

LCQ17: Chinese medicine services

Following is a question by the Hon Mrs Regina Ip and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (December 2):

Question:

From 2003 to 2014, the Government established one after another a Chinese Medicine Clinic cum Training and Research Centre (CM Clinic) in each of the 18 districts across the territory. These CM Clinics are operated on a self-financing basis through tripartite collaboration among the Hospital Authority, non-governmental organisations and local universities. Moreover, the Government launched a pilot scheme in March this year to provide in the CM Clinics in Eastern District and Tsuen Wan free Chinese medicine general consultation and acupuncture services for Civil Service Eligible Persons. With the curative effects of Chinese medicine being generally recognised, quite a number of members of the public (especially the elderly) hope to receive treatment of diseases and nursing of their health by Chinese medicine. In this connection, will the Government inform this Council:

- (1) whether it knows the public resources (including expenditures and manpower) used by CM Clinics in the past three years;
- (2) as some members of the public have criticised that the service quotas of CM Clinics are too small, the duration of each treatment session is too short (being 15 minutes only), and the consultation fee of \$120 for each session is much higher than the consultation fee of \$50 charged by public general outpatient clinics, whether the Government knows the respective service quotas of the various CM Clinics, and whether it will provide resources for the relevant operating organisations to increase the service quotas, extend the duration of treatment sessions, and lower the consultation fee to a level on a par with that of the public general outpatient clinics; if it will, of the details; if not, the reasons for that;
- (3) whether it will introduce Chinese medicine services in the Kwai Tsing District Health Centre (which is the first of its kind across the territory); if so, of the details; if not, the reasons for that;
- (4) whether it will increase the Chinese medicine service quotas provided by CM Clinics for civil servants, and extend the aforesaid pilot scheme to all CM Clinics; and
- (5) whether it will consider assuming a leading role in CM Clinics, and make long-term planning for the development of Chinese medicine (including ways to enhance the treatment, teaching and research standards in respect of Chinese medicine); if so, of the details; if not, the reasons for that?

Reply:

President,

In consultation with the Civil Service Bureau (CSB) and the Hospital Authority (HA), the reply to the five parts of the question is as follows:

(1) The Government allocated \$94.5 million, \$112 million and \$147 million to the HA in 2017-18, 2018-19 and 2019-20 respectively for developing Chinese medicine (CM) services as well as funding the 18 Chinese Medicine Clinics cum Training and Research Centres (CM Clinics) for their daily operating expenses, maintenance and operation of the Toxicology Reference Laboratory, work in relation to quality assurance and central procurement of CM herbs, development and provision of training in "evidence-based" CM, enhancement and maintenance of the CM Information System, etc.

On manpower, all staff working at the CM Clinics are employed by the respective non-governmental organisations (NGOs) operating the clinics, with the terms of employment and remuneration packages determined by the NGOs concerned.

(2) In accordance with the strategy for CM development as promulgated in the Chief Executive's 2018 Policy Address, the 18 CM Clinics which are operated under a tripartite collaboration model involving the HA, NGOs and local universities with the NGOs being responsible for the daily operation have been repositioned since March 2020, with a view to providing Government-subsidised CM out-patient services for eligible Hong Kong residents at district level.

Under the new service model, the Government provides an annual quota of around 620 000 for subsidised out-patient services, while the daily service quota of each CM Clinic will be determined by the operating NGOs having regard to the clinic's manpower and actual circumstances. The scope of subsidised services has been extended to cover treatment-related acupuncture and bone-setting/tui-na in addition to general consultation, at a fee of \$120 per item during each attendance. A maximum of five doses of CM product will be prescribed for general consultation patients based on clinical diagnosis. The services provided by CM Clinics (operated under the tripartite collaboration model) and public general out-patient clinics are different in content and nature, while the fees for other non-Government-subsidised services provided by CM Clinics, including preventive medicine, natural moxibustion, expert consultation, weight control etc., are determined by the respective NGOs.

(3) Funded by the Government and operated by NGOs, District Health Centre (DHC) adopts a brand new service model which connects a service network manned by private medical and healthcare practitioners in the district. It operates through district-based services, public-private partnership and medical-social collaboration.

Since the commencement of the first DHC in Kwai Tsing District in September 2019, about 100 private primary healthcare service providers

practicing in either Kwai Tsing or its adjoining districts have been connected. These service providers include medical practitioners, allied health professionals (i.e. physiotherapists, occupational therapists, optometrists and dietitians), CM practitioners, etc. The registered CM practitioners participating in the network focus on services related to musculoskeletal disorder (including osteoarthritic knee pain and low back pain) and stroke rehabilitation programmes.

(4) The pilot scheme on Civil Service CM Clinics, launched in March 2020 by the CSB to provide CM services to civil service eligible persons, has received overwhelming response. The CSB will closely monitor the utilisation of the clinics and has been collecting feedback on the pilot scheme from service users through questionnaire since August this year. The CSB will review the pilot scheme in the first quarter of 2021. Meanwhile, it will actively explore ways to increase service capacity with a view to enhancing civil service medical benefits.

(5) The CM Clinics operated under the tripartite collaboration model in each of the 18 districts across the territory serve to provide training and research support as well as to promote the development of "evidence-based" CM. Through open tendering exercises, the HA selects suitable NGOs to run the CM Clinics and regulates their operation by contract. The NGOs are required to run the CM Clinics in accordance with the contract terms by providing both Government-subsidised and non-Government-subsidised CM services. In addition, the CM Clinics also support relevant scientific research projects and provide "evidence-based" training for CM practitioners working at these clinics. The universities concerned are responsible for providing research and academic support to the CM Clinics.

The CM Clinics launched a new structured training programme for CM practitioner trainees in March 2020 to comprehensively enhance their clinical ability and professional standard by adopting an "evidence-based" approach to develop solid clinical capability. Meanwhile, the CM clinics also enhanced the related training for CM drug professionals.

The Government and the HA will review the operation of CM Clinics from time to time and ensure that the CM Clinics will continue to perform its "clinical, training and research" functions in line with the Government's policies and strategy for the development of the CM industry.