

LCQ13: Enhancing Chinese medicine services

Following is a question by Dr the Hon David Lam and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (May 11):

Question:

It is learnt that the curative effects of Chinese medicine (CM) are significant in areas such as stroke rehabilitation treatment, supplementary treatment for cancer, pain control, and treatment of infectious diseases. On enhancing CM services, will the Government inform this Council:

(1) whether it has considered providing inpatients in all public hospitals with consultation services by resident CM practitioners or conjoint Chinese-Western medicine consultation services, and providing follow-up consultation services by CM practitioners;

(2) of the measures in place to enhance the role of CM practitioners in existing in-patient services, such as conducting joint inspection of patients, making diagnoses, and discussing and deciding on treatment protocols with Western medicine (WM) practitioners, instead of only providing consultation and treatment services through referrals by WM practitioners;

(3) whether it will provide CM consultation and treatment services in dermatological clinics, general out-patient clinics and family medicine clinics, and provide conjoint Chinese-Western medicine consultation services when necessary; and

(4) given that through tripartite collaboration among the Hospital Authority, non-governmental organisations and universities, Chinese Medicine Clinics cum Training and Research Centres (CM Clinics) are currently operated in 18 districts across the territory, and it is learnt that the levels of subsidies provided by the Government for CM Clinics are much lower than those for other out-patient clinics, of the Government's current subsidisation rates for the various kinds of out-patient services, and whether it will increase the subsidies for CM Clinics?

Reply:

President,

The Government has been committed to promoting the development of Chinese medicine (CM) in Hong Kong, and re-affirmed in "The Chief Executive's 2018 Policy Address" the positioning of CM in the development of the healthcare system in Hong Kong. Specifically, we have incorporated CM into the healthcare system in Hong Kong through the Government subsidising

defined CM services including subsidised in-patient services with integrated Chinese-Western medicine (ICWM) treatment provided by the Hospital Authority (HA) at specific public hospitals, subsidised out-patient services provided at the district level by the 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) over the territory, and subsidised in-patient and out-patient services provided by the future Chinese Medicine Hospital. The aforementioned three components are complementary in terms of service scope, which will provide a comprehensive network for the delivery of government-subsidised CM services.

To help gather experiences in the operation of ICWM and CM in-patient services, the HA launched the ICWM in-patient services in September 2014 to provide ICWM treatment to HA in-patients of selected disease areas (namely stroke care, musculoskeletal pain management and cancer palliative care) through the CMCTRs. At present, services are provided at eight public hospitals (including Kwong Wah Hospital, Pamela Youde Nethersole Eastern Hospital, Princess Margaret Hospital, Prince of Wales Hospital, Shatin Hospital, Tuen Mun Hospital, Tung Wah Hospital and United Christian Hospital), covering all seven hospital clusters of the HA. Under the aforementioned services, CM and western medicine (WM) experts collaborated in formulating clinical treatment protocol for each of the selected disease areas. The team comprising CM practitioners and WM doctors will jointly assess the suitability of in-patients for receiving CM treatment. CM practitioners will conduct ward rounds and consultations with WM doctors during the patients' hospitalisation in providing ICWM treatment services.

To tie in with the policy direction of long term development of CM, the HA will continue to explore enhancing ICWM in-patient services at public hospitals by increasing the number of participating hospitals and selected diseases areas, as well as exploring the regularisation of the services concerned.

Furthermore, the HA has been supporting the Government in promoting the development of CM by providing services, training and conducting research through the 18 CMCTRs over the territory. Each CMCTR operates on a tripartite collaboration model involving the HA, a non-governmental organisation (NGO) and a local university. The NGOs are responsible for the day-to-day clinic operation. The 18 CMCTRs have been providing government-subsidised CM services at the district level starting from March 2020, while continuing the provision of other non-government-subsidised services (e.g. Tianjiu and expert consultation, etc).

The Government continues to earmark relevant recurrent funding for the HA for the operation of the 18 CMCTRs to provide government-subsidised services and CM practitioner trainee programme, operation of the Toxicology Reference Laboratory, quality assurance and central procurement of CM drugs, development and provision of training in "evidence-based" CM, enhancement to and maintenance of the CM Information System and development of new information technology system to support the provision of CM services at the CMCTRs, etc. The Government will continue to allocate more resources to promote the development of CM services, and will continue to discuss with the

HA the long-term development of CM out-patient services, including reviewing the service model and fee levels in a timely manner.