

Motion on “Urgently improving public healthcare services in Kowloon East” at the Legislative Council meeting of 29 March 2017

Progress Report

Purpose

At the Legislative Council (LegCo) meeting of 29 March 2017, the motion “Urgently improving public healthcare services in Kowloon East” moved by Hon Wilson OR, as amended by Hon HO Kai-ming, Dr Hon KWOK Ka-ki, Hon WU Chi-wai and Hon LEUNG Yiu-chung, was passed. The full text of the motion is at **Annex**. This report informs members of the progress of the work concerned.

Improving and strengthening specialist outpatient services, general outpatient services and accident and emergency (A&E) services

2. Measures requested in the motion include:
 - (1) according to the population characteristics of the Kowloon East Cluster, appropriately allocating additional resources to shorten the waiting time for specialist outpatient services and general outpatient services of public hospitals in Kowloon East;
 - (2) expeditiously introducing 24-hour accident and emergency services and 24-hour general outpatient services in the Wong Tai Sin district;
 - (13) providing the public with sufficient information on healthcare services through various platforms, such as a list of private clinics providing evening consultation services in the district and the operating hours of private clinics during long holidays in the district;
 - (18) improving the general outpatient clinic telephone appointment system and deploying more manpower to answer calls for booking appointments, so as to assist people in need (including elderly persons) in Kowloon East in booking consultation appointments; and
 - (19) enhancing the evening consultation services in hospitals with an accident and emergency department in Kowloon East and introducing consultation timeslots on holidays, so as to alleviate the pressure on the accident and emergency departments.

3. The Hospital Authority (HA) has rolled out a series of measures to alleviate the pressure on specialist outpatient clinic (SOPC) services. In 2017-18, it will further implement various initiatives to increase the service capacity of SOPCs, such as enhancing the service of the Family Medicine Specialist Clinics in several clusters including Kowloon East to relieve the workload of SOPCs and strengthening manpower in SOPCs by paying a special honorarium to existing healthcare staff.

4. For general outpatient clinic (GOPC) services, HA plans to increase gradually the quota for GOPCs (including sessions in the evenings and on public holidays) by more than 44 000 attendances in 2017-18 and 2018-19. The GOPCs of the HA have introduced an Elderly Appointment Quota for patients aged 65 or above to enhance their accessibility to GOPC services. Given the huge volume of GOPC services, automated appointment system enables the search and allocation of available consultation quotas within the shortest possible time, thereby ensuring efficient use of resources. The HA has improved the operation of the system, such as extending the response time and simplifying data entry procedures, to make it more user-friendly for the elderly. Meanwhile, help desks have been set up in GOPCs to provide appropriate assistance for those (including the elderly) who may encounter difficulties in using the telephone appointment service.

5. While the HA continues to enhance GOPC services in the evenings and on public holidays, GOPCs are not equipped for the provision of emergency services. Patients with severe and acute symptoms should go to the A&E departments of hospitals where necessary staffing, equipment and ancillary facilities are in place for comprehensive and appropriate treatment and support. Extending GOPC services to late evening hours or providing round-the-clock GOPC services is not cost-effective and would not be efficient use of GOPC resources. The HA has no plan at this stage to provide public GOPC services at late evening hours or round-the-clock GOPC services.

6. The Kowloon East Cluster has provided the public with information on healthcare services in the region through various platforms. For example, the United Christian Hospital has compiled an Information Booklet on Private Doctors and Clinics in Kwun Tong, which provides information on doctors' names, addresses, consultation hours, telephone numbers and medical schemes they have participated. Information on the HA GOPC Public-Private Partnership (PPP) Programme, Colorectal Cancer Screening Pilot Programme of the Department of Health (DH), Electronic Health Record Sharing System

and support for organ donation was included starting from April 2017. Tseung Kwan O Hospital has also compiled a Pamphlet on Private Medical Clinics and Physiotherapy Clinics in Sai Kung and Tseung Kwan O District. Relevant information is also uploaded to the website of the Health Resources Centre of Tseung Kwan O Hospital for public reference.

7. As for A&E services, the new acute hospital to be built at Kai Tak Development Area will provide A&E services for residents living in nearby districts, including Wong Tai Sin.

Hospital development projects

8. Measures requested in the motion include:
- (3) expeditiously implementing the Our Lady of Maryknoll Hospital redevelopment project;
 - (4) expediting the completion of the United Christian Hospital expansion project;
 - (5) expeditiously constructing the Kai Tak Hospital and ensuring its full commissioning in 2024;
 - (6) ensuring that the Hong Kong Children's Hospital, which is expected to be completed in 2017, will be fully commissioned as soon as possible; and
 - (21) formulating detailed development plans for sites earmarked for construction of hospitals or clinics in Kowloon East and expeditiously implementing those plans.

9. Superstructure construction for the two hospital blocks of the Hong Kong Children's Hospital was completed in March this year and will be handed over to the HA in the first quarter of 2018. It is expected to come into operation in phases starting from the fourth quarter of 2018, having regard to factors including service demand and manpower supply.

10. The demolition and substructure works of the United Christian Hospital expansion project commenced in August 2015. The Government will seek funding approval for the remaining part of the expansion project from the LegCo to dovetail with the implementation programme. The whole expansion project is expected to be completed in 2023.

11. Regarding the new acute hospital to be located at Kai Tak Development Area, the HA plans to engage professional consultants to

carry out the preparatory works, including site investigations, minor studies and surveys, detailed design and invitation to tender, after obtaining funding approval from the LegCo this year. The whole project for constructing the new acute hospital is planned for completion in 2024. We will closely monitor the progress of the works to ensure that the new hospital will be completed as scheduled.

12. The HA is carrying out the preliminary preparatory work, including ground investigation, geotechnical assessment and traffic impact assessment, for the redevelopment of Our Lady of Maryknoll Hospital with a view to finalising the project details. After completing the relevant planning work, the Government will seek funding approval from the Legislative Council in due course according to the established procedures so as to commence the redevelopment works as early as possible.

13. The Government will consider the need to develop other new hospitals or clinics in Kowloon East in a timely manner, taking into account various factors including the mode of healthcare service delivery, demographic change in the region, distribution of service target groups, supply of healthcare services in the region and demand for public healthcare services.

Enhancing PPP Programmes in Healthcare

14. Measures requested in the motion include:

(8) allocating additional resources to enhance the public-private partnership programme in healthcare.

15. The Government allocated \$10 billion to the HA in late March 2016 for the setting up of the HA PPP Fund. The investment return of the fund is used to implement the PPP initiatives, with a view to making the best use of the resources in the private sector, enhancing primary care services and alleviating pressure on the public healthcare system.

16. To meet the increasing service demand, the HA will continue to implement and enhance the current clinical PPP programmes, such as the Cataract Surgeries Programme (cataract surgeries), Haemodialysis PPP Programme (haemodialysis treatment), Patient Empowerment Programme (course for patients with diabetes/hypertension to improve their disease knowledge and empower their self-care capabilities), Radi Collaboration (computed tomography and magnetic resonance imaging services),

Infirmary Service PPP Programme, Colon Assessment PPP Programme and the phased roll-out of the GOPC CCC to 18 districts in the territory.

17. The HA has now implemented the GOPC PPP Programme in 16 districts (including Kwun Tong in Kowloon East and Sai Kung), where clinically stable patients having hypertension and/or diabetes mellitus (with or without hyperlipidemia) may freely choose a private doctor who has participated in the programme as their family doctor, so that they can receive private primary care service in the community. In 2018-19, the programme will be extended to the remaining two districts. After the programme is implemented in all 18 districts, it will benefit about 35 000 patients. The HA will continue its communication with various stakeholders and monitor closely the implementation of the programme, with a view to enhancing patient access to primary care service and promoting family doctor concept.

Expanding the types of subsidised drugs in the Drug Formulary of the HA

18. Measures requested in the motion include:

- (9) expanding the types of subsidised drugs in the Drug Formulary of the Hospital Authority; and
- (23) expediting the approval of the types of subsidised drugs in the Drug Formulary of the Hospital Authority by, among others, incorporating as subsidized drugs Vemurafenib (a skin cancer drug), Afatinib (a lung cancer drug), as well as Natalizumab and Fingolimod (interferons for multiple sclerosis), which are listed in the Formulary; apart from expeditiously including Eculizumab (a drug for treating paroxysmal nocturnal hemoglobinuria) and Osimertinib (a drug for the advanced stage of lung cancer), which are clinically proven to be effective, in the Drug Formulary, incorporating these drugs as subsidised drugs to ensure appropriate treatment for patients.

19. Since the implementation of the Drug Formulary of the HA, new drugs have been incorporated from time to time. Certain self-financed items have also been brought under the coverage of the safety net of the Samaritan Fund or the scope of assistance of the Community Care Fund (CCF) Medical Assistance Programme.

20. In 2017-18, an additional recurrent funding of \$46 million will be provided for the HA to reposition a self-financed drug currently

covered by the safety net as a special drug in the Drug Formulary for the treatment of chronic myeloid leukaemia /acute lymphoblastic leukaemia, as well as widening the indications of Special Drugs in the Formulary for the treatment of hepatitis C and attention deficient hyperactive disorder. It is expected that more than 2 500 patients will benefit from these measures annually.

21. Fingolimod and Natalizumab (drugs for treating multiple sclerosis) were put under the coverage of the Samaritan Fund in April 2013 and July 2015 respectively; and Vemurafenib (a skin cancer drug) and Afatinib (a lung cancer drug) were put under the coverage of the CCF Medical Assistance Programme in August 2016. HA patients who meet the specified clinical criteria and passed the means test conducted by Medical Social Workers may apply for subsidies from the relevant funds. Besides, the Government has proposed to bring Eculizumab, an ultra-expensive drug for treating paroxysmal nocturnal hemoglobinuria, under the coverage of the CCF safety net.

22. Osimertinib, a drug for treating lung cancer, would be included as a self-financed drug in the HA Drug Formulary in July 2017. The HA will continue to regularly appraise new drugs and review the prevailing drug list in the Formulary under the established mechanism, with a view to including suitable new drugs in the Drug Formulary and the safety net. The review process will follow an evidence-based approach and will be in line with core values such as rational use of public resources, targeted subsidy, opportunity cost consideration and facilitation of patients' choice, having regard to the principles of safety, efficacy and cost-effectiveness and other relevant factors, so as to ensure the equitable access by patients to cost effective drugs of proven safety and efficacy.

Improving primary care services

23. Measures requested in the motion include:
- (10) setting up additional community health centres to provide residents of Kowloon East with one-stop primary healthcare services covering general outpatient services, chronic disease management, health education, etc., so as to relieve the pressure on services of public hospitals in the district;
 - (16) setting up more elderly health centres, woman health centres and maternal and child health centres in Kowloon East, so as to increase service quotas and shorten the waiting time of residents for health assessments; and

(20) setting up a seed fund to subsidize the public to undergo regular physical check-ups and hence perfecting the primary healthcare services, with a view to benefiting residents of Kowloon East.

24. The HA has set up Community Health Centres (CHCs) in Kwun Tong, Tin Shui Wai North and North Lantau. The Government is working on a number of CHC pilot schemes to offer the public one-stop primary care services in a more holistic manner. It is also exploring the feasibility of implementing CHC projects in other districts and will identify the scope of service and mode of operation which can best meet local needs.

25. The DH is committed to shortening the waiting time for first-time health assessment for new members of Elderly Health Centres (EHCs). To achieve this, the DH has planned to establish one additional clinical team in 2017-18 and 2018-19 respectively. The two additional teams will be flexibly deployed to meet the ever-changing demand for primary healthcare services in various districts. The DH will also review the health assessment protocol for re-visiting EHC members for possible ways to channel more resources to conducting first-time health assessment for new members.

26. The DH has set up five Maternal and Child Health Centres and one Woman Health Centre in Kowloon East. The waiting time for services at these centres is similar to that at other Maternal and Child Health Centres and Woman Health Centres. The DH will make reference to service demand and utilisation in various districts in deploying its resources and manpower. It will also make reference to the primary care development strategy in planning the long term development of various healthcare services.

27. To facilitate the early detection and management of health risks and issues, generally speaking, the Government encourages the public to take part in voluntary, protocol-based health checks. Health checks aim to detect lifestyle risk factors and diseases. More importantly, as a result of the health checks, the public may consider timely and specific management of the health risks and issues. The Government has no plan to set up a seed fund to subsidise members of the public to take part in regular health checks. Nonetheless, eligible elders can make use of the elderly health care vouchers according to their needs for various preventive care services provided by the private sector, including appropriate health assessment.

Improving psychiatric services in Kowloon East

28. Measures requested in the motion include:
- (15) allocating additional resources to improve the psychiatric services in Kowloon East by, among others, increasing healthcare manpower ratios and introducing evening consultation services.
29. In view of the increasing demand for psychiatric services in Kowloon East, the HA has allocated additional resources in recent years to improve the psychiatric services in the cluster. In 2017-18, four additional nurses (including two Advanced Practice Nurses and two Registered Nurses), seven supporting staff and one peer support worker will be recruited by the HA to enhance the psychiatric services in the Kowloon East Cluster.
30. The Food and Health Bureau (FHB), Education Bureau, Social Welfare Department (SWD) and HA launched in the 2016-17 school year a two-year pilot scheme, the Student Mental Health Support Scheme, in the Kowloon East and Kowloon West clusters. Through multi-disciplinary platform comprising teachers, educational psychologists, school social workers and psychiatric nurses, communication and collaboration among professionals from medical, educational and social sectors would be strengthened to provide better support services for students with mental health needs at schools, with a view to facilitating their integration into school life.
31. Funded by the CCF, the FHB, SWD and HA launched a two-year pilot scheme named the Dementia Community Support Scheme in February 2017 in four hospital clusters (including the Kowloon East Cluster) to provide community support services for elderly persons with mild or moderate dementia via the District Elderly Community Centres.
32. Moreover, the HA plans to conduct an in-depth review on the service model and staffing establishment of its Case Management Programme in 2017-18 with a view to further strengthening the community support for persons with mental illness.
33. The HA provides multi-disciplinary services to persons with mental illness in its psychiatric SOPCs according to their clinical needs. Given that comprehensive multi-disciplinary support (including support services from allied health professionals and social workers) is provided

during daytime on weekdays by daytime SOPCs and that the provision of evening or weekend services will inevitably require re-deployment of resources from the daytime SOPCs thus affecting the overall services provided for patients with mental illness, the HA has no plans to provide psychiatric SOPC services in the evenings, on weekends or public holidays. Nevertheless, the HA has set up designated depot clinics in all the seven clusters to provide depot injection treatment during non-office hours to facilitate the use of the service by patients in need.

Improvement of dental services

34. Measures requested in the motion include:
- (7) expanding the Elderly Dental Assistance Programme of the Community Care Fund to cover all elderly persons who are Old Age Living Allowance recipients aged 65 or above, and introducing elderly dental care vouchers to support grass-roots elderly persons in treating oral health problems; and
 - (17) setting up additional public dental clinics in Kowloon East, perfecting the existing public dental services by, among others, introducing services such as scaling, filling and crowning, increasing the number of service sessions and quotas in public dental clinics, and by making reference to the School Dental Care Service, introducing an 'elderly dental care service' to provide elderly persons with dental examination and scaling services once a year, so as to treat the oral health problems of elderly persons as early as possible, thereby enhancing the dental services for residents of Kowloon East, especially elderly persons, children, low-income persons and people with special needs (such as persons with intellectual disabilities) in the district.
35. General curative dental services are mainly provided by the private sector and non-governmental organisations. Hence, the Elderly Health Care Voucher (EHV) Pilot Scheme introduced by the Government in 2009 includes the provision of dental services. In addition, the eligibility age for the EHV Scheme would be lowered from 70 to 65 with effect from 1 July 2017. It was expected that about 400 000 more elderly persons would benefit from the scheme during the first year of the implementation of this enhancement measure.
36. The present arrangement provides elders with greater flexibility in using the EHV for the healthcare services that best suit their needs.

Since 2014, we have converted the EHV Scheme into a regular programme, doubled the annual EHV amount to \$2,000 and raised the financial cap on unspent EHV to \$4,000 which should provide much more room for eligible elders to use dental services. As at the end of April 2017, more than 790 dentists have enrolled in the scheme, providing services at about 1 360 venues of practice in all the 18 districts of Hong Kong for eligible elders using EHV. At present, we have no plan to issue elderly dental care vouchers.

37. Given that substantial financial resources will be involved in providing comprehensive dental care services to the public, the Government does not have any plan to expand the public dental services. As proper oral health habits are keys to improving oral health and preventing dental diseases effectively, the Government has prioritised its resources in publicity, education (including the School Dental Care Service) and promotion. In addition, the Government has used the limited resources to provide emergency dental services for the public, and accorded priority to people with special needs, especially those with financial difficulties.

38. Dental grants are available under the Comprehensive Social Security Assistance Scheme for recipients who are aged 60 or above, disabled or medically certified to be in ill-health to help people with financial difficulties. In recent years, the Government has launched a series of initiatives, including the Outreach Dental Care Programme for the Elderly and the CCF Elderly Dental Assistance Programme, to provide dental care service support to low-income elders with special needs. Eligible elders may also use EHV for private dental services.

39. At present, persons with disabilities can enjoy the dental services provided by the DH to the public, including free emergency dental treatment from its General Public Sessions in 11 government dental clinics and, on referral, specialist oral care services from its Oral Maxillofacial Surgery & Dental Units (OMS&DU) in seven public hospitals.

40. Students with disabilities in special primary schools can participate in the School Dental Care Service (SDCS) for an annual check-up and related dental treatments. Those with mild to moderate intellectual disabilities and studying in special schools for the mentally handicapped can also join the Dandelion Oral Care Action to learn to brush and floss their teeth competently and independently. Students with intellectual and/or physical disabilities in all special schools

participating in the SDCS can continue to enjoy the service irrespective of the grades in which they are studying until they reach the age of 18. In case of need, they will be referred by the SDCS to the OMS&DU in the seven public hospitals for dental treatment under sedation or general anaesthesia.

Improving other healthcare services

41. Measures requested in the motion include:
- (11) setting up a Joint Replacement Centre in the Kowloon East Cluster to shorten the waiting time for total joint replacement surgery;
 - (12) increasing the deployment of mobile clinics to provide simple medical treatment and physical check-up services to elderly persons and people with impaired mobility in the district;
 - (14) increasing the amount of Elderly Healthcare Vouchers and strengthening the monitoring of providers of relevant healthcare services; and
 - (22) establishing a mechanism to ensure that patients referred by public hospitals to private hospitals for treatment can be arranged to return to public hospitals for continued treatment when necessary.
42. To better cope with the demand and shorten the waiting time for joint replacement surgeries, the HA has strived to increase the number of joint replacement surgeries performed. It has established joint replacement centres in five hospital clusters, and will consider establishing joint replacement centres in other clusters as and when appropriate if resources allow. Moreover, the Coordinating Committee in Orthopaedics & Traumatology of the HA will continue to implement the patient triage and prioritisation system for elective operation of joint replacement surgeries to ensure that patients with conditions requiring early intervention are treated with priority.
43. There are 73 GOPCs under the HA in various districts throughout the territory, which are conveniently located in proximity to where people live. The HA has been taking steps to renovate the premises and upgrading facilities of the clinics, including enhancing barrier-free facilities, to meet the needs of patients (including elderly persons and people with impaired mobility).

44. With an ageing population, and taking into account the proposed enhancement to the EHV Scheme by lowering the eligibility age from 70 to 65 in 2017, we anticipate that both the number of elders using EHV's and the annual financial commitment involved will continue to increase substantially. We do not have any plan to increase the annual voucher amount at present.

45. To ensure proper use of public money, the DH has put in place appropriate measures and procedures for checking and auditing voucher claims on the EHV Scheme in handling reimbursements. These measures include routine checking, monitoring and investigation of aberrant patterns of transactions and, where necessary, investigation of complaints. Generally speaking, if any participating service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case the reimbursement has been made, the Government will recover the amount from the service provider concerned. A service provider suspected of fraud or professional misconduct will be referred by the DH to the Police and/or relevant statutory organisations (such as the Medical Council of Hong Kong) for follow-up, which may lead to disqualification from participating in the scheme.

46. Regarding referrals of patients between public and private hospitals, public hospitals generally do not take the initiative to refer patients to private hospitals for treatment. If a patient receiving public healthcare services wishes to be transferred to a private hospital for treatment or if his/her family has such intention, the doctor will make a referral according to his/her clinical conditions and service needs and put the information in his/her medical record. The current healthcare policies of Hong Kong ensure that no one will be denied adequate healthcare services due to lack of means. If a patient wishes to return to public hospital for continued treatment, the private hospital can make a referral according to the clinical conditions and service needs (such as A&E, SOPC or in-patient service) of the patient. In accordance with the established mechanism, the public hospital will make arrangements for the patient to receive continued public healthcare services depending on the seriousness and urgency of the patient's conditions.

Closing

47. The FHB, DH and HA will keep in view Kowloon East residents' needs in healthcare services as a whole, and continue to commit resources

and enhance public healthcare services in order to cope with the challenges brought by an ageing population in the region.

Food and Health Bureau
July 2017

(Translation)

**Motion on
“Urgently improving public healthcare services in Kowloon East”
moved by Hon Wilson OR
at the Council meeting of 29 March 2017**

**Motion as amended by Hon HO Kai-ming, Dr Hon KWOK Ka-ki,
Hon WU Chi-wai and Hon LEUNG Yiu-chung**

That public healthcare services in Kowloon East have all along failed to effectively respond to the persistently growing demand for healthcare services resulting from population increase and ageing in the district, and the waiting time for stable new case booking for specialist outpatient services of specialties such as eye, orthopaedics and traumatology, medicine and surgery is longer than the territory-wide average waiting time; in this connection, this Council urges the Government to urgently improve public healthcare services in Kowloon East to protect and promote public health; the relevant measures include:

- (1) according to the population characteristics of the Kowloon East Cluster, appropriately allocating additional resources to shorten the waiting time for specialist outpatient services and general outpatient services of public hospitals in Kowloon East;
- (2) expeditiously introducing 24-hour accident and emergency services and 24-hour general outpatient services in the Wong Tai Sin district;
- (3) expeditiously implementing the Our Lady of Maryknoll Hospital redevelopment project;
- (4) expediting the completion of the United Christian Hospital expansion project;
- (5) expeditiously constructing the Kai Tak Hospital and ensuring its full commissioning in 2024;
- (6) ensuring that the Hong Kong Children’s Hospital, which is expected to be completed in 2017, will be fully commissioned as soon as possible;
- (7) expanding the Elderly Dental Assistance Programme of the Community Care Fund to cover all elderly persons who are Old Age Living Allowance recipients aged 65 or above, and introducing elderly dental

care vouchers to support grass-roots elderly persons in treating oral health problems;

- (8) allocating additional resources to enhance the public-private partnership programme in healthcare;
- (9) expanding the types of subsidized drugs in the Drug Formulary of the Hospital Authority;
- (10) setting up additional community health centres to provide residents of Kowloon East with one-stop primary healthcare services covering general outpatient services, chronic disease management, health education, etc., so as to relieve the pressure on services of public hospitals in the district;
- (11) setting up a Joint Replacement Centre in the Kowloon East Cluster to shorten the waiting time for total joint replacement surgery;
- (12) increasing the deployment of mobile clinics to provide simple medical treatment and physical check-up services to elderly persons and people with impaired mobility in the district;
- (13) providing the public with sufficient information on healthcare services through various platforms, such as a list of private clinics providing evening consultation services in the district and the operating hours of private clinics during long holidays in the district; and
- (14) increasing the amount of Elderly Healthcare Vouchers and strengthening the monitoring of providers of relevant healthcare services;
- (15) allocating additional resources to improve the psychiatric services in Kowloon East by, among others, increasing healthcare manpower ratios and introducing evening consultation services;
- (16) setting up more elderly health centres, woman health centres and maternal and child health centres in Kowloon East, so as to increase service quotas and shorten the waiting time of residents for health assessments;
- (17) setting up additional public dental clinics in Kowloon East, perfecting the existing public dental services by, among others, introducing services such as scaling, filling and crowning, increasing the number of service sessions and quotas in public dental clinics, and by making reference to the School Dental Care Service, introducing an 'elderly dental care service' to provide elderly persons with dental examination

and scaling services once a year, so as to treat the oral health problems of elderly persons as early as possible, thereby enhancing the dental services for residents of Kowloon East, especially elderly persons, children, low-income persons and people with special needs (such as persons with intellectual disabilities) in the district;

- (18) improving the general outpatient clinic telephone appointment system and deploying more manpower to answer calls for booking appointments, so as to assist people in need (including elderly persons) in Kowloon East in booking consultation appointments; and
- (19) enhancing the evening consultation services in hospitals with an accident and emergency department in Kowloon East and introducing consultation timeslots on holidays, so as to alleviate the pressure on the accident and emergency departments;
- (20) setting up a seed fund to subsidize the public to undergo regular physical check-ups and hence perfecting the primary healthcare services, with a view to benefiting residents of Kowloon East; and
- (21) formulating detailed development plans for sites earmarked for construction of hospitals or clinics in Kowloon East and expeditiously implementing those plans;
- (22) establishing a mechanism to ensure that patients referred by public hospitals to private hospitals for treatment can be arranged to return to public hospitals for continued treatment when necessary; and
- (23) expediting the approval of the types of subsidized drugs in the Drug Formulary of the Hospital Authority by, among others, incorporating as subsidized drugs Vemurafenib (a skin cancer drug), Afatinib (a lung cancer drug), as well as Natalizumab and Fingolimod (interferons for multiple sclerosis), which are listed in the Formulary; apart from expeditiously including Eculizumab (a drug for treating paroxysmal nocturnal hemoglobinuria) and Osimertinib (a drug for the advanced stage of lung cancer), which are clinically proven to be effective, in the Drug Formulary, incorporating these drugs as subsidized drugs to ensure appropriate treatment for patients.