015143	Chairman HA	Proposal to conduct a visit to Queen Elizabeth Hospital to understand the technology of cryosurgery	
015144-020620	Chairman Dr Fernando CHEUNG HA	<p>Dr Fernando CHEUNG expressed concern about the varied waiting time for Priority 1 patients to undergo investigations across clusters. HA advised that the bottleneck rested with the attrition of doctors in the specialty of radiology.</p> <p>Highlighting the importance of CCMs throughout the patient journey, Dr Fernando CHEUNG asked about the service scope, the qualifications of CCMs and the ratio of CCMs to patients. In response, HA advised that CCM programme currently covered patients with breast or colorectal cancer and it would extend the coverage to other cancer types. CCMs were experienced registered nurses who were familiar with patients' care pathway. Dr Fernando CHEUNG remarked that registered social workers who had training of case management could serve as CCMs. The Chairman suggested that the Subcommittee could receive views from relevant organizations in this regard at the next meeting.</p> <p>In response to Dr Fernando CHEUNG's enquiry, HA advised that there was no limit on the number of participants under the Collaboration Project.</p>	
<i>Agenda item II: Any other business</i>			
020621 - 020632	Chairman	Closing remarks	